# Form 45-106F1 Report of Exempt Distribution

| ITEM 1 – REPORT TYPE   |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
| New report  Amended report  If amended, provide filing date of report that is being amended. (YYYY-MM-DD)  |  |  |  |  |  |  |  |  |  |  |
| ITEM 2 – PARTY CERTIFYING THE REPORT   |  |  |  |  |  |  |  |  |  |  |
| Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.  Investment fund issuer  Issuer (other than an investment fund)  Underwriter   |  |  |  |  |  |  |  |  |  |  |
| ITEM 3 — ISSUER NAME AND OTHER IDENTIFIERS   |  |  |  |  |  |  |  |  |  |  |
| Provide the following information about the issuer, or if the issuer is an investment fund, about the fund.  Full legal name  Top Strike Resources Corp.  Previous full legal name  If the issuer's name changed in the last 12 months, provide most recent previous legal name.  Website  If the issuer has a legal entity identifier, provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".  Legal entity identifier |  |  |  |  |  |  |  |  |  |  |
| If two or more issuers distributed a single security, provide the full legal name(s) of the co-issuer(s) other than the issuer named above.  Full legal name(s) of co-issuer(s) (if applicable)  |  |  |  |  |  |  |  |  |  |  |
| ITEM 4 – UNDERWRITER INFORMATION  If an underwriter is completing the report, provide the underwriter's full legal name and firm NRD number.  Full legal name  |  |  |  |  |  |  |  |  |  |  |
| Firm NRD number (if applicable)  |  |  |  |  |  |  |  |  |  |  |
| If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.  Street address  Municipality  Province/State  |  |  |  |  |  |  |  |  |  |  |
| Country Postal code/Zip code   |  |  |  |  |  |  |  |  |  |  |
| Telephone number Website (if applicable)   |  |  |  |  |  |  |  |  |  |  |

| ITEM 5 — ISSUER INFORMATION   |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|
| If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.   |  |  |  |  |  |  |  |  |  |  |
| a) Primary industry   |  |  |  |  |  |  |  |  |  |  |
| Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.  |  |  |  |  |  |  |  |  |  |  |
| NAICS industry code 5 5 1 1 1 3   |  |  |  |  |  |  |  |  |  |  |
| If the issuer is in the <b>mining industry</b> , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.                        |  |  |  |  |  |  |  |  |  |  |
| ☐ Exploration ☐ Development ☐ Production  |  |  |  |  |  |  |  |  |  |  |
| Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.   |  |  |  |  |  |  |  |  |  |  |
| ☐ Mortgages ☐ Real estate ☐ Commercial/business debt ☐ Consumer debt ☐ Private companies  |  |  |  |  |  |  |  |  |  |  |
| ☐ Cryptoassets  |  |  |  |  |  |  |  |  |  |  |
| b) Number of employees  |  |  |  |  |  |  |  |  |  |  |
| Number of employees:  |  |  |  |  |  |  |  |  |  |  |
| c) SEDAR profile number   |  |  |  |  |  |  |  |  |  |  |
| Does the issuer have a <u>SEDAR</u> profile?  |  |  |  |  |  |  |  |  |  |  |
| □ No ☑ Yes If yes, provide SEDAR profile number 0 0 0 5 3 9 8   |  |  |  |  |  |  |  |  |  |  |
| If the issuer does not have a SEDAR profile complete Item 5(d) – (h).   |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |
| d) Head office address  |  |  |  |  |  |  |  |  |  |  |
| Street address Province/State   |  |  |  |  |  |  |  |  |  |  |
| Municipality Postal code/Zip code   |  |  |  |  |  |  |  |  |  |  |
| Country Telephone number  |  |  |  |  |  |  |  |  |  |  |
| e) Date of formation and financial year-end   |  |  |  |  |  |  |  |  |  |  |
| Date of formation Financial year-end  |  |  |  |  |  |  |  |  |  |  |
| YYYY MM DD MM DD  |  |  |  |  |  |  |  |  |  |  |
| f) Reporting issuer status  |  |  |  |  |  |  |  |  |  |  |
| Is the issuer a reporting issuer in any jurisdiction of Canada?   |  |  |  |  |  |  |  |  |  |  |
| If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.   |  |  |  |  |  |  |  |  |  |  |
| □ AII □ AB □ BC □ MB □ NB □ NL □ NT   |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |
| g) Public listing status  |  |  |  |  |  |  |  |  |  |  |
| If the issuer has a CUSIP number, provide below (first 6 digits only)   |  |  |  |  |  |  |  |  |  |  |
| CUSIP number  |  |  |  |  |  |  |  |  |  |  |
| If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.  |  |  |  |  |  |  |  |  |  |  |
| Exchanges name  |  |  |  |  |  |  |  |  |  |  |
| h) Size of issuer's assets  |  |  |  |  |  |  |  |  |  |  |
| Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date. |  |  |  |  |  |  |  |  |  |  |
| □ \$0 to under \$5M □ \$5M to under \$25M □ \$25M to under \$100M   |  |  |  |  |  |  |  |  |  |  |
| □ \$100M to under \$500M □ \$500M to under \$1B □ \$1B or over  |  |  |  |  |  |  |  |  |  |  |

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| ITEM 6 - INVESTMENT FUND ISSUER INFORMATION   |   |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|
| If the issuer is an investment fund, provide the following information.   |   |  |  |  |  |  |  |  |  |  |
| a) Investment fund manager information  |   |  |  |  |  |  |  |  |  |  |
| Full legal name   |   |  |  |  |  |  |  |  |  |  |
| ruii iegai name   |   |  |  |  |  |  |  |  |  |  |
| Firm NRD number (if applicable)   |   |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |
| If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager.   |   |  |  |  |  |  |  |  |  |  |
| Street address  |   |  |  |  |  |  |  |  |  |  |
| Municipality Province/State   |   |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |
| Country Postal code/Zip code  |   |  |  |  |  |  |  |  |  |  |
| Telephone number Website (if applicable)  |   |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |
| b) Type of investment fund  |   |  |  |  |  |  |  |  |  |  |
| Type of investment fund that most accurately identifies the issuer (select only one).   |   |  |  |  |  |  |  |  |  |  |
| ☐ Money market ☐ Equity ☐ Fixed income ☐ Balanced   |   |  |  |  |  |  |  |  |  |  |
| ☐ Alternative strategies ☐ Cryptoasset ☐ Other (describe)   |   |  |  |  |  |  |  |  |  |  |
| Indicate whether one or both of the following apply to the investment fund.   |   |  |  |  |  |  |  |  |  |  |
| ☐ Invests primarily in other investment fund issuers  |   |  |  |  |  |  |  |  |  |  |
| ☐ Is a UCITs Fund <sup>1</sup>  |   |  |  |  |  |  |  |  |  |  |
| <sup>1</sup> Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state. | " |  |  |  |  |  |  |  |  |  |
| c) Date of formation and financial year-end of the investment fund  |   |  |  |  |  |  |  |  |  |  |
| Date of formation Financial year-end  |   |  |  |  |  |  |  |  |  |  |
| Date of formation   |   |  |  |  |  |  |  |  |  |  |
| d) Reporting issuer status of the investment fund   |   |  |  |  |  |  |  |  |  |  |
| Is the investment fund a reporting issuer in any jurisdiction in Canada?  |   |  |  |  |  |  |  |  |  |  |
| If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.  |   |  |  |  |  |  |  |  |  |  |
| ☐ AII ☐ AB ☐ BC ☐ MB ☐ NB ☐ NL ☐ NT   |   |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |
| e) Public listing status  |   |  |  |  |  |  |  |  |  |  |
| If the investment fund has a CUSIP number, provide below (first 6 digits only)  |   |  |  |  |  |  |  |  |  |  |
| CUSIP number  |   |  |  |  |  |  |  |  |  |  |
| If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the   |   |  |  |  |  |  |  |  |  |  |
| name of an exchange and not a trading facility such as, for example, an automated trading system.  Exchanges name   |   |  |  |  |  |  |  |  |  |  |
| Exchanges hame  |   |  |  |  |  |  |  |  |  |  |
| f) Net asset value (NAV) of the investment fund   |   |  |  |  |  |  |  |  |  |  |
| Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).  |   |  |  |  |  |  |  |  |  |  |
| □ \$0 to under \$5M □ \$5M to under \$25M □ \$25M to under \$100M   | _ |  |  |  |  |  |  |  |  |  |
| □ \$100M to under \$500M □ \$500M to under \$1B □ \$1B or over Date of NAV calculation:   |   |  |  |  |  |  |  |  |  |  |
| YYYY MM DD  |   |  |  |  |  |  |  |  |  |  |

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## ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.

| a) | Currency |
|----|----------|
|----|----------|

Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.

