# 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. 2023 09 11 (YYYY-MM-DD)   |
| ITEM 2 – PARTY CERTIFYING  | THE REPORT   |
| section 1.1 of National Instrument 81-100<br>Québec, Regulation 81-106 respecting Inv<br>Investment Fund Continuous Disclosure). | elect only one). For guidance regarding whether an issuer is an investment fund, refer to<br>Investment Fund Continuous Disclosure and the companion policy to NI 81-106 (in<br>Pestment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting |
| ☐ Investment fund issuer  ✓ Issuer (other than an investment fu  | und)   |
| Underwriter  | and)   |
|  |  |
| ITEM 3 - ISSUER NAME AND (   | OTHER IDENTIFIERS  |
| Provide the following information about t  | the issuer, or if the issuer is an investment fund, about the fund.  |
|  | Blender Bites Limited (formerly "Balsam Technologies Corp.") /   |
| Full legal name  | Blender Bites Limited (formerly "Balsam Technologies Corp.")   |
| Previous full legal name   | BALSAM TECHNOLOGIES CORP.  |
| If the issuer's name changed in  | the last 12 months, provide most recent previous legal name.   |
| Website  | www.blenderbites.com (if applicable)   |
| If the issuer has a legal entity identifier, p   | rovide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".   |
|  | 529900S2U5INHUGA7G38   |
| If two or more issuers distributed a single  | s 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 INFO  | DRMATION   |
| If an underwriter is completing the report   | t, 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 000000   |
| 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   |
| s) rumber 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   |
| 000014456  |
|  |
| 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)  |
| 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 (descri                                 | be)                    |                                 |  |  |  |  |  |
|---|--|---|------------------------|---------------------------------|--|--|--|--|--|
| Indicate whether one or both of the   |  | nvestment fund.                               |                        |                                 |  |  |  |  |  |
| ☐ Is a UCITs Fund <sup>1</sup> <sup>1</sup> 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) Net asset value (NAV   | ) of the investment fu   | und   |                        |                                 |  |  |  |  |  |
| Select the NAV range of the investi   | ment fund as of the date o   | of the most recent NA                         | V calculation (Canad   | dian \$).                       |  |  |  |  |  |
| ☐ Under \$5M  | \$5M to under \$   | \$25M   | o under \$100M         | Date of NAV calculation:        |  |  |  |  |  |
| S \$100M to under \$500M  | \$500M to unde   | er \$1B 🔲 \$1B or                             | over                   | YYYY MM DD                      |  |  |  |  |  |
| ITEM 7 - INFORMATION  | ABOUT THE DIST   | RIBUTION                                      |                        |                                 |  |  |  |  |  |
| If an issuer located outside of Can<br>information about purchasers res<br>commissions or finder's fees, in co<br>ltem 7 must reconcile with the info   | sident in that jurisdiction of the connection with the distribution. | of Canada only. Do no<br>ution, which must be | ