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

ITEM 1 – REPOR	RT TYPE								
✓ New report									
Amended report	mended report If amended, provide Submission ID of report that is being amended: (Example: EDR1234567890-123)								
ITEM 2 – PARTY	CERTIFYING TH	HE REPORT							
				restment fund, refer to section 1.1 of 5.					
	National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.    Issuer (Other than an investment fund)								
Underwriter									
ITEM 3 – ISSUEF	R NAME AND OT	HER IDENTIFIERS							
Provide the following	information about the	e issuer, or if the issuer is an i	investment fund, about the fund.						
Full legal name									
Platinex Inc.									
Previous full legal nar	me If the issuer's nan	ne changed in the last 12 mon	nths, provide most recent previous	legal name.					
Website (if applicable	e)								
http://platinex.com									
If the issuer has a leg	gal entity identifier, pro	ovide below. Refer to Part B o	f the Instructions for the definition	of "legal entity identifier".					
Legal entity identifier									
Did two or more co-is	ssuers distribute a sin	gle security?  Vo Yes							
If two or more issuers	distributed a single s	ecurity, provide the full legal n	name(s) of the co-issuer(s) other th	an the issuer named above.					
Full legal name(s) of c	co-issuer(s)								
ITEM 4 – UNDER	RWRITER INFOR	MATION							
If an underwriter is co	ompleting the report, p	provide the underwriter's full le	gal name and firm NRD number.						
Tun legal name									
Does the Underwriter No Yes	's Firm have an NRD I	Number? Firm NRD n	number						
If the underwriter doe	es not have a firm NRI	D number, provide the head of	ffice contact information of the und	erwriter.					
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 Indus corresponds to the issuer's primary busine	stry Classification Standard (NAICS) code (6 digits only) that in ess activity.	n your reasonable judgment most closely			
NAICS industry code					
212299					
	dicate the stage of operations. This does not apply to issuers nat best describes the issuer's stage of operations.	that provide services to issuers operating in			
	all or substantially all of its assets in any of the following? If y rcial/business debt Consumer debt Private companies	* * *			
b) Number of employees					
<b>√</b> 0 - 49	or more				
c) SEDAR profile number					
Does the issuer have a <u>SEDAR</u> profile? ☐ No ☑ Yes	screenshot of th	EDAR profile is a "private" profile, please provide a le issuer's profile by e-mail to ings@osc.gov.on.ca			
d) Head office address	If the issuer does not	have 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 year	r-end				
Date of formation	Financial year-end				
f) Reporting issuer status					
Is the issuer a reporting issuer in any juriso  ☐ No ☐ Yes	diction of Canada?				
If yes, select the jurisdictions of Canada in					
AII AB BC MB	NB NL NT				
NS NU ON PE	∐QC ∐SK ∐YT				
g) Public listing status					
Does the issuer have a CUSIP number?	CUSIP number (provide first 6 digits only)				
· · · · · · · · · · · · · · · · · · ·	name of the exchange on which the issuer's equity securities ps, for example, an automated trading system.	orimarily trade. Provide only the name of an			
Exchange name:  Not Applicable  Torc	onto Stock Exchange TSX Venture Exchange	Canadian Securities Exchange			
Aequitas Neo Exchange	stralian Securities Exchange  Deutsche Boerse	Euronext			
London Stock Exchange	daq New York Stock Exchange	Shanghai Stock Exchange			
Shenzhen Stock Exchange Stoc	ck Exchange Of Hong Kong 🗌 Tokyo Stock Exchange	OTHER			
If other, describe:					
h) Size of issuer's assets					
financial statements for its first financial ye	ed on its most recently available annual financial statements (ear, provide the size of the issuer's assets at the distribution of	· · · · · · · · · · · · · · · · · · ·			
	0M to under \$1B \$25M to under \$100M				

## 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 basis, include the start and end dates for the distribution period covered by the report. Start Date **End Date** 2020-08-26 2020-08-26 c) Detailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. PTX - Form 45-106F1 - Sch 1 - Aug 26 2020 v2.xlsx - 93 KB

## 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 \$			
Security code	CUSIP number	Number of securities	Single or lowest price Highest price		Total amount		
UBS		11,722,000.0000	0.0700		820,540.0000		
Description of security: Each UBS is comprised of one common share and one common share purchase warrant.							