☐ Canadian dollar ☐ US dollar ☐ Euro Other (describe)

## b) Distribution date(s)

State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous report. basis, include the start and end dates for the distribution period covered by the report

| Start date | 2018 | 09 | 24 | End date | 2018 | 09 | 24 |  |
|------------|------|----|----|----------|------|----|----|--|
|            | YYYY | MM | DD |          | YYYY | MM | DD |  |

## c) Detailed purchaser information

Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.

#### Types of Securities distributed

Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

|               |   |     |                                 |   |                         |                              | Canadian S       | \$           |
|---------------|---|-----|---------------------------------|---|-------------------------|------------------------------|------------------|--------------|
| Security code |   | ode | CUSIP number<br>(if applicable) | Description of security   | Number of<br>Securities | Single or<br>lowest<br>price | Highest<br>price | Total amount |
| U             | В | s   |                                 | Units comprised of one common share and one half of one common share purchase warrant | 92,369,675              | 0.06                         | 0.06             | 5,542,180.50 |
| U             | В | s   |                                 | Insider units comprised of one common share and one common share purchase warrant     | 18,497,766              | 0.05                         | 0.05             | 924,888.30   |

## e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) securities were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

| Convertible / |                               | Underlying |   |           | Exercise price<br>(Canadian \$) |        | Expiry date        | Conversion | Describe other terms (if |  |  |  |
|---------------|-------------------------------|------------|---|-----------|---------------------------------|--------|--------------------|------------|--------------------------|--|--|--|
|               | exchangeable<br>security code |            |   | curity co | ode                             | Lowest | (YÝYÝ-MM-DD) ratio |            | ratio                    | applicable)  |  |  |
| W             | N                             | Т          | С | М         | s                               | 0.06   | 0.06               | 2021-09-24 | 1:1                      | Upon certain conditions being met, the Issuer will be entitled to accelerate the expiry date.  |  |  |
| W             | N                             | Т          | С | М         | S                               | 0.05   | 0.05               | 2023-09-24 | 1:1 (see other terms)    | Upon certain conditions being met, the Issuer will be entitled to accelerate the expiry date. Warrants become exercisable for two common shares upon certain conditions being met. |  |  |

## f) Summary of the distribution by jurisdiction and exemption

State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only.

This table requires a separate line item for (i) each jurisdiction where a purchaser resides, (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign jurisdiction

For jurisdictions within Canada, state the province or territory, other state the country.

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| Province or country | Exemption relied on                             | Number of unique purchasers <sup>2a</sup> | Total amount (Canadian \$) |
|---------------------|---|---|----------------------------|
| Alberta             | NI 45-106 section 2.5                           | 22  | 625,900.00                 |
| Alberta             | NI 45-106 section 2.3                           | 63  | 3,240,537.76               |
| British Columbia    | NI 45-106 section 2.5                           | 1   | 15,000.00                  |
| British Columbia    | NI 45-106 section 2.3                           | 33  | 1,299,707.92               |
| New Brunswick       | NI 45-106 section 2.3                           | 1   | 150,000.00                 |
| Quebec              | NI 45-106 section 2.3                           | 1   | 257,159.96                 |
| Ontario             | NI 45-106 section 2.3                           | 25  | 708,125.96                 |
| Ontario             | NI 45-106 section 2.5                           | 1   | 10,000.00                  |
| United States       | NI 45-106 section 2.3                           | 4   | 100,637.20                 |
| United Kingdom      | NI 45-106 section 2.5                           | 1   | 9,999.96                   |
| Bahamas             | NI 45-106 section 2.3                           | 1   | 20,000.04                  |
| France              | NI 45-106 section 2.3                           | 1   | 30,000.00                  |
|                     | 6,467,068.80                                    |   |                            |
| 7                   | Total number of unique purchasers <sup>2b</sup> | 154                                       |                            |

<sup>&</sup>lt;sup>2a</sup>In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

## g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides.<sup>3</sup> If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

| Province or country                       | Net Proceeds<br>(Canadian \$) |
|---|-------------------------------|
|   |                               |
|   |                               |
|   |                               |
| Total net proceeds to the investment fund |                               |

<sup>&</sup>lt;sup>3</sup>"Net proceeds" means the gross proceeds realized in the jurisdiction from the distributions for which the report is being filed, less the gross redemptions that occurred during the distribution period covered by the report.

## h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia

If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in those jurisdictions.

In Ontario, if the offering materials listed in the table are required to be filed with or delivered to the Ontario Securities Commission (OSC), attach an electronic version of the offering materials that have not been previously filed with or delivered to the OSC.

|    | Description     | Date of document or<br>other material<br>(YYYY-MM-DD) | Previously filed<br>with or delivered to<br>regulator?<br>(Y/N) | Date previously filed or delivered (YYYY-MM-DD) |  |  |  |  |
|----|-----------------|---|---|---|--|--|--|--|
| 1. | Not applicable. |   |   |   |  |  |  |  |
| 2. |                 |   |   |   |  |  |  |  |
| 3. |                 |   |   |   |  |  |  |  |

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<sup>&</sup>lt;sup>2b</sup>In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

| ITEM 8 – COMPENSATION INFORMATION  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
| Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.   |  |  |  |  |  |  |  |  |  |  |  |
| Indicate whether any compensation was paid, or will be paid, in connection with the distribution.  |  |  |  |  |  |  |  |  |  |  |  |
| ☐ No ☐ Yes If yes, indicate number of persons compensated 9  |  |  |  |  |  |  |  |  |  |  |  |
| Name of person compensated and registration status   |  |  |  |  |  |  |  |  |  |  |  |
| Indicate whether the person is a registrant  |  |  |  |  |  |  |  |  |  |  |  |
| □ No □ Yes   |  |  |  |  |  |  |  |  |  |  |  |
| If the person compensated is an individual, provide the name of the individual   |  |  |  |  |  |  |  |  |  |  |  |
| Full legal name of individual  |  |  |  |  |  |  |  |  |  |  |  |
| Family name First given name Secondary given name  |  |  |  |  |  |  |  |  |  |  |  |
| If the person compensated is not an individual, provide the following information  |  |  |  |  |  |  |  |  |  |  |  |
| Full legal name Leede Jones Gable Inc.   |  |  |  |  |  |  |  |  |  |  |  |
| Firm NRD number 5 7 7 0 (if applicable)  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal  |  |  |  |  |  |  |  |  |  |  |  |
| No ☐ Yes   |  |  |  |  |  |  |  |  |  |  |  |
| b) Business contact information  |  |  |  |  |  |  |  |  |  |  |  |
| If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated.   |  |  |  |  |  |  |  |  |  |  |  |
| Street address   |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Municipality Province/State  |  |  |  |  |  |  |  |  |  |  |  |
| Country Postal code/Zip code   |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Email address Telephone number   |  |  |  |  |  |  |  |  |  |  |  |
| c) Relationship to issuer or investment fund manager   |  |  |  |  |  |  |  |  |  |  |  |
| Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section   |  |  |  |  |  |  |  |  |  |  |  |
| Connected with the Issuer or Investment fund issuer  |  |  |  |  |  |  |  |  |  |  |  |
| Insider of the issuer (other than an investment fund)  |  |  |  |  |  |  |  |  |  |  |  |
| ☐ Director or officer of the investment fund or investment fund manager  |  |  |  |  |  |  |  |  |  |  |  |
| Employee of the issuer or investment fund manager  |  |  |  |  |  |  |  |  |  |  |  |
| None of the above  |  |  |  |  |  |  |  |  |  |  |  |
| d) Compensation details  |  |  |  |  |  |  |  |  |  |  |  |
| Provide details of all compensation paid, or to be paid, to the person identified in item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer |  |  |  |  |  |  |  |  |  |  |  |
| Cash commissions paid \$56,143.99  |  |  |  |  |  |  |  |  |  |  |  |
| Value of all securities Security code 1 Security code 2 Security code 3  |  |  |  |  |  |  |  |  |  |  |  |
| distributed as compensation <sup>4</sup> 0 Security codes W N T C M S  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Describe terms of warrants, options or other rights 935,733 Warrants exercisable at \$0.09 for one common share.   |  |  |  |  |  |  |  |  |  |  |  |
| Total compensation paid \$56,143.99  |  |  |  |  |  |  |  |  |  |  |  |

