# FORM 72-503F REPORT OF DISTRIBUTIONS OUTSIDE CANADA

#### 1. <u>Full name, address and telephone number of the Issuer.</u>

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SS		
5 International Blvd, Suite 202	Province/State	Ontario
cobicoke	Postal code/Zip code	M9W 6L9
anada	Telephone number	+1 (647) 872-9982
	55 5 International Blvd, Suite 202 cobicoke	5 International Blvd, Suite 202 Province/State cobicoke Postal code/Zip code

c) Full legal name(s) of co-issuer(s) (if applicable)

## 2. <u>Type of security, the aggregate number or amount distributed and the aggregate purchase</u> price.

#### Types of security distributed

Provide the following information for all distributions of securities relying on an exemption from section 2.3 or 2.4 of the Rule on a per security basis. Refer to 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.

					Canadia	n \$
Convertible /	CUSIP		Number of	Single or	Highest	
exchangeable	number (if	Description of security	securities	lowest	price	Total amount
security code	applicable)		securities	price	price	
UNT			5,360,000.0000	\$0.0250	\$0.0250	\$134,000.0000

#### 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.

Security code	Underlying security code	(Cana	se price dian \$) Highest	Expiry date (YYYY-MM-DD)	Conversion ratio	Describe other terms (if applicable)

## 3. <u>Date of distribution(s).</u>

#### Distribution date

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 distribued on a continuous basis,

include the start and end dates for a	the distri	ibution	period o	covered by the i	report.			
Start date	2024	11	06	End date	2024	11	06	
	YYYY	MM	DD		YYYY	MM	DD	

## 4. <u>State the name and address of any person acting as dealer or underwriter (including an</u> <u>underwriter that is acting as agent) in connection with the distribution(s) of the securities.</u>

Dealer or underwriter information		
Full legal name		]
Street address		]
Municipality	Province/State	]
Country	Postal code/Zip code	]
Telephone number	Website	(if applicable)

## 5. <u>Certification</u>

### Certification

Provide the following certification and business contact information of an officer, director or agent of the issuer. If the issuer 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 to prepare and certify the report on behalf of the issuer. If the report is being certified by an agent on behalf of the issuer, provide the applicable information for the agent in the boxes below.

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 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/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/ investment						
fund manager/agent	Scryb Inc.					
Full legal name	VAN STAVEREN	James				
	Family name	First given name	Secondary given names			
Title	VP, Corporate Developme	nt				
Telephone number	1 (6 47) 072 0002	Empil addross light				
relephone number	+1 (647) 872-9982	Email address jam	esv@scryb.al			
Signature	"James Van Staveren"	Date 202	24 11 13			
		YY	YY MM DD			