## 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

Convertible / exchangeable	Underlying security	Exercis (Canad	•	Expiry date (YYYY-MM-DD)	Conversion ratio	
security code	code	Lowest	Highest	(1111-WIW-DD)		
WNT	CMS	0.1000	0.1000	2023-08-26		
Describe other terms: (if applicable)						

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

Province or country	Exemption relied on	No. of unique purchasers <sup>2a</sup>	Total amount (Canadian \$)
Ontario	NI 45-106 2.3 [Accredited investor]	3	72,450.0000
British Columbia	NI 45-106 2.3 [Accredited investor]	1	479,500.0000
Alberta	NI 45-106 2.3 [Accredited investor]	2	16,100.0000
Virgin Islands, British	NI 45-106 2.3 [Accredited investor]	1	140,000.0000
Panama	NI 45-106 2.3 [Accredited investor]	1	35,000.0000
Quebec	NI 45-106 2.3 [Accredited investor]	2	52,500.0000
United States	NI 45-106 2.3 [Accredited investor]	1	24,990.0000
	es distributed	820,540.0000	

Total dollar amount of securities distributed	820,540.0000
Total number of unique purchasers <sup>2b</sup>	

<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.

<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 7 - INFORMATION ABOUT THE DISTRIBUTION

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.

## √ Not Applicable

	Description	Date of document or other material	Previously filed with or delivered to regulator?	Previously filed Submission ID	Filename
1.			$\square$ Y $\square$ N		

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 ☑ Yes						
PERSON 1						
a) Name of person compensa	ted and registratio	on status				
Indicate whether the person com ☐ No ☑ Yes	pensated is a regist	trant.				
If the person compensated is an individual, provide the full legal name of the individual.  Family name  Secondary given names						
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)	
Canaccord Genuity Corp.				900		
Indicate whether the person com	pensated facilitated	the distribution throug	gh a funding	portal or an internet-ba	nsed portal.	
b) Business contact information	on					
If a firm NRD number is not prov	ided in Item 8(a), pr	rovide the business co	ontact informa	ation of the person bei	ng compensated.	
Street address	Municip	ality	Province/Sta	ite	Postal/ZIP code	i
						I
Country	Telepho	ne number	Email addre	SS		
) D. I. C						
c) Relationship to issuer or in	vestment fund ma	ınager				
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	n 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 compensati in Canadian dollars. Include cast for services incidental to the dist about, or report on, internal alloc	h commissions, sec ribution, such as cle	urities-based compen erical, printing, legal o	sation, 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	3,633.0000					
Value of all securities distributed as		Security code1	Sec	curity code2	Security code	93
compensation 4		Describe terms of wa	arrants, option	ns or other rights		
Other compensation <sup>5</sup>		Describe				
Total compensation Paid	3,633.0000					
Check box if the person will o	or may receive any o	deferred compensation	n (describe th	ne terms below)		

to acquire additional securities of <sup>5</sup> Do not include deferred compen	the issuer.	ior an securities distribu	ieu as compensation, inclu	ding options, warrai	ns or other rights	exercisable	
PERSON 2							
a) Name of person compensat	ed and registration	on status					
Indicate whether the person com  No ✓ Yes	<del>-</del>						
If the person compensated is an in	•	the full legal name of the en name	individual. Secondary given name	es			
If the person compensated is not Full legal name of non-individual Haywood Securities Inc.							
Indicate whether the person comp  ✓ No ☐ Yes	pensated facilitated	I the distribution through	a funding portal or an inter	rnet-based portal.			
b) Business contact information	on						
If a firm NRD number is not provi Street address	ded in Item 8(a), p Municip		tact information of the pers rovince/State	Postal/ZIP co			
Country	Telepho	ne number E	mail address				
c) Relationship to issuer or in	vestment fund ma	nager					
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 investre	nvestment fund man	nager id)	Employee of the issu  None of the above				
d) Compensation details							
Provide details of all compensation Canadian dollars. Include cash for services incidental to the distrabout, or report on, internal allocations.	commissions, sec ibution, such as cl	curities-based compens erical, printing, legal or	ntion, gifts, discounts or oth accounting services. An iss	ner compensation. D suer is not required	o not report paym to ask for details	nents	
Cash commissions paid	2,730.0000						
Value of all securities distributed as		Security code1	Security code2	Security	code3		
compensation <sup>4</sup>		Describe terms of warr	ants, options of other rights				
Other compensation <sup>5</sup>		Describe					
Total compensation Paid	2,730.0000						
Check box if the person will o	r may receive any	deferred compensation	describe the terms below)				
<sup>4</sup> Provide the aggregate value of a securities of the issuer. Indicate to acquire additional securities of	he security codes						