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| ☐ Check box if the person will or may receive any deferred compensation (describe the terms |  |           |             |               |              |            |               |            |           |          |          |          |           |           |           |
|---|--|-----------|-------------|---------------|--------------|------------|---------------|------------|-----------|----------|----------|----------|-----------|-----------|-----------|
|   |  |           |             |               |              |            |               |            |           |          |          |          |           |           |           |
| <sup>4</sup> Provide the aggregate v securities of the issuer. I acquire additional securit | dicate the s   | ecurity o |             |               |              |            |               |            |           |          |          |          |           |           |           |
| <sup>5</sup> Do not include deferred compensation   |  |           |             |               |              |            |               |            |           |          |          |          |           |           |           |
| a) Name of perso  | n compensa   | ted and   | l registra  | ation status  | s            |            |               |            |           |          |          |          |           |           |           |
| Indicate whether the pers   | •  |           |             |               |              |            |               |            |           |          |          |          |           |           |           |
| ☐ No  |  | ⊠ Ye      | S           |               |              |            |               |            |           |          |          |          |           |           |           |
| If the person compensate  | d is an indivi   | dual, pro | ovide the   | name of t     | he individ   | dual       |               |            |           |          |          |          |           |           |           |
| Full lega   | name of ind  | vidual    |             |               |              |            |               |            |           |          |          |          |           |           |           |
|   |  |           | F           | amily nam     | е            | Fii        | st given na   | me         | Seco      | ondary g | jiven na | me       |           |           |           |
| If the person compensate  | d is not an in   | dividua   | l, provide  | the follow    | ing inforn   | nation     |               |            |           |          |          |          | _         |           |           |
| Full legal na   | ne Mackie  | Resear    | ch Capit    | al Corpora    | tion         |            |               |            |           |          |          |          |           |           |           |
| Firm NRD numb   | er 3   | 0         | 7           | 0             |              |            | (1            | if applica | able)     |          |          |          |           |           |           |
| Indicate whether the pers   | on compens   | ated fac  | ilitated th | ne distributi | on throug    | ah a fun   | dina nortal i | or an int  | ernet-ha  | ased no  | rtal     |          |           |           |           |
| No No   | on compone   | atou iuo  |             | ] Yes         | orr trii out | gir a rair | ung portar    | or arrine  | 011101 80 | 100a poi | tui      |          |           |           |           |
| b) Business conta   | ct information   | on        |             |               |              |            |               |            |           |          |          |          |           |           |           |
| , , , , , , , , , , , , , , , , , , ,   |  |           |             |               |              |            |               |            |           |          |          |          |           |           |           |
| If a firm NRD number is r   | _  | n Item 8  | (a), prov   | ide the bus   | siness co    | ntact inf  | ormation of   | the per    | son beir  | ng comp  | ensated  | 1.       |           |           | 7         |
| Street addre  | SS   |           |             |               |              |            |               |            |           |          |          |          |           |           |           |
| Municipa  | ty   |           |             |               |              |            | Provinc       | ce/State   |           |          |          |          |           |           |           |
| Coun  | ry   |           |             |               |              | P          | ostal code/2  | Zip code   |           |          |          |          |           |           |           |
| Email addre   | SS   |           |             |               |              |            | Telephone     | e number   |           |          |          |          |           |           |           |
| c) Relationship to  | issuer or in   | uestmer   | nt fund n   | nanager       |              |            |               |            |           |          |          |          |           |           | _         |
| Indicate the person's relationship to   | ionship with   | the issu  | er or inv   | estment fu    |              |            |               |            |           |          | ning of  | "connect | ted" in I | Part B(2  | 2) of the |
| Connected with  | Ü  |           |             |               |              | -          |               |            |           |          |          |          |           |           |           |
| ☐ Insider of the is   | uer (other th  | an an ir  | nvestmen    | nt fund)      |              |            |               |            |           |          |          |          |           |           |           |
| ☐ Director or offic   | er of the inve   | stment f  | und or in   | vestment f    | und man      | nager      |               |            |           |          |          |          |           |           |           |
| ☐ Employee of the   | issuer or inv  | estmen/   | it fund ma  | anager        |              |            |               |            |           |          |          |          |           |           |           |
| None of the about   | ve   |           |             |               |              |            |               |            |           |          |          |          |           |           |           |
| d) Compensation   | details  |           |             |               |              |            |               |            |           |          |          |          |           |           |           |
| Canadian dollars. Includ services incidental to the   | Provide details of all compensation paid, or to be paid, to the person identified in item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer |           |             |               |              |            |               |            |           |          |          |          |           |           |           |
| Cash comn   | issions paid   | \$30,6    | 692.96      |               |              |            |               |            |           |          |          |          |           |           |           |
|   | all securities   |           |             |               |              |            |               | Secu       | urity cod | le 1     | Security | code 2   | Secu      | urity cod | de 3      |
|   | stributed as<br>npensation <sup>4</sup>  | 0         |             |               |              | Sed        | curity codes  | W          | N         | ТС       | М        | s        |           |           |           |
| Describe terms of w   | arrants. optic   | ns or ot  | her riahts  | s 511.54      | 9 Warra      | nts exer   | cisable at \$ | 0.09 for   | one con   | nmon sl  | nare.    |          |           |           |           |

| Total compensation paid  | \$30,692.96      | 6  |                                 |   |                                      |  |                         |
|--|------------------|--|---------------------------------|---|--------------------------------------|--|-------------------------|
| ☐ Check box if the person will o   | or may rec       | ceive any deferred                             | compensation (                  | describe the terms                              |                                      |  |                         |
|  |                  |  |                                 |   |                                      |  | 7                       |
| <sup>4</sup> Provide the aggregate value of securities of the issuer. Indicate acquire additional securities of t                  | e the secur      |  |                                 |   |                                      |  |                         |
| <sup>5</sup> Do not include deferred compe   | nsation          |  |                                 |   |                                      |  |                         |
| a) Name of person com  | pensated         | and registration s                             | status                          |   |                                      |  |                         |
| Indicate whether the person is a   | registrant       | t  |                                 |   |                                      |  |                         |
| □ No   | $\boxtimes$      | Yes  |                                 |   |                                      |  |                         |
| If the person compensated is ar  | n individua      | nl, provide the name                           | e of the individu               | al  |                                      |  |                         |
| Full legal name  | of individu      | ual  |                                 |   |                                      |  |                         |
|  |                  | Family   | name                            | First given name                                | Seconda                              | ry given name                                |                         |
| If the person compensated is no  | ot an indivi     | idual, provide the fo                          | ollowing informa                | tion  |                                      |  | 7                       |
| Full legal name  | ndustrial A      | Alliance Securities                            | Inc.                            |   |                                      |  | ]                       |
| Firm NRD number 1  | 5                | 4 0  | 0                               | (if a   | oplicable)                           |  |                         |
| Indicate whether the person con  | mpensated        | d facilitated the dist                         | ribution through                | a funding portal or a                           | ın internet-based                    | portal                                       |                         |
| ⊠ No   | ,                | ☐ Yes  | ŭ                               | 3,  |                                      | ,  |                         |
| b) Business contact info   | ormation         |  |                                 |   |                                      |  |                         |
| If a firm NRD number is not prov   | vided in Ite     | em 8(a) provide th                             | e husiness cont                 | act information of the                          | nerson heina ca                      | mnensated                                    |                         |
| Street address   | vidou iii ito    | om o(a), provido ar                            |                                 | act imorridaeri er ark                          | pordon some oc                       | mpondatoa.                                   |                         |
|  |                  |  |                                 |   |                                      |  |                         |
| Municipality   |                  |  |                                 | Province/                                       | State                                |  |                         |
| 0  |                  |  |                                 | D4-1 d-/7:-                                     |                                      |  |                         |
| Country  |                  |  |                                 | Postal code/Zip                                 | code                                 |  |                         |
| Email address  |                  |  |                                 | Telephone nu                                    | mber                                 |  |                         |
| c) Relationship to issue   | r or invest      | tment fund manaç                               | ger                             |   |                                      |  |                         |
| Indicate the person's relationshi<br>Instructions and the meaning of   |                  |  |                                 |   |                                      | neaning of "connect                          | ed" in Part B(2) of the |
| Connected with the Iss   | suer or Inv      | estment fund issue                             | er                              |   |                                      |  |                         |
| ☐ Insider of the issuer (o   | ther than a      | an investment fund                             | i)                              |   |                                      |  |                         |
| ☐ Director or officer of th  | e investme       | ent fund or investn                            | nent fund manaç                 | ger   |                                      |  |                         |
| ☐ Employee of the issue  | r or invest      | tment fund manage                              | er                              |   |                                      |  |                         |
|  |                  |  |                                 |   |                                      |  |                         |
| d) Compensation details  | S                |  |                                 |   |                                      |  |                         |
| Provide details of all compensate Canadian dollars. Include cash services incidental to the distributernal allocation arrangements | commission, such | ions, securities-bas<br>h as clerical, printir | ed compensations, legal or acco | on, gifts, discounts o<br>unting services. An i | other compensa<br>ssuer is not requi | tion. Do not report<br>red to ask for detail | payments for            |
| Cash commission  | s paid \$        | \$81,881.60                                    |                                 |   |                                      |  |                         |
| Value of all sec   | urities 0        | )  |                                 | Γ   | Security code 1                      | Security code 2                              | Security code 3         |

