Form 45-106F1 Report of Exempt Distribution (Non-investment fund issuer)

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

ITEM 1 – REPOR	T TYPE							
✓ New report								
Amended report	If amended, provide	Submission ID of report that is	being amended:	(Example: EDR1234567890-123)				
ITEM 2 – PARTY	CERTIFYING TH	IE REPORT						
			arding whether an issuer is an inves the companion policy to NI 81-106.	tment fund, refer to section 1.1 of				
✓ Issuer (Other than	an investment fund)							
Underwriter								
ITEM 3 – ISSUEF	R NAME AND OT	HER IDENTIFIERS						
Provide the following	information about the	issuer, or if the issuer is an in	vestment fund, about the fund.					
Full legal name								
Lineage Grow Compa	any Ltd.							
Previous full legal nar	me If the issuer's nam	e changed in the last 12 mont	hs, provide most recent previous le	gal name.				
Website (if applicable))							
http://lineagegrow.co	m/							
		ovide below. Refer to Part B of	the Instructions for the definition of	"legal entity identifier".				
Legal entity identifier								
JEEU 4 JUNE 5	WEITER INFOR	MATION						
ITEM 4 – UNDER	KWRITER INFOR	MATION						
If an underwriter is co	ompleting the report, p	rovide the underwriter's full leg	al name and firm National Registrat	ion Database (NRD) number.				
Full legal name								
Does the Underwriter No Yes	's Firm have an NRD N	Number? Firm NRD nu	ımber					
If the underwriter doe	es not have a firm NRL	number, provide the head offi	ice contact information of the under	writer.				
Street address		Municipality	Province/State	Postal/ZIP code				
Country		Telephone number	Website (if applicable)					

ITEM 5 - ISSUER INFORMATION						
a) Primary industry						
	Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that corresponds to the issuer's primary business activity. For more information on finding the NAICS industry code go to Statistics Canada's NAICS industry search tool. NAICS industry code					
If the issuer is in the mining industry , independent the mining industry. Select the category the Exploration Development Production	at best describes the issuer		hat provide services to issuers operating in			
Is the issuer's primary business to invest a ☐ Mortgages ☐ Real estate ☐ Commer	-					
b) Number of employees						
✓0 - 49 □50 - 99 □100 - 499 □500	or more					
c) SEDAR profile number						
Does the issuer have a <u>SEDAR</u> profile ? ☐ No ☑ Yes	If yes, provide SEDAR pro	file number:				
d) Head office address		If the issuer does not h	nave a SEDAR profile, complete Item 5(d) – (h).			
Street address	Municipality	Province/State	Postal/ZIP code			
Country	Telephone number					
e) Date of formation and financial yea	r-end					
Date of formation	Financial year-end					
	The state of the s					
f) Reporting issuer status						
Is the issuer a reporting issuer in any juriso	diction of Canada?					
If yes, select the jurisdictions of Canada in ☐ AII ☐ AB ☐ BC ☐ MB ☐ NS ☐ NU ☐ ON ☐ PE		NT				
g) Public listing status						
Does the issuer have a CUSIP number? No Yes	CUSIP number (provide f	first 6 digits only)				
the issuer has applied for and received a li	_		de only the names of exchanges for which s.			
Exchange names: Not Applicable Toro	onto Stock Exchange	TSX Venture Exchange	Canadian Securities Exchange			
☐ Aequitas Neo Exchange ☐ Aus	tralian Securities Exchange	Deutsche Boerse	Euronext			
☐ London Stock Exchange ☐ Nas	daq	New York Stock Exchange	Shanghai Stock Exchange			
Shenzhen Stock Exchange Stock	k Exchange Of Hong Kong	Tokyo Stock Exchange	OTHER			
If other, describe:						
h) Size of issuer's assets						
Select the size of the issuer's assets for its the size of the issuer's assets at the distril	-	end (Canadian \$). If the issuer ha	s not existed for a full financial year, provide			
	I to under \$25M	\$25M to under \$100M				
\$100M to under \$500M \$500	0M to under \$1B	\$1B or over				

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, which should 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 basis, include the start and end dates for the distribution period covered by the report. Start Date **End Date** 2018-01-24 2018-01-24 c) Detailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. Lineage -Form 45-106F1 Jan 24 2018 Sch1 v1.xlsx - 54 KB d) Types of securities distributed Provide the following information for all distributions that take place in a jurisdiction of Canada on a per security basis. Refer to Part A 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 \$ Security **CUSIP** Number of Single or lowest Highest price Total amount code number securities price UBS 4,740,000.0000 1,185,000.0000 0.2500 One (1) Unit is comprised of one (1) common share and one-half (1/2) of one share purchase warrant Description of security: 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. Not Applicable Underlying Exercise price Security Expiry date (Canadian \$) security Conversion ratio code (YYYY-MM-DD) code Lowest Highest WNT **CMS** 0.3250 2020-01-24

f) Summary of the distribution by jurisdiction and exemption

Describe other terms: (if applicable)

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 of Canada, state the province or territory, otherwise state country.

