# 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 (in Québec, Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure).							
☐ Investment fund issuer							
Suer (other than an investment fund)							
☐ Underwriter							
ITEM 2. ICCUED NAME AND OTHER IDENTIFIEDS							
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 Scryb Inc. / Scryb Inc.							
Previous full legal name SCRYB INC. (FORMERLY, RELAY MEDICAL CORP.)							
If the issuer's name changed in the last 12 months, provide most recent previous legal name.							
Website www.scryb.ai (if applicable)							
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 5493003EJ6YEDOZDMJ88							
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, firm NRD number, and SEDAR+ profile number.							
Full legal name							
Firm NRD number (if applicable)							
SEDAR+ profile 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 541710	
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 issue operating in the mining industry. Select the category that best describes the issuer's stage of operations.	rs
☐ 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.	
<ul><li>☐ Mortgages</li><li>☐ Real estate</li><li>☐ Commercial/business debt</li><li>☐ Cryptoassets</li></ul>	S
b) Number of employees	
Number of employees: 🗸 0 - 49 🗌 50 - 99 📗 100 - 499 📗 500 or more	
c) SEDAR+ profile number	
Provide the issuer's SEDAR+ profile number	
000007651	
ITEM 6 - INVESTMENT FUND ISSUER INFORMATION	
TIEM 6- HAVESTMENT FOND ISSUER HAT ORMATION	
If the issuer is an investment fund, provide the following information.	
a) Investment fund manager information	
Full legal name	
Firm NRD number (if applicable)	
SEDAR+ profile number	
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.										
☐ Invest primarily in other investment fund issuers										
☐ Is a UC	CITs 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) Ne	et asset valu	e (NAV) of the investment fund								
Select the N	NAV range of th	e investment fund as of the date of the	most recent NAV calcເ	ılation (Canadiar	ı \$).					
☐ Under		\$5M to under \$25M	☐ \$25M to unde	r	Date of NAV	calculation:				
	الاادب	\$5W to dilder \$25W	\$25W to dride							
☐ \$100N	1 to under \$50	00M	B ☐ \$1B or over		YYYY	MM DD				
ITEM 7 -	INFORM <i>A</i>	TION ABOUT THE DISTRIB	UTION							
		le of Canada completes a distribution ir asers resident in that jurisdiction of Can								
•	,	ees, in connection with the distribution,	,			, ,				
		h the information provided in Schedule			,	,				
a) Cı	urrency									
C-1++						ha in Canandiana				
dollars.	currency or cur	rencies in which the distribution was m	aae. All aollar amount	s provided in the	report must	be in Canaaian				
<b>✓</b> Canad	lian dollar	US dollar Euro Other	(describe)							
b) D	istribution o	lates								
6,6	istribution t									
		t and end dates. If the report is being fi								
		oth the start and end dates. If the repor dates for the distribution period covere		irities distribued	on a continu	ous basis,				
merade ene	Scare arra erra		a by the report.							
	Start date	2024 05 31	End date	2024	05 31					
		YYYY MM DD		YYYY	MM DD					
c) De	etailed purc	haser information								
Committee		46.5		46 1 - 6 - 4 -						
		this form for each purchaser and att	acn the schedule to	tne compietea i	report.					
d) Ty	pes of secu	rities distributed								
Provide the	following info	rmation for all distributions reported o	n a ner security hasis	Refer to Part A(1	2) of the Instr	ructions for how				
		de. If providing the CUSIP number, indi								
distributed										
					Canadian \$					
Security	CUSIP		Number of	Single or	Highest					
code	number (if applicable)	Description of security	securities	lowest price	price	Total amount				

33,874,800.0000

0.0250

0.0250 846,870.0000

UBS

1 CMS and 1 WNT

### 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	Underlying	Exercise price (Canadian \$)		Expiry date (YYYY-MM- DD)	Conversion ratio	Describe other terms (if applicable)
security code	security code security code		Highest	,		аррисавіе)
WNT	CMS	0.0500	0.0500	2025-11-30	1:1	

### 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 \$)			
Ontario	NI 45-106 2.3 [Accredited investor]	25	576,870.0000			
Ontario	NI 45-106 2.5 [Family, friends and business associates]	4	215,000.0000			
Québec	NI 45-106 2.3 [Accredited investor]	1	10,000.0000			
British Columbia	NI 45-106 2.3 [Accredited investor]	1	20,000.0000			
Mexico	other - Foreign subscriber in accordance with all applicable laws		25,000.0000			
	\$846,870.0000					
	Total number of unique purchasers <sup>2b</sup>					

<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. 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>&</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.

<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) (in Québec, Regulation 45-106 respecting Prospectus Exemptions) 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. If yes, indicate number of persons compensated. 3 ☐ No ✓ Yes a) Name of person compensated and registration status Indicate whether the person compensated 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 names If the person compensated is not an individual, provide the following information. Full legal name of non-individual INTEGRAL WEALTH SECURITIES LIMITED Firm NRD number 310 (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal **V** 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 (in Québec, Regulation 45-106 respecting Prospectus Exemptions) 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 ✓ None of the above d) Compensation details

compensation. Do not report payments for services incided services. An issuer is not required to ask for details about, or employees of a non-individual compensated by the issu	or report on, intern			
Cash commissions paid	\$4,800.0000			
Value of all securities distributed as compensation <sup>4</sup>	\$0.0000			
Security codes	Security code 1	Security code 2	Security code 3	
2000	WNT			
Describe terms of warrants, options or other rights	exercisable at a p	arrants. Each Find rice of \$0.05 per ( t is eighteen (18) r	Common Share	
Other compensation <sup>5</sup>				
Describe				
Total compensation paid	\$4,800.0000			
Check box if the person will or may receive any def	erred compensation	on (describe the te	erms below)	
<sup>4</sup> Provide the aggregate value of all securities distributed as compensa securities of the issuer. Indicate the security codes for all securities disacquire additional securities of the issuer.		_	•	
5Do not include deferred compensation				