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| distribute<br>compensa  |           |           |            |            |            |         | Security codes    | W         | N       | Т      | С             | М        | s      |         |        |           |     |
|---|-----------|-----------|------------|------------|------------|---------|-------------------|-----------|---------|--------|---------------|----------|--------|---------|--------|-----------|-----|
| Describe terms of warrants,   | options   | s or oth  | er rights  | 1,364      | 4,693 W    | arrants | s exercisable at  | \$0.09 f  | or one  | comm   | on sh         | are.     |        | 1       |        |           | ]   |
|   |           |           |            |            |            |         |                   |           |         |        |               |          |        |         |        |           | _   |
| Total compensation paid \$8   | 31,881.   | .60       |            |            |            |         |                   |           |         |        |               |          |        |         |        |           |     |
| ☐ Check box if the person will or   | may re    | eceive    | any defe   | erred con  | mpensati   | ion (de | scribe the terms  | ;         |         |        |               |          |        |         |        |           |     |
|   |           |           |            |            |            |         |                   |           |         |        |               |          |        |         |        |           |     |
| <sup>4</sup> Provide the aggregate value of a securities of the issuer. Indicate acquire additional securities of the | the sec   | curity co |            |            |            |         |                   |           |         |        |               |          |        |         |        |           | to  |
| <sup>5</sup> Do not include deferred compens  |           | <b>71</b> |            |            |            |         |                   |           |         |        |               |          |        |         |        |           |     |
| Do not moldad deferred compens  | Jation    |           |            |            |            |         |                   |           |         |        |               |          |        |         |        |           |     |
| a) Name of person comp  | ensate    | ed and    | registra   | tion stat  | tus        |         |                   |           |         |        |               |          |        |         |        |           |     |
| Indicate whether the person is a  | registra  | ant       |            |            |            |         |                   |           |         |        |               |          |        |         |        |           |     |
| □ No  | i         | ⊠ Yes     | i          |            |            |         |                   |           |         |        |               |          |        |         |        |           |     |
| If the person compensated is an   | individu  | ual, pro  | vide the   | name of    | f the indi | ividual |                   |           |         |        |               |          |        |         |        |           |     |
| Full legal name of  | of indivi | idual     |            |            |            |         |                   |           |         |        |               |          |        |         |        |           |     |
|   |           |           | F          | amily na   | ime        |         | First given nar   | ne        | Sec     | conda  | y give        | en nam   | ie     |         |        |           |     |
| If the person compensated is not  | an indi   | ividual,  | provide    | the follo  | wing info  | ormatic | on                |           |         |        |               |          |        | _       |        |           |     |
| Full legal name Ca  | anacco    | rd Gen    | uity Corp  | ٥.         |            |         |                   |           |         |        |               |          |        |         |        |           |     |
| Firm NRD number 9   | (         | 0         | 0          |            |            |         | (i                | applic    | able)   |        |               |          |        |         |        |           |     |
| Indicate whether the person comp  | nensati   | ed facil  | itated the | e distrihi | ution thre | ouah a  | funding portal o  | ır an int | ernet-h | nased  | norta         | ı        |        |         |        |           |     |
| No  | 0077041   |           | _          | Yes        |            | oug., u | ramang pertane    |           |         | uoou   | <i>p</i> 0.10 |          |        |         |        |           |     |
| b) Business contact infor   | mation    | 1         |            |            |            |         |                   |           |         |        |               |          |        |         |        |           |     |
| If a firm NDD number is not provi   | dad in    | Itam 9/   | a) provi   | ido tho h  | uoinooo    | contoc  | at information of | the ner   | oon ho  | ina oo | mnon          | natad    |        |         |        |           |     |
| If a firm NRD number is not provi   | ueu III I | nem o     | a), provi  | ue irie bi | usiriess   | comac   | t inionnation of  | ine per   | SON DE  | ing co | mpen          | saleu.   |        |         |        |           |     |
| Street address  |           |           |            |            |            |         |                   |           |         |        |               |          |        |         |        |           |     |
| Municipality  |           |           |            |            |            |         | Provinc           | e/State   |         |        |               |          |        |         |        |           |     |
| Country   |           |           |            |            |            |         | Postal code/Z     | ip code   |         |        |               |          |        |         |        |           |     |
| Email address   |           |           |            |            |            |         | Telephone         | number    |         |        |               |          |        |         |        |           |     |
| c) Relationship to issuer   | or inve   | estmen    | t fund m   | nanager    |            |         |                   |           |         |        |               |          |        |         |        |           |     |
| Indicate the person's relationship<br>Instructions and the meaning of "   | with th   | ne issue  | er or inve | estment f  | fund mai   |         |                   |           |         |        | neanir        | ng of "c | onneci | ted" in | Part E | 3(2) of t | the |
| Connected with the Issu   |           |           |            |            |            |         |                   | J         |         |        |               |          |        |         |        |           |     |
| ☐ Insider of the issuer (oth  | ner thai  | n an inv  | vestmen    | t fund)    |            |         |                   |           |         |        |               |          |        |         |        |           |     |
| ☐ Director or officer of the  | invest    | ment fu   | ınd or inv | vestmen    | it fund m  | nanage  | r                 |           |         |        |               |          |        |         |        |           |     |
| ☐ Employee of the issuer  | or inve   | estment   | fund ma    | anager     |            |         |                   |           |         |        |               |          |        |         |        |           |     |
| None of the above   |           |           |            |            |            |         |                   |           |         |        |               |          |        |         |        |           |     |
|   |           |           |            |            |            |         |                   |           |         |        |               |          |        |         |        |           |     |

Provide details of all compensation paid, or to be paid, to the person identified in item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer

| Cash commissions paid \$5   | 5,095.80                               |   |         |             |         |          |         |              |          |             |
|---|--|---|---------|-------------|---------|----------|---------|--------------|----------|-------------|
| Value of all securities   |  |   | Secur   | rity code 1 | Se      | curity c | ode 2   | Sec          | urity co | ode 3       |
| distributed as compensation <sup>4</sup>  |  | Security codes                              | w       | N T         | С       | Тм       | s       |              |          |             |
| compensation  |  |   |         | .,   .      |         | 1        |         |              |          |             |
| Describe terms of warrants, options or  | or other rights 134,928 Warrants       | s exercisable at \$0.0                      | 9 for c | one comm    | on sha  | ire.     |         |              |          |             |
| Total compensation paid \$5,095.80  |  |   |         |             |         |          |         |              |          |             |
| ☐ Check box if the person will or may rece  | eive any deferred compensation (d      | describe the terms                          |         |             |         |          |         |              |          |             |
|   |  |   |         |             |         |          |         | 7            |          |             |
| 4Dida the assessment of the second  |  |   |         |             | :       |          | - - t   | <b>_</b><br> | 1:10     | i           |
| <sup>4</sup> Provide the aggregate value of all securities securities of the issuer. Indicate the securit |  |   |         |             |         |          |         |              |          |             |
| acquire additional securities of the issuer  5Do not include deferred compensation                        |  |   |         |             |         |          |         |              |          |             |
| Do not include deferred compensation  |  |   |         |             |         |          |         |              |          |             |
| a) Name of person compensated a   | and registration status                |   |         |             |         |          |         |              |          |             |
| Indicate whether the person is a registrant   |  |   |         |             |         |          |         |              |          |             |
| ⊠ No □  | Yes                                    |   |         |             |         |          |         |              |          |             |
| If the person compensated is an individual,   | l, provide the name of the individua   | al  |         |             |         |          |         |              |          |             |
| Full legal name of individua  | ıal                                    |   |         |             |         |          |         |              |          |             |
|   | Family name                            | First given name                            | )       | Second      | ary giv | en nam   | ne      |              |          |             |
| If the person compensated is not an individ   | dual, provide the following informa    | tion  |         |             |         |          |         |              |          |             |
| Full legal name Purcell Capi  | oital Partners Inc.                    |   |         |             |         |          |         |              |          |             |
| Firm NRD number   |  | (if a                                       | pplical | ble)        |         |          |         |              |          |             |
| Indicate whether the person compensated t   | I facilitated the distribution through | a funding portal or a                       | an inte | rnet-base   | d porta | a/       |         |              |          |             |
| ⊠ No  | ☐ Yes                                  |   |         |             |         |          |         |              |          |             |
| b) Business contact information   |  |   |         |             |         |          |         |              |          |             |
| If a firm NRD number is not provided in Iten  | em 8(a), provide the business cont.    | act information of the                      | e nersi | on heina d  | compe   | nsated   |         |              |          |             |
|   | 407 3 Street SW                        | aut iiii uu ii i |         | o., 20g c   |         |          |         |              |          |             |
| 0 1100  |  |   |         |             |         |          |         |              |          |             |
| Municipality Calgary  |  | Province/                                   | State   | AB          |         |          |         |              |          |             |
|   |  |   |         |             |         |          |         |              |          |             |
| Country Canada  |  | Postal code/Zip                             | code    | T2P4Z       | .2      |          |         |              |          |             |
| Email address david@bs  | smc ca                                 | Telephone nu                                | ımber   | 403-3       | 51-17   | 79       |         |              |          |             |
|   |  |   |         |             |         | . •      |         |              |          |             |
| c) Relationship to issuer or investr  |  |   |         |             |         |          |         |              |          |             |
| Indicate the person's relationship with the is<br>Instructions and the meaning of "control" in            |  |   |         |             | meani   | ng of "c | connect | ed" in       | Part E   | 3(2) of the |
| Connected with the Issuer or Inve   | estment fund issuer                    |   |         |             |         |          |         |              |          |             |
| Insider of the issuer (other than ar  | •                                      |   |         |             |         |          |         |              |          |             |
| _   | ent fund or investment fund manag      | ger   |         |             |         |          |         |              |          |             |
| Employee of the issuer or investm   | ment rund manager                      |   |         |             |         |          |         |              |          |             |
| None of the above  d) Compensation details  |  |   |         |             |         |          |         |              |          |             |

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| canadian dollars. Include ca<br>services incidental to the disti<br>internal allocation arrangeme   | ribution, s                       | uch as clerical,      | printing  | g, legal o | r accounting services.   | An issuei   | r is not requ | ired t | to ask for |        |             |              |
|---|-----------------------------------|-----------------------|-----------|------------|--------------------------|-------------|---------------|--------|------------|--------|-------------|--------------|
| Cash commission   | ons paid                          | \$89,604.28           |           |            |                          |             |               |        |            |        |             |              |
| Value of all s  | ecurities                         |                       |           |            |                          | Secu        | urity code 1  | Se     | ecurity co | de 2   | Security    | y code 3     |
|   | buted as<br>ensation <sup>4</sup> | 0                     |           |            | Security code            | s W         | N T           | С      | М          | S      |             |              |
| Describe terms of warra   | nts, option                       | ns or other righ      | ts 1,4    | 193,405 \  | Warrants exercisable a   | t \$0.09 fc | or one comn   | non s  | share.     |        |             |              |
| Total compensation paid   | \$89,604                          | 1.28                  |           |            |                          |             |               |        |            |        |             |              |
| ☐ Check box if the person w   | ill or may                        | receive any de        | ferred c  | compensa   | ation (describe the terr | ns          |               |        |            |        |             |              |
|   |                                   |                       |           |            |                          |             |               |        |            |        |             |              |
| <sup>4</sup> Provide the aggregate value<br>securities of the issuer. Indicacquire additional securities of<br><sup>5</sup> Do not include deferred com | ate the se<br>of the issu         | curity codes fo<br>er |           |            |                          |             |               |        |            |        |             |              |
| De not molado dolonos com   | portodilori                       |                       |           |            |                          |             |               |        |            |        |             |              |
| a) Name of person co  |                                   |                       | ation st  | tatus      |                          |             |               |        |            |        |             |              |
| Indicate whether the person is  | s a registi                       | _                     |           |            |                          |             |               |        |            |        |             |              |
| ⊠ No  |                                   | ☐ Yes                 |           |            |                          |             |               |        |            |        |             |              |
| If the person compensated is  |                                   |                       |           | of the in  |                          |             | ı             |        |            |        |             |              |
| Full legal nan  | ne of indiv                       |                       |           |            | John                     |             |               |        |            |        |             |              |
| If the newson service dis   | mat an in                         |                       | Family ı  |            | First given n            | ame         | Seconda       | ıry gi | ven nam    | е      |             |              |
| If the person compensated is  Full legal name   | not an ind                        | dividuai, provid      | e tne ro  | ilowing ir | ntormation               |             |               |        |            |        |             |              |
| r dii legal name  |                                   |                       |           |            |                          |             |               |        |            |        |             |              |
| Firm NRD number   |                                   |                       |           |            |                          | (if applica | able)         |        |            |        |             |              |
| Indicate whether the person of  | compensa                          | ted facilitated t     | he distri | ibution th | nrough a funding porta   | or an int   | ernet-based   | l port | al         |        |             |              |
| ⊠ No  |                                   |                       | Yes       |            |                          |             |               |        |            |        |             |              |
| b) Business contact in  | nformatio                         | n                     |           |            |                          |             |               |        |            |        |             |              |
| If a firm NRD number is not p   | rovided in                        | Item 8(a), pro        | vide the  | busines    | s contact information o  | of the pers | son being c   | отре   | ensated.   |        |             |              |
| Street address  | 3800 5                            | Sarcee Road           | NW        |            |                          |             |               |        |            |        |             |              |
| Municipality  | Calgar                            | у                     |           |            | Provi                    | nce/State   | AB            |        |            |        |             |              |
| Country   | Canad                             | a                     |           |            | Postal code              | Zip code    | T3E7W         | /9     |            |        |             |              |
| Email address   | davids                            | on@carscal            | en.cor    | m          | Telephon                 | e number    | 403-29        | 8-84   | 154        |        |             |              |
| c) Relationship to issu   | uer or inv                        | estment fund          | manage    | er         |                          |             |               |        |            |        |             |              |
| Indicate the person's relations<br>Instructions and the meaning   |                                   |                       |           |            |                          |             |               | nean   | ing of "co | onnect | ted" in Pai | t B(2) of th |
| Connected with the  |                                   |                       |           |            | , ,                      | . 5         |               |        |            |        |             |              |
| ☐ Insider of the issuer   | (other tha                        | an an investme        | nt fund)  | )          |                          |             |               |        |            |        |             |              |
| ☐ Director or officer of  | the inves                         | tment fund or i       | nvestme   | ent fund   | manager                  |             |               |        |            |        |             |              |

Provide details of all compensation paid, or to be paid, to the person identified in item 8(a) in connection with the distribution. Provide all amounts in