Province or country	Exemption relied on	Number of purchasers	Total amount (Canadian \$)			
Ontario	NI 45-106 2.3 [Accredited investor]	30	747,500.0000			
Alberta	NI 45-106 2.3 [Accredited investor]	2	50,000.0000			
Quebec	NI 45-106 2.3 [Accredited investor]	16	222,500.0000			
United Arab Emirates	NI 45-106 2.3 [Accredited investor]	1	25,000.0000			
British Columbia	NI 45-106 2.3 [Accredited investor]	7	140,000.0000			
	Total dollar amount of securities distributed					

2

Total number of unique purchasers 2 56

² 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.

h)	h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia.				
mat in th In C an e	distribution has occurred in Saskatchewan, Onte erials that are required under the prospectus exe nose jurisdictions. Intario, if the offering materials listed in the table electronic version of the offering materials that ha Not Applicable	mption relied on t are required to b	o be filed with o	or delivered to the secundelivered to the Ontario	rities regulatory authority or regulator Securities Commission (OSC), attach
	Description	Date of document or other material	Previously filed with or delivered to regulator?	Previously filed Submission ID	Filename
1.	Other offering materials (describe)	2017-10-30	□Y ✓N		Lineage Presentation WA v5 Fall

ITEM 7 – INFORMATION ABOUT THE DISTRIBUTION

Presentation Materials

ITEM 8 - COMPENSATIO	N INFORMATIO	ON				
Provide information for each personnection with the distribution.	•	· ·			• •	
Indicate whether any compensat ☐ No ☑ Yes	ion was paid, or will	be paid, in connection	n with the dis	tribution.		
PERSON 1						
a) Name of person compensa	ted and registratio	n status				
Indicate whether the person com ☐ No ☑ Yes	pensated is a regist	trant.				
If the person compensated is an Family name	-	he full legal name of t en name		dary given names		
If the manner and a discussion		de de Selleveire e inform				
If the person compensated is not Full legal name of non-individual	: an individual, provi	de the following inforn	nation.	Firm NRD number (if	applicable)	
Foundation Markets Inc.				22830		
Indicate whether the person com	pensated facilitated	the distribution throu	gh a funding _l	portal or an internet-ba	sed portal.	
b) Business contact informati	on					
If a firm NRD number is not prov	rided in Item 8(a), pr	ovide the business co	ontact inform	ation of the person bei	ng compensated.	
Street address	Municip	ality	Province/Sta	ite	Postal/ZIP code	1
Country	Telepho	ne number	Email addres	SS]
]
c) Relationship to issuer or ir	vestment fund ma	nager				
Indicate the person's relationship Part B(2) of the Instructions and Connected with the issuer or i	the meaning of "cor	ntrol" in section 1.4 of	NI 45-106 fo		pleting this section	n.
Insider of the issuer (other tha	ın an investment fun	d)	✓ None	e of the above		
Director or officer of the invest	ment fund or investr	ment fund manager				
d) Compensation details						
Provide details of all compensatin Canadian dollars. Include cas for services incidental to the distabout, or report on, internal alloc	h commissions, sec tribution, such as cle	urities-based compen erical, printing, legal c	nsation, gifts, or accounting	discounts or other con services. An issuer is	npensation. Do no not required to as	ot report payments sk for details
Cash commissions paid	34,350.0000					
Value of all securities distributed as	0.0000	Security code1 WN	Γ Sec	curity code2 CMS	Security code	e3
compensation 4		Describe terms of wa				
		111,800 finders optic	ns issued at	\$0.325 expiring Januar	ry 24, 2020	
Other compensation ⁵		Describe				
— Other compensation		Describe				
Total compensation Paid	34,350.0000					
Check box if the person will of	or may receive any o	deferred compensation	n (describe th	ne terms below)		