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

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

<sup>5</sup> Do not include deferred compensation.						
PERSON 3						
a) Name of person compensated and r	egistratio	on status				
Indicate whether the person compensated ☐ No ☑ Yes	is a regis	trant.				
If the person compensated is an individual	, provide	the full legal name of	the individual	-		
Family name	First giv	ven name	Secon	dary given names		
If the person compensated is not an individ	dual, prov	ide the following infor	mation.			
Full legal name of non-individual				Firm NRD number (ii	f applicable)	
Mackie Research Capital Corporation				3070		
Indicate whether the person compensated  No Yes	facilitated	d the distribution throu	igh a funding	portal or an internet-b	ased portal.	
b) Business contact information						
If a firm NRD number is not provided in Ite	m 8(a), p	rovide the business c	ontact inform	ation of the person be	ing compensated.	
Street address	Municip	ality	Province/Sta	ate	Postal/ZIP code	
Country	Telepho	one number	Email addre	SS	-	
c) Relationship to issuer or investmen	t fund ma	anager				
Connected with the issuer or investment Insider of the issuer (other than an investment of the investment function of the investm	or to be passions, secuch as cl	ment fund manager  aid, to the person ider curities-based competerical, printing, legal	None	8(a) in connection with discounts or other conservices. An issuer is	mpensation. Do not rep s not required to ask for	de all amounts ort payments details
Cash commissions paid 1,	050.0000					
Value of all securities		Security code1	Se	curity code2	Security code3	
distributed as compensation 4		Describe terms of w	arrants, optio	ns or other rights		
Other compensation <sup>5</sup>						
Total compensation Paid 1.	050.0000					
Total compensation Paid 1,  Check box if the person will or may rec		<u>.</u>	on (describe #	ne terms helow		

ITEM 9 – D	IRECTORS, EXECUTIVE OFFICERS	S AND PROMOTERS OF 1	THE ISSUER						
Indicate whet	Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one).								
Reporting	✓ Reporting issuer in any jurisdiction of Canada								
Foreign p	Foreign public issuer								
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada <sup>6</sup> Provide name of reporting issuer									
Wholly ow	ned subsidiary of a foreign public issuer <sup>6</sup>								
	ame of foreign public issuer								
	tributing only eligible foreign securities and the	•	•						
<sup>6</sup> An issue securities <sup>7</sup> Check th	uer is at least one of the above, do not com r is a wholly owned subsidiary of a reporting is that are required by law to be owned by its dire his box if it applies to the current distribution eve efer to the definitions of "eligible foreign securit	suer or a foreign public issuer if all ectors, are beneficially owned by t ren if the issuer made previous dis	Il of the issuer's outstanding voting se the reporting issuer or the foreign pub stributions of other types of securities	olic issuer, respectively.					
☐ If the issu	uer is none of the above, check this box an	d complete Item 9(a) – (c).							
a) Directors	executive officers and promoters of the iss	suer							
	llowing information for each director, executive wise state the country. For "Relationship to iss			he province or					
Individual?	Organization or company name	Family name First given name Secondary given name	Business location of non-individual or residential jurisdiction of individual	Relationship to issuer (select all that apply)					
YN				□D □O □P					
b) Promoter	information								
	r listed above is not an individual, provide the f a, state the province or territory, otherwise state								
Organization or company name  First given name Secondary given name  Residential jurisdiction of individual (select				Relationship to promoter (select one or both if applicable)					
				□ D □ O					
c) Residenti	al address of each individual								
Complete <u>Schedule 2</u> 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, 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/agent	Platinex Inc.			
Full legal name - Family name	First given na	ame		Secondary given names
Warren	Graham			
Title		Telephon	e number	Email address
Chief Financial Officer		905-470-6400 gw		gwarren@platinex.com
Signature /s/ Graham Warren		Date 2	2020-08-28	

#### 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.							
Same as individual certifying the report							
Full legal name - Family name	First given name	Secondary given names		Title			
Matanovic	Anna			Law Clerk			
Name of company		Telephone number	Emai	address			
Fogler, Rubinoff LLP		(416) 365-3701	amat	anovic@foglers.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.

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.

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