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|   | uer or investme  | ent fund manager   |  |   |                     |                             |          |         |          |
|---|--|--|--|---|---------------------|-----------------------------|----------|---------|----------|
| None of the above   |  |  |  |   |                     |                             |          |         |          |
| d) Compensation deta  | ails   |  |  |   |                     |                             |          |         |          |
| Provide details of all compen-<br>Canadian dollars. Include ca<br>services incidental to the dist-<br>internal allocation arrangeme   | sh commission<br>ribution, such a  | s, securities-based comp<br>s clerical, printing, legal (  | pensation, gifts, discounts of accounting services. An   | er other co<br>issuer is n                  | mpensa<br>ot requi  | tion. Do no<br>red to ask f | t report | payment | s for    |
| Cash commissi   | ons paid \$17  | 7,043.00   |  |   |                     |                             |          |         |          |
| Value of all s  | ecurities  |  |  | Security                                    | code 1              | Security of                 | code 2   | Securit | y code 3 |
| distri  | outed as 0<br>ensation <sup>4</sup>  |  | Security codes   | W N   | Т                   | СМ                          | S        |         |          |
| Describe terms of warra   | nts, options or  | other rights 179,050 W   | /arrants exercisable at \$0.0  | 9 for one                                   | commoi              | n share.                    |          |         |          |
| Total compensation paid   | \$17,043.00  |  |  |   |                     |                             |          |         |          |
| ☐ Check box if the person w   | ill or may receiv  | ve any deferred compens  | sation (describe the terms   |   |                     |                             |          |         |          |
|   |  |  |  |   |                     |                             |          |         |          |
| <sup>4</sup> Provide the aggregate value<br>securities of the issuer. Indic<br>acquire additional securities of   | ate the security   |  |  |   |                     |                             |          |         |          |
| <sup>5</sup> Do not include deferred com  | pensation  |  |  |   |                     |                             |          |         |          |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |  |  |  |   |                     |                             |          |         |          |
| , ,   | •  | nd registration status   |  |   |                     |                             |          |         |          |
| Indicate whether the person i   | _  |  |  |   |                     |                             |          |         |          |
| ⊠ No  | ∐ Y  | es   |  |   |                     |                             |          |         |          |
| If the names company to die   | an individual r  |  | n dividual   |   |                     |                             |          |         |          |
| If the person compensated is  |  | provide the name of the in   |  |   |                     |                             |          |         |          |
|   | an individual, p   | provide the name of the in   | Tjalling   | e S   | econda              | rv given nar                | me       |         |          |
|   | ne of individual   | De Jong Family name  | Tjalling First given name  | e S   | econdai             | ry given nar                | me       |         |          |
| Full legal nar  | ne of individual   | De Jong Family name  | Tjalling First given name  | e S   | econdai             | ry given nar                | me       | ]       |          |
| Full legal nar  If the person compensated is  Full legal name   | ne of individual   | De Jong Family name  | Tjalling First given name  |   | econdai             | ry given nar                | me       | ]       |          |
| Full legal nar  | ne of individual   | De Jong Family name  | Tjalling First given name  | e S   | econdar             | ry given nar                | me       | ]       |          |
| Full legal nar  If the person compensated is  Full legal name   | ne of individual   | De Jong Family name al, provide the following  | Tjalling  First given name information  (if a  | applicable)                                 |                     |                             | me       | ]       |          |
| Full legal nar  If the person compensated is  Full legal name  Firm NRD number  | ne of individual   | De Jong Family name al, provide the following  | Tjalling  First given name information  (if a  | applicable)                                 |                     |                             | me       | ]       |          |
| Full legal name  If the person compensated is  Full legal name  Firm NRD number  Indicate whether the person of   | ne of individual not an individu   | Provide the name of the in De Jong Family name al, provide the following in the collisted the distribution to the collision of the collision o | Tjalling  First given name information  (if a  | applicable)                                 |                     |                             | me       |         |          |
| Full legal nar  If the person compensated is  Full legal name  Firm NRD number  Indicate whether the person of  | not an individual not an individu  | Family name al, provide the following al, provide the following all acilitated the distribution to Yes   | Tjalling  First given name information  (if a sthrough a funding portal or starting)   | applicable)<br>an interne                   | -based              | portal                      |          | ]       |          |
| Full legal name  If the person compensated is  Full legal name  Firm NRD number  Indicate whether the person of  No  b) Business contact in   | not an individual not an indiv | Family name al, provide the following al, provide the following all acilitated the distribution to Yes   | Tjalling  First given name information  (if a sthrough a funding portal or starting)   | applicable)<br>an interne                   | -based              | portal                      |          |         |          |
| Full legal name  If the person compensated is  Full legal name  Firm NRD number  Indicate whether the person of  No  b) Business contact in   | not an individual not an indiv | Family name al, provide the distribution to Yes  8(a), provide the name of the interpretation of the interpret | Tjalling  First given name information  (if a sthrough a funding portal or starting)   | applicable)<br>an interne<br>e person l     | -based              | portal                      |          |         |          |
| Full legal name  If the person compensated is  Full legal name  Firm NRD number  Indicate whether the person of  No  b) Business contact in  If a firm NRD number is not p                              | not an individual not an indiv | Family name al, provide the distribution to Yes  8(a), provide the name of the interpretation of the interpret | Tjalling  First given name information  (if a shrough a funding portal or seem to see the contact information of the contact info | applicable) an interne e person t           | :-based<br>being co | portal<br>mpensated         |          |         |          |
| Full legal name  If the person compensated is  Full legal name  Firm NRD number  Indicate whether the person of  No  b) Business contact in  If a firm NRD number is not positive address  Municipality | not an individual not an indiv | Family name al, provide the distribution to Yes  8(a), provide the busines   | Tjalling  First given name information  (if a shrough a funding portal or a secontact information of the Province)   | applicable) an interne e person k  'State A | eing co             | portal<br>mpensated         |          |         |          |

Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section

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|                     | Connected with the  | Issuer or I                       | Investn           | nent fund                  | issuer                 |                           |                              |                                 |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
|---------------------|---|-----------------------------------|-------------------|----------------------------|------------------------|---------------------------|------------------------------|---------------------------------|----------------------------|---------------------|-----------------|-----------------|-------------------|--------------------|-------------------|--------|-------------------|--------------|
|                     | Insider of the issuer   | r (other tha                      | an an ir          | nvestment                  | t fund)                |                           |                              |                                 |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
|                     | Director or officer of  | f the invest                      | tment f           | und or inv                 | vestment               | t fund ma                 | nager                        |                                 |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
|                     | Employee of the iss   | suer or inve                      | estmen            | nt fund ma                 | nager                  |                           |                              |                                 |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
| $\boxtimes$         | None of the above   |                                   |                   |                            |                        |                           |                              |                                 |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
| d)                  | Compensation deta   | ails                              |                   |                            |                        |                           |                              |                                 |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
| Canadia<br>services | details of all compen<br>an dollars. Include ca<br>a incidental to the dist<br>allocation arrangeme | nsh commis<br>ribution, su        | ssions,<br>uch as | securities<br>clerical, p  | s-based<br>orinting, l | compens<br>egal or ac     | ation, gif                   | fts, discounts<br>g services. A | or othen                   | er comp<br>r is not | oensa<br>requii | tion.<br>red to | Do no<br>ask f    | t repor            | payn              | ents   | for               | rt on,       |
|                     | Cash commissi   | ions paid                         | \$3,06            | 60.00                      |                        |                           |                              |                                 |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
|                     | Value of all s  | ecurities                         |                   |                            |                        |                           |                              |                                 | Secu                       | urity co            | de 1            | Sec             | curity (          | code 2             | Sec               | curity | code              | 3            |
|                     |   | buted as<br>ensation <sup>4</sup> | 0                 |                            |                        |                           | Se                           | curity codes                    | W                          | N                   | Т               | С               | М                 | s                  |                   |        |                   |              |
| _                   |   |                                   |                   |                            |                        |                           |                              |                                 |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
| De                  | scribe terms of warra   | ints, option                      | ns or ot          | her rights                 | 51,00                  | 00 Warrar                 | nts exerc                    | cisable at \$0.                 | 09 for o                   | ne con              | nmon            | share           | €.                |                    |                   |        |                   |              |
| Tota                | Il compensation paid  | \$3,060.0                         | 00                |                            |                        |                           |                              |                                 |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
| ☐ Chec              | ck box if the person w  | ill or may r                      | receive           | any defe                   | erred com              | npensatio                 | n (descr                     | ibe the terms                   | 3                          |                     |                 |                 |                   |                    |                   |        |                   |              |
|                     |   |                                   |                   |                            |                        |                           |                              |                                 |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
| securitie           | e the aggregate value<br>es of the issuer. Indic<br>additional securities of                        | ate the sec                       | curity c          | distributed<br>codes for a | l as com<br>all securi | pensatior<br>ities distri | n, <u>exclud</u><br>buted as | ling options, s<br>compensati   | warrant<br>on, <u>incl</u> | s or oth<br>uding c | ner rig         | hts e           | xercis:<br>rrants | able to<br>or othe | acquii<br>r right | e ado  | litiona<br>rcisal | al<br>ble to |
|                     | include deferred com  |                                   |                   |                            |                        |                           |                              |                                 |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
|                     |   | •                                 |                   |                            |                        |                           |                              |                                 |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
| a)                  | Name of person co   | ompensate                         | ed and            | l registrat                | tion stati             | us                        |                              |                                 |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
| Indicate            | whether the person i  | is a registra                     | ant               |                            |                        |                           |                              |                                 |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
|                     | ⊠ No  |                                   | ☐ Ye              | s                          |                        |                           |                              |                                 |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
| If the pe           | erson compensated is  | an individ                        | lual, pro         | ovide the                  | name of                | the indivi                | idual                        |                                 |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
|                     | Full legal nar  | me of indiv                       | ridual            | Rai                        |                        |                           | Sonn                         | у                               |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
|                     |   |                                   |                   | Fa                         | amily nai              | me                        | Fi                           | irst given nar                  | ne                         | Sec                 | ondar           | y giv           | en nar            | ne                 |                   |        |                   |              |
| If the pe           | erson compensated is  | not an ind                        | dividual          | l, provide                 | the follo              | wing infor                | mation                       |                                 |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
|                     | Full legal name   |                                   |                   |                            |                        |                           |                              |                                 |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
|                     | Firm NRD number   |                                   |                   |                            |                        |                           |                              | (if                             | applica                    | able)               |                 |                 |                   |                    | _                 |        |                   |              |
| 1                   |   |                                   |                   | !!! - t! tl- :             | !!- (-:! - :           |                           |                              | li t - l -                      |                            |                     |                 |                 | ,                 |                    |                   |        |                   |              |
| Indicate  No        | whether the person o  | compensat                         | ted fac           | _                          | Yes                    | ition throu               | ugn a tur                    | nding portal d                  | r an int                   | ernet-b             | asea            | porta           | 1                 |                    |                   |        |                   |              |
| b)                  | Business contact i  | nformatior                        | n                 |                            |                        |                           |                              |                                 |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
| If a firm           | NRD number is not p   | provided in                       | Item 8            | R(a) provid                | de the hi              | ısiness cı                | ontact in                    | formation of                    | the ner                    | son hei             | ina co          | mner            | sated             | ,                  |                   |        |                   |              |
| ~                   | Street address  |                                   |                   | 7 3 Stree                  |                        |                           |                              |                                 | por                        |                     |                 |                 | . 50.00           | -                  |                   |        |                   |              |
|                     | Cheet address   | J 1-10C                           | Ji, 40            | , 5 500                    | OL 044                 |                           |                              |                                 |                            |                     |                 |                 |                   |                    |                   |        |                   |              |
|                     | Municipality  |                                   |                   |                            |                        |                           |                              | Province                        | e/State                    | AB                  |                 |                 |                   |                    |                   |        |                   |              |
|                     |   | Calgary                           | у                 |                            |                        |                           |                              | FIOVING                         | o, o tato                  |                     |                 |                 |                   |                    |                   |        |                   |              |
|                     | Country   | Calgary                           |                   |                            |                        |                           | Ρ                            | Postal code/Z                   |                            |                     | P4Z2            | !               |                   |                    |                   |        |                   |              |

