# Form 45-106F1 Report of Exempt Distribution

ITEM 1 – REPORT TYPE									
X 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  X Issuer (other than an investment fund)  Underwriter									
ITEM 3 - ISSUER NAME AN	ND OTHER IDENT	IFIERS							
Provide the following information about	the issuer, or if the issuer i	is an investment fund, about t	the fund.						
Full legal name	Love Pharma Inc.								
Previous full legal name	Glenbriar Technolog								
If the issuer's name changed in	the last 12 months, provi	ide most recent previous legal	! name.						
Website	www.love-pharma.c	om (if a	pplicable)						
If the issuer has a legal entity identifier, p	provide below. Refer to Par	t B of the Instructions for the	definition of "legal entity identif	ier".					
Legal entity identifier									
If two or more issuers distributed a single	security, provide the full l	legal name(s) of the co-issuer(	(s) other than the issuer named (	above.					
Full legal name(s) of co-issuer(s)		(if a	pplicable)						
ITEM 4 – UNDERWRITER II									
If an underwriter is completing the report	t, provide the underwriter's	s full legal name and firm NR	D number.	1					
Full legal name				]					
Firm NRD number	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									

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 3 2 5 4 1 2							
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: X 0 – 49 50 – 99 100 – 499 500 or more							
c) SEDAR profile number							
Does the issuer have a SEDAR profile?  No x Yes If yes, provide SEDAR profile number 0 0 0 6 1 6 3							
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 MM DD MM DD							
f) Reporting issuer status							
Is the issuer a reporting issuer in any jurisdiction of Canada? No Yes							
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.							
AII AB BC MB NB NL NT							
NS NU ON PE QC SK YT							
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.  Exchange 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  \$100M to under \$500M  \$500M to under \$1B							
The proposition of the propositi							

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									
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>									
1 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 MM DD									
d) Reporting issuer status of the investment fund									
Is the investment fund a reporting issuer in any jurisdiction of Canada? No Yes									
If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.									
AII AB BC MB NB NL NT									
NS NU ON PE QC SK YT									
e) Public listing status of the investment fund									
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.									
Exchange name									
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:	\$100M to under \$500M \$500M to under \$1B \$1B or over Date of NAV calculation:								

# 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	
u	, Guileiley	

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

X 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 basis, include the start and end dates for the distribution period covered by the report.

 Start date
 2022
 08
 24
 End date
 2022
 08
 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.

#### d) 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 \$				
8	Security code		CUSIP number (if applicable) Description of security		Number of securities	Single or lowest price  Highest price		Total amount
U	В	S		Issuance of units at a price of \$0.014 per unit.  Each unit is comprised of one common share and one common share purchase warrant	18,175,000	0.014	0.014	254,450

# e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) 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 / exchangeable security code				Underlying															se price dian \$)	Expiry date	Conversion	Describe other terms (if applicable)
			security code		Lowest	Highest	(YYYY-MM-DD)	ratio	, , ,														
W	N	Т	С	М	S	0.05	0.05	2024-08-24	1:1	Each warrant entitles the holder to subscribe for one additional share at \$0.05 for a period of two years, subject to the Corporation's option to accelerate the expiry date if the stock trades at \$0.15 for 10 trading days.													

#### 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, otherwise state the country.

Province or country	Exemption relied on	Number of unique purchasers <sup>2a</sup>	Total amount (Canadian \$)				
AB	NI 45-106 2.3 [Accredited Investor]	1	14,000				
ВС	NI 45-106 2.3 [Accredited Investor]	8	205,450				
ВС	NI 45-106 2.5 [Family, Friends, Business Associates]	1	7,000				
ON	NI 45-106 2.3 [Accredited Investor]	1	28,000				
	Total dollar amount of securities distributed						
Total number of unique purchasers <sup>2b</sup> 11							

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

<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.

#### 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 (Canadian \$)
Total net proceeds to the investment fund	

<sup>3&</sup>quot;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 other material (YYYY-MM-DD)	Previously filed with or delivered to regulator?  (Y/N)	Date previously filed or delivered (YYYY-MM-DD)		
1.						
2.						
3.						

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. <b>Complete additional copies of this page if more than one person was, or will be, compensated.</b>							
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.							
No X Yes If yes, indicate number of persons compensated.							
Name of person compensated and registration status							
Indicate whether the person compensated is a registrant.  No X 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 names							
If the person compensated is not an individual, provide the following information.  Full legal name of non-individual							
Firm NRD number 3 2 4 2 0 (if applicable)  Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.							
X 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 manager  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							
X 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 526.00  Value of all securities Security code 1 Security code 2 Security code 3							
distributed as compensation <sup>4</sup> Security codes							
Describe terms of warrants, options or other rights							
Other compensation <sup>5</sup> Describe							
Total compensation paid 526.00							
Check box if the person will or may receive any deferred compensation (describe the terms below)							
<sup>4</sup> Provide the aggregate value of all securities distributed as compensation, excluding options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, including options, warrants or other rights exercisable to acquire additional securities of the issuer.							
<sup>5</sup> Do not include deferred compensation.							

ITEM 8 – COMPENSAT	ION INFORI	MATION							
Provide information for each perso connection with the distribution. <b>C</b>									
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.									
No X Yes If yes, indicate number of persons compensated.									
a) Name of person com	pensated and r	egistration st	atus						
Indicate whether the person comp  No X Yes	ensated is a regist	rant.							
If the person compensated is an in	dividual, provide t	the name of the	individual.						
Full legal name of individual									
	Family			rst given na	ame	Sec	ondary given	names	
If the person compensated is not a Full legal name of nor		I Financial Co		n.					
-									
Ind <u>icat</u> e whether t <u>he p</u> erson comp	RD number ensated facilitated	the distributio		9 0 funding p	if application (if application)		-based port	al.	
X No Yes									
b) Business contact info									
If a firm NRD number is not provid	led in Item 8(a), p	rovide the busi	ness contact	informati	on of the p	erson be	ing compen	sated.	
Street address			1			T			
Municipality			]	Provir	nce/State				
Country			Post	tal code/	Zip code				
Email address			Τe	elephone	e number				
c) Relationship to issue	r or investment	fund manage	er						
Indicate the person's relationship was Part B(2) of the Instructions and the Connected with the issue Insider of the issuer (oth	e meaning of "col er or investment f	ntrol" in section und manager							ed" in
Director or officer of the	investment fund o	or investment fu	und manage	r					
Employee of the issuer of	or investment fund	d manager							
X None of the above									
d) Compensation detail	S								
Provide details of all compensation amounts in Canadian dollars. Inclination payments for services incidental to details about, or report on, international services.	ude cash commiss the distribution, I allocation arran	ions, securities- such as clerical,	based compo printing, leg	ensation, Jal or acco	gifts, discou ounting ser	unts or o vices. An	ther compe issuer is no	nsation. Do no ot required to o	ot report ask for
Cash commissions paid	1,512					-		T	
Value of all securities distributed as compensation <sup>4</sup>	0	Sec	urity codes		N T	Secur	ity code 2	Security cod	le 3
Describe terms of warrants, options or other rights  108,000 finder's warrants exercisable at a price of \$0.05 per share for a period of two (2) years from the closing of the Financing, subject to the option of the Company to accelerate the expiry date in the event that its shares trade at \$0.15 or more for 10 consecutive days									
Other compensation <sup>5</sup>		Describe							
Total compensation paid	1,512								
Check box if the person w	Il or may receive	any deferred co	ompensation	ı (describ	e the terms	s below)			
<sup>4</sup> Provide the aggregate value of all secur issuer. Indicate the security codes for all	ities distributed as co securities distributed	ompensation, <u>exclu</u> as compensation	<u>uding</u> options, v , <u>including</u> optio	varrants or ons, warran	other rights e Its or other rig	exercisable ghts exerci	e to acquire ac sable to acqu	dditional securitie ire additional sec	s of the curities of

lτ	гем 9 – Directors, Exec	UTIVE OFFICERS	AND PROM	OTERS OF 1	THE ISS	SUER				
If	the issuer is an investment fund,	do not complete Ite	m 9. Proceed t	o Item 10.						
Ind Ind <sup>6</sup> Ari law <sup>7</sup> Ci	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     Wholly owned subsidiary of a foreign public issuer     Issuer distributing only eligible foreign securities and the distribution is to permitted clients only     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 a	bove, check this bo	x and complete	: Item 9(a) – (	(c).					
	a) Directors, executive office	cers and promoter	s of the issue							
	ovide the following information for or ritory, otherwise state the country. It organization or company name			Secondary				Relationsh issuer (select all apply)		ip to
	b) Promoter information									
loc	the promoter listed above is not an ications within Canada, state the pro				Relations	ship to pron				
	Organization or company name	Family name	First given name	Secondary given names	jurisd ind Prov			ionship to prome or both if ap		
	a) Posidential address of a									

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.

# 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, 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	Love Pharma Inc.					
Full legal name	Stadnyk	Zachary				
	Family name	First given name	9	Secondary given names		
Title	President, CEO					
Telephone number	647 980-7541	Email address	Zach.stadnyk@gmail.com		mail.com	
Signature	(signed) "Zach Stadnyk"	Date	2022	08	25	
		·-	YYYY	MM	DD	

# ITEM 11 - CONTACT PERSON

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.

questions regarding the contents of this report, if different than the individual certifying the report in Item 10.								
X Same as individual certifying the report								
Full legal name				Title				
·	Family name	First given name	Secondary given names					
Name of company								
Telephone number		Er	mail address					

# 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.