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

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compensation. Do not report payments for services incider services. An issuer is not required to ask for details about, or employees of a non-individual compensated by the issu	or report on, intern		, ,	•
Cash commissions paid	\$6,000.0000			
Value of all securities distributed as compensation <sup>4</sup>	\$0.0000			
Security codes	Security code 1	Security code 2	Security code 3	
<b>,</b>	WNT			
Describe terms of warrants, options or other rights	exercisable at a p	arrants. Each Finc rice of \$0.05 per ( t is eighteen (18) r	Common Share	
Other compensation <sup>5</sup>				
Describe				
			7	
Total compensation paid	\$6,000.0000			
Check box if the person will or may receive any def	erred compensation	on (describe the te	erms below)	
<sup>4</sup> Provide the aggregate value of all securities distributed as compensations securities of the issuer. Indicate the security codes for all securities distributed as compensation. <sup>5</sup> Do not include deferred compensation.		_	•	

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

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	t44 000 0000								
Cash commissions paid	\$11,980.0000								
Value of all securities distributed as compensation <sup>4</sup>	\$0.0000			1					
Security codes	Security code 1 WNT	Security code 2	Security code 3						
719,200 Finder Warrants. Each Finder Warrant is exercisable at a price of \$0.05 per Common Share until the date that is eighteen (18) months from the date of issuance.									
Other compensation <sup>5</sup>	1		7						
Describe									
			_						
Total compensation paid	\$11,980.0000		7						
Check box if the person will or may receive any de	eation, <u>excluding</u> options,	warrants or other right	ts exercisable to acquii						
	EDC AND DDON	AOTERS OF T	UE ICCUIED						
FEMA DIDECTADE EVECUTIVE AFFICE		NOTEKS OF IT	HE ISSUEK						
TEM 9 – DIRECTORS, EXECUTIVE OFFICE  If the issuer is an investment fund, do not complete I									
	tem 9. Proceed to It	tem 10.	applies, select only	one).					
f the issuer is an investment fund, do not complete I	tem 9. Proceed to It	tem 10.	applies, select only	one).					
If the issuer is an investment fund, do not complete Indicate whether the issuer is any of the following (select Reporting issuer in a jurisdiction of Canada	tem 9. Proceed to It	t <b>em 10.</b> – if more than one o	applies, select only	one).					
If the issuer is an investment fund, do not complete Indicate whether the issuer is any of the following (select  Reporting issuer in a jurisdiction of Canada  Foreign public issuer	tem 9. Proceed to It	t <b>em 10.</b> – if more than one o	applies, select only	one).					
If the issuer is an investment fund, do not complete Indicate whether the issuer is any of the following (select  Reporting issuer in a jurisdiction of Canada  Foreign public issuer  Wholly owned subsidiary of a reporting issuer in a	tem 9. Proceed to It	t <b>em 10.</b> – if more than one o	applies, select only	one).					
If the issuer is an investment fund, do not complete Indicate whether the issuer is any of the following (select Reporting issuer in a jurisdiction of Canada Foreign public issuer  Wholly owned subsidiary of a reporting issuer in a Provide name of reporting issuer	tem 9. Proceed to It	t <b>em 10.</b> – if more than one o	applies, select only	one).					
If the issuer is an investment fund, do not complete Indicate whether the issuer is any of the following (select  ✓ Reporting issuer in a jurisdiction of Canada  ☐ Foreign public issuer  ☐ Wholly owned subsidiary of a reporting issuer in a Provide name of reporting issuer  ☐ Wholly owned subsidiary of a foreign public issue	tem 9. Proceed to li	t <b>em 10.</b> – if more than one o		one).					

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.
<sup>7</sup> 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

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	Secondary given names	individual		Secondary or residential jurisdiction of (select all that ap			
		name		Province or country	D	0	Р		

#### b) Promoter information

If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory, otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.

Organization or	Family		Secondary given	Residential jurisdiction of individual	•	promoter (select if applicable)
company name	name	name	names	Province or country	D	0

#### 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.

#### **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 requito file a completed report		at makes a distril	oution of secur	ities under certain prospectus exem <sub>l</sub>	ptions
securities regulatory aut	hority or regulator, as applica	ble, that I have r	eviewed this r	nvestment fund manager, to the report and to my knowledge, havir to the extent required, complete.	ng
Name of Issuer/ investment fund manager/agent	Scryb Inc.				
Full legal name	IRWIN	Ch	ris		
	Family name	First give	en name	Secondary given names	
Title	Secretary				
Telephone number	+1 (416) 361-2516	Email address	cirwin@irwin	lowy.com	
Signature	"Chris Irwin"	Date	2024 YYYY	06 05 MM DD	

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			s regulatory authority or regulator andividual certifying the report in Itel		
Same as individual c	ertifying the report				
Full legal name	BURK	Carly			
	Family name	First given name	Secondary given names		
Title	Associate				
Name of company	IRWIN PROFESSIONAL CORPORATION				
Telephone number		Email address   cb	ourk@irwinlowy.com		

### **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.

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.