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| c)   | Relationship to iss   | uer or inv                        | estmen              | it fund ma                   | nager              |                        |              |  |         |                           |                 |                          |        |      |           |      |
|--|---|-----------------------------------|---------------------|------------------------------|--------------------|------------------------|--------------|--|---------|---------------------------|-----------------|--------------------------|--------|------|-----------|------|
| Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section |   |                                   |                     |                              |                    |                        |              |  |         |                           |                 |                          |        |      |           |      |
|  | Connected with the  | Issuer or                         | Investm             | nent fund is                 | ssuer              |                        |              |  |         |                           |                 |                          |        |      |           |      |
|  | Insider of the issuer   | other tha                         | an an in            | vestment f                   | und)               |                        |              |  |         |                           |                 |                          |        |      |           |      |
|  | Director or officer of  | f the inves                       | tment fu            | und or inve                  | estment            | t fund ma              | nage         | er   |         |                           |                 |                          |        |      |           |      |
|  | Employee of the iss   | uer or inv                        | estment             | t fund man                   | ager               |                        |              |  |         |                           |                 |                          |        |      |           |      |
| $\boxtimes$  | None of the above   |                                   |                     |                              |                    |                        |              |  |         |                           |                 |                          |        |      |           |      |
| d)   | Compensation deta   | ails                              |                     |                              |                    |                        |              |  |         |                           |                 |                          |        |      |           |      |
| Canadia<br>services  | details of all compen<br>an dollars. Include ca<br>a incidental to the dist<br>allocation arrangeme | sh commi<br>ribution, s           | ssions,<br>uch as d | securities-<br>clerical, pri | based<br>inting, l | compens<br>legal or ac | atioi<br>cou | n, gifts, discounts o<br>Inting services. An | or oth  | er compei<br>er is not re | nsatio<br>quire | n. Do not<br>d to ask fo | report | paym | ents for  |      |
|  | Cash commissi   | ons paid                          | \$23,8              | 02.48                        |                    |                        |              |  |         |                           |                 |                          |        |      |           |      |
|  | Value of all s  | ecurities                         |                     |                              |                    |                        |              |  | Sec     | urity code                | 1 :             | Security co              | ode 2  | Sec  | urity cod | de 3 |
|  |   | buted as<br>ensation <sup>4</sup> | 0                   |                              |                    |                        |              | Security codes                               | W       | N                         | Т               | СМ                       | S      |      |           |      |
|  | оотре   | noation                           |                     |                              |                    |                        |              | ,  |         |                           |                 |                          |        |      |           |      |
| De   | scribe terms of warra   | nts, optior                       | ns or oth           | ner rights                   | 396,7              | 708 Warra              | nts          | exercisable at \$0.                          | 09 for  | one com                   | mon s           | share.                   |        |      |           |      |
| Tota   | I compensation paid   | \$23,802                          | 2.48                |                              |                    |                        |              |  |         |                           |                 |                          |        |      |           |      |
| ☐ Chec   | ck box if the person w  | ill or may                        | receive             | any deferi                   | ed con             | npensatio              | n (d         | escribe the terms                            |         |                           |                 |                          |        |      |           |      |
|  |   |                                   |                     |                              |                    |                        |              |  |         |                           |                 |                          |        |      |           |      |
| securitie  | the aggregate value<br>s of the issuer. Indic   | ate the se                        | curity co           |                              |                    |                        |              |  |         |                           |                 |                          |        |      |           |      |
|  | include deferred com  |                                   |                     |                              |                    |                        |              |  |         |                           |                 |                          |        |      |           |      |
| a)   | Name of person co   | mpensat                           | ed and              | registration                 | on stat            | us                     |              |  |         |                           |                 |                          |        |      |           |      |
| Indicate   | whether the person i  | s a registr                       | ant                 |                              |                    |                        |              |  |         |                           |                 |                          |        |      |           |      |
|  | ⊠ No  |                                   | ☐ Yes               | 5                            |                    |                        |              |  |         |                           |                 |                          |        |      |           |      |
| If the pe  | erson compensated is  | an individ                        | lual, pro           | vide the n                   | ame of             | the indivi             | dua          | I  |         |                           |                 |                          |        |      |           |      |
|  | Full legal nar  | ne of indiv                       | /idual              | Koyich                       |                    |                        | S            | Scott  |         |                           |                 |                          |        |      |           |      |
|  |   |                                   | _                   | Far                          | mily naı           | me                     |              | First given nam                              | ie      | Secor                     | ndary           | given nam                | е      |      |           |      |
| If the pe  | erson compensated is  | not an inc                        | dividual,           | provide th                   | ne follo           | wing infor             | mati         | ion  |         |                           |                 |                          |        |      |           |      |
|  | Full legal name   |                                   |                     |                              |                    |                        |              |  |         |                           |                 |                          |        |      |           |      |
|  | Firm NRD number   |                                   |                     |                              |                    |                        |              | (if a  | applic  | able)                     |                 |                          |        |      |           |      |
| ll' 1 -  |   |                                   | (   <b>f</b> :      | 11:1-1-1 11                  | -l'- t-il-         |                        | ! -          | - f din at at a                              |         |                           |                 |                          |        |      |           |      |
| <i>Indicate</i> ☑ No   | whether the person of   | compensa                          | tea iaci            |                              |                    | itiori trirot          | igri a       | a lunding portal of                          | an in   | ternet-bas                | sea po          | ortai                    |        |      |           |      |
|  | Puninga contact i   | nformatio                         | n                   | <u> </u>                     | es                 |                        |              |  |         |                           |                 |                          |        |      |           |      |
| b)   | Business contact i  | inormatio                         | 11                  |                              |                    |                        |              |  |         |                           |                 |                          |        |      |           |      |
| If a firm  | NRD number is not p   | rovided in                        | Item 8              | (a), provide                 | e the bu           | usiness c              | onta         | ct information of th                         | he pei  | rson being                | g com           | pensated.                |        |      |           |      |
|  | Street address  | 3 <sup>rd</sup> Floo              | or, 407             | 7 3 Stree                    | t SW               |                        |              |  |         |                           |                 |                          |        |      |           |      |
|  | Municipality  | Calgar                            | у                   |                              |                    |                        |              | Province                                     | e/State | AB                        |                 |                          |        |      |           |      |

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|                     | Country  | Canada  | Postal code/Zip   | code T2                     | P4Z2             | )<br>:            |                                |                 | ]         |
|---------------------|--|---|---|-----------------------------|------------------|-------------------|--------------------------------|-----------------|-----------|
|                     | Email address                                      | david@bsmc.ca   | Telephone nu  | mber 4(                     | 3-351            | -177              | 9                              |                 | ]         |
| c)                  | Relationship to issu                               | uer or investment fund manager  |   |                             |                  |                   |                                |                 |           |
|                     |  | ship with the issuer or investment fund<br>of "control" in section 1.4 of NI 45-106   |   |                             |                  | eanin             | g of "connec                   | ted" in Part B( | 2) of the |
|                     | Connected with the                                 | Issuer or Investment fund issuer  |   |                             |                  |                   |                                |                 |           |
|                     | Insider of the issuer                              | (other than an investment fund)   |   |                             |                  |                   |                                |                 |           |
|                     | Director or officer of                             | the investment fund or investment fund  | d manager   |                             |                  |                   |                                |                 |           |
|                     | Employee of the iss                                | uer or investment fund manager  |   |                             |                  |                   |                                |                 |           |
| $\boxtimes$         | None of the above                                  |   |   |                             |                  |                   |                                |                 |           |
| d)                  | Compensation deta                                  | ails  |   |                             |                  |                   |                                |                 |           |
| Canadia<br>services | an dollars. Include ca<br>s incidental to the dist | sation paid, or to be paid, to the person<br>sh commissions, securities-based comp<br>ribution, such as clerical, printing, legal<br>nts with the directors, officers or employ | pensation, gifts, discounts of or accounting services. An i | r other con<br>issuer is no | pensa<br>t requi | tion. L<br>red to | Do not report<br>ask for detai | payments for    | ,         |
|                     | Cash commissi                                      | ons paid \$11,485.20  |   |                             |                  |                   |                                |                 |           |
|                     | Value of all s                                     |   |   | Security c                  | ode 1            | Sec               | urity code 2                   | Security co     | de 3      |
|                     |  | buted as<br>ensation <sup>4</sup>   | Security codes  |                             |                  |                   |                                |                 |           |
| De                  | scribe terms of warra                              | nts, options or other rights  |   | <u>'</u>                    |                  |                   |                                |                 |           |
| Tota                | ll compensation paid                               | \$11,485.20   |   |                             |                  |                   |                                |                 |           |
| ☐ Che               | ck box if the person w                             | ill or may receive any deferred compen  | sation (describe the terms                                  |                             |                  |                   |                                |                 |           |
|                     |  |   |   |                             |                  |                   |                                |                 |           |
| securitie           |  | of all securities distributed as compens<br>ate the security codes for all securities<br>of the issuer  |   |                             |                  |                   |                                |                 |           |
| ⁵Do not             | include deferred com                               | pensation   |   |                             |                  |                   |                                |                 |           |

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| ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER   |
|--|
| If the issuer is an investment fund, do not complete Item 9. Proceed to Item 10.   |
| Indicate whether the issuer is any of the following (select the one that applies – if more than one applies, select only one):   |
| Reporting issuer in any jurisdiction of Canada   |
| Foreign public issuer  |
| Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada <sup>6</sup>   |
| Provide name of reporting issuer   |
| Wholly owned subsidiary of a foreign public issuer <sup>6</sup>  |
| Provide name of foreign public issuer  |
| ☐ Issuer distributing only eligible foreign securities and the distribution is to permitted clients only. <sup>7</sup>   |
| If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10.  An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively.  Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions. |
| ☐ If the issuer is none of the above, check this box and complete item 9(a) − (c)  |
| a) Directors, executive officers and promoters of the issuer   |
| Provide the following information for each director, executive officer and promoter of the issuer For locations within Canada, state the province or territory, otherwise state the country. For "Relationship to issuer", "D", - Director, "O" – Executive Officer, "P" – Promoter.   |
| Organization or company name  Family name  First given name  Secondary given names  Business location of non-individual or residential jurisdiction of individual  Relationship to issuer (select all that apply)  |
| Province or country D O P  |
|  |
|  |
|  |
|  |
| b) Promoter Information  |
| If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoer. For locations within Canada, state the province or territory, othewise state the country. For "Relationship to promoter", "D", - Director, "O" – Executive Officer,.  |
| Organization or  Family name  First given  Secondary given  Secondary of individual  Residential jurisdiction or individual  Secondary of individual  Secondary of individual  Secondary of individual  Secondary of individual  |
| company name name name Province or country D O   |
|  |
|  |
|  |
|  |
| c) Residential address of each individual  |
| Complete Schedule 2 of this form providing the full residential address for each individual listed in item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.   |

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## ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer, director or agent of the issuer or underwriter. If the issuer or underwriter is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

The certification may be delegated but only to an agent that has been authorized by an officer or director of the issuer or underwriter to prepare and certify the report on behalf of the issuer or underwriter. If the report is being certified by an agent on behalf of the issuer or underwriter, provide the applicable information for the agent in the boxes below.

If the individual completing and filing the report is different from the individual certifying the report, provide the name and contact details for the individual completing and filing the report in Item 11.

The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of exempt distribution.

By completing the information below, I certify on behalf of the issuer/underwriter/investment fund manager, to the securities regulatory authority or regulator that, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.

| Name of issuer/underwriter/investment fund manager/agent | McGorman                            | David            |             |              |          |  |  |  |  |  |  |
|--|-------------------------------------|------------------|-------------|--------------|----------|--|--|--|--|--|--|
|  | Family name                         | First given name | Second      | dary given n | ame      |  |  |  |  |  |  |
| Title  | Director and Chief Executive Office |                  |             |              |          |  |  |  |  |  |  |
|  | Top Strike Resources Corp.          |                  |             |              |          |  |  |  |  |  |  |
| Telephone number   | 403-351-1779                        | Email addres     | ss david@bs | mc.ca        |          |  |  |  |  |  |  |
| Signature  | /s/ "David McGorman"                | Dar              | te 2018     | 10<br>MM     | 04<br>DD |  |  |  |  |  |  |

|                    | _       | _      |
|--------------------|---------|--------|
| <b>Ітем 11</b> — ч | CONTACT | DEDCON |
|                    | CUNTACT | LEKSON |

Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10

| ☐ Same a        | s individual cer | tifying the repor | rt               |                      |              |           |  |
|-----------------|------------------|-------------------|------------------|----------------------|--------------|-----------|--|
| Full legal name | Gallant          |                   | Trena            |                      | Title        | Paralegal |  |
|                 | Family           | Name              | First Given Name | Secondary Given Name | -            |           |  |
| Name            | e of Company     | McCarthy Tét      | rault LLP        |                      |              |           |  |
| Telep           | hone number      | 403-260-3658      | 3                | Email address        | tgallant@mcc | carthy.ca |  |

## Notice – Collection and Use of Personal Information

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation.

If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

The attached Schedules 1 and 2 may contain personal information of individuals and details of the distribution(s). The information in Schedules 1 and 2 will not be placed on the public file of any securities regulatory authority or regulator. However, freedom of information legislation may require the securities regulatory authority or regulator to make this information available if requested.

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information pertaining to the individual as set out in Schedule 1 or 2, that this information is being collected by the securities regulatory authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.