to acquire additional securities of ⁵ Do not include deferred compen	the issuer.	or an occurred distri	oatea as com	pendation, molading o	puone, warrante er eurer r	ignia exercidable
PERSON 2						
a) Name of person compensat	ed and registration	on status				
Indicate whether the person comp	pensated is a regist	trant.				
If the person compensated is an i	•	the full legal name of the name of the name		dary given names		
If the person compensated is not Full legal name of non-individual	an individual, provi	de the following inforr	nation.	Firm NRD number (if	annlicable)	
Canaccord Genuity Corp.				900	арріісаые)	
Indicate whether the person comp	pensated facilitated	the distribution throu	gh a funding _l	oortal or an internet-ba	ased portal.	
b) Business contact information	on					
If a firm NRD number is not provi	ded in Item 8(a), pr	rovide the business c	ontact informa	ation of the person bei	ng compensated.	
Street address	Municip	ality	Province/Sta	te	Postal/ZIP code	
•						
Country	Telepho	ne number	Email addres	SS		
c) Relationship to issuer or in	vestment fund ma	ınager				
Indicate the person's relationship Part B(2) of the Instructions and to Connected with the issuer or ir Insider of the issuer (other than Director or officer of the investr	the meaning of "connestment fund man	ntrol" in section 1.4 or nager d)	NI 45-106 fo	r the purposes of com		t" in
d) Compensation details						
Provide details of all compensation in Canadian dollars. Include cash for services incidental to the distrabout, or report on, internal allocations.	n commissions, sec ribution, such as cle	urities-based comper erical, printing, legal o	nsation, gifts, or accounting	discounts or other cor services. An issuer is	mpensation. Do not report not required to ask for de	payments etails
Cash commissions paid	25,500.0000					
✓ Value of all securities distributed as compensation ⁴	0.0000	Security code1 WN Describe terms of wa 102,000 finders option	arrants, option	curity code2 CMS as or other rights \$0.325 expiring Janua	Security code3	
Other compensation ⁵		Describe				
Total compensation Paid	25,500.0000					
Check box if the person will o		deferred components	n (describe th	na tarms helow)		
		·	`	,		
⁴ Provide the aggregate value of a securities of the issuer. Indicate t to acquire additional securities of	he security codes t					

 $^{5}\,\mathrm{Do}$ not include deferred compensation.

⁴ Provide the aggregate value of all securities distributed as compensation, excluding options, warrants or other rights exercisable to acquire additional

⁵ Do not include deferred comper	sation.						
PERSON 3							
a) Name of person compensat	ed and registrati	on status					
Indicate whether the person com	pensated is a regi	strant.					
f the person compensated is an	individual, provide	the full legal name o	f the individ	lual.			
amily name	First gi	ven name	Se	condary given na	mes		
the person compensated is not	an individual, prov	vide the following info	ormation.				
ull legal name of non-individual					umber (if app	olicable)	
SSM Capital Corporation				27360			
ndicate whether the person comp $\overline{igwedge}$ No $\ \square$ Yes	pensated facilitate	d the distribution thro	ough a fund	ing portal or an ii	nternet-based	d portal.	
b) Business contact information	on						
f a firm NRD number is not provi	ided in Item 8(a), p	provide the business	contact infe	ormation of the p	erson being o	compensated.	
Street address	Munici	pality	Province	/State	Po	stal/ZIP code	
Country	Teleph	one number	Email ad	dress			
c) Relationship to issuer or in	vostmont fund m	anagor					
d) Compensation details Provide details of all compensation		•	entified in It	em 8(a) in conne	ection with the	e distribution. Pr	ovide all amounts
n Canadian dollars. Include cash for services incidental to the disti about, or report on, internal alloca	ribution, such as c	lerical, printing, lega	I or accoun	ting services. An	issuer is not	t required to ask	for details
Cash commissions paid	19,200.0000	D					
Value of all securities	0.0000	Security code1 W	NT	Security code2	CMS	Security code3	3
distributed as compensation ⁴		Describe terms of	warrants, o	otions or other rig	ghts	: 	
compensation		102,400 finders op	tions issue	d at \$0.325 expir	ing January 2	24, 2020	
Other compensation ⁵		Describe					
Total compensation Paid	19,200.0000						
Check box if the person will o	r may receive any	⊒ deferred compensat	ion (describ	e the terms belo	w)		
	, ,	·	,		,		
4 Provide the aggregate value of a securities of the issuer. Indicate a to acquire additional securities of 5 Do not include deferred comper	the security codes f the issuer.						

PERSON 4

Indicate whether the person comp ☐ No ✓ Yes	pensated is a regis	trant.					
If the person compensated is an i	individual, provide t	he full legal name of	the individu	al.			
Family name	First giv	en name	Seco	ndary given names			
If the person compensated is not	an individual, provi	de the following infori	nation.				
Full legal name of non-individual				Firm NRD number (ii	fapplicable)		
EMD Financial Inc.				36480			
Indicate whether the person comp √No Yes	pensated facilitated	the distribution throu	gh a fundin	g portal or an internet-b	ased portal.		
b) Business contact information	on						
If a firm NRD number is not provi	ided in Item 8(a), pi	rovide the business c	ontact infor	mation of the person be	ing compensated.		
Street address	Municip	ality	Province/S	tate	Postal/ZIP code		
Country	Telepho	ne number	Email add	ress			
c) Relationship to issuer or in	vestment fund ma	nager					
Indicate the person's relationship Part B(2) of the Instructions and a Connected with the issuer or in Insider of the issuer (other than Director or officer of the invested) d) Compensation details Provide details of all compensation in Canadian dollars. Include cash for services incidental to the distribution, or report on, internal allocations. Cash commissions paid	the meaning of "convestment fund man investment fund or to be particular to the particular of the	ntrol" in section 1.4 of nager d) ment fund manager id, to the person identurities-based competerical, printing, legal of with the directors, of	NI 45-106 En No This is a second of the continuous of the contin	for the purposes of comployee of the issuer or in the above in the above in 8(a) in connection with a discounts or other congressivities, discounts or other congressivities, and issuer is ployees of a non-individual confidence.	npleting this section investment fund ma the the distribution. F impensation. Do no to not required to as fual compensated b	n. anager Provide all amou t report paymer k for details by the issuer.	
Value of all securities ✓ distributed as	0.0000	Security code1 WN	T S	ecurity code2 CMS	Security code	93	
compensation 4		Describe terms of wa	•				
Other compensation ⁵		63,000 finders option Describe	ns issued a	\$0.325 expiring Januar	y 24, 2020		
Total compensation Paid	15,750.0000						
Check box if the person will o	r may receive any o	deferred compensatio	n (describe	the terms below)			
⁴ Provide the aggregate value of a securities of the issuer. Indicate to acquire additional securities of ⁵ Do not include deferred compensations.	the security codes if the issuer.						

ITEM 9 – DIRECTORS, EXECUTIVE OFFICERS	AND PROMOTERS O	F THE ISSUER	
Indicate whether the issuer is any of the following (select all ti	hat apply).		
Reporting issuer in any jurisdiction of Canada			
Foreign public issuer			
Wholly owned subsidiary of a reporting issuer in any jurisc	diction of Canada ⁶		
Provide name of reporting issuer	alction of Ganada		
3			
Wholly owned subsidiary of a foreign public issuer ⁶			
Provide name of foreign public issuer			
Issuer distributing eligible foreign securities only to permit	tted clients ⁷		
If the issuer is at least one of the above, do not comp	plete Item 9(a) – (c). Procee	d to Item 10.	
⁶ An issuer is a wholly owned subsidiary of a reporting iss	uer or a foreign public issuer i	f all of the issuer's outstanding voting se	curities, other than
securities that are required by law to be owned by its dire 7 Check this box if it applies to the current distribution even			
clients. Refer to the definitions of "eligible foreign security			to non-permitted
If the issuer is none of the above, check this box and	d complete Item 9(a) – (c).		
a) Directors, executive officers and promoters of the iss	suer		
•			
Provide the following information for each director, executive territory, otherwise state the country. For "Relationship to issue the country of the country			ie province or
			Relationship to
Individual? Organization or company name	Family name First given name	Business location of non-individual or residential	issuer
	Secondary given name	jurisdiction of individual	(select all that apply)
□Y □N			
		_	
b) Promoter information			
If the promoter listed above is not an individual, provide the fo	allowing information for each c	director and executive officer of the prom	oter For locations
within Canada, state the province or territory, otherwise state			
	Family name		Relationship to
Organization or company name	First given name	Residential jurisdiction of individual	promoter (select one or both
	Secondary given name	oi individual	if applicable)
			ПОПО
	-		
		<u></u>	
c) Residential address of each individual			
Complete <u>Schedule 2</u> of this form providing the full reside attach to the completed report. Schedule 2 also requires			

ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer or director 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 not be delegated to an agent or other individual preparing the report on behalf of the issuer or underwriter. If the individual completing and filing the report is different from the individual certifying the report, provide their name and contact details 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.

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

Secondary given names

Title

Law Clerk

amatanovic@foglers.com

Email address

By completing the information below, I certify to the securities regulatory authority or regulator that:

First given name

Anna

• I have read and understand this report; and

Full legal name - Family name

Matanovic

Name of company

Fogler, Rubinoff LLP

• all of the information provided in this report is true.

Drutz	David		Chief Executive Officer
Name of issuer/underwriter		Telephone number	Email address
Lineage Grow Company Ltd.		(416) 479-4142	ddrutz@lineagegrow.com
Signature		Date	
		2018-02-01	
ITEM 11 – CONTACT P	ERSON		
· ·		ividual that the securities regulatory a n the individual certifying the report i	uthority or regulator may contact with any n Item 10.
Same as individual certifyin	g the report		
Full legal name - Family name	e First given name	Secondary given names	Title

Notice - Collection and use of personal information

4163653701

Telephone number

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.

Submission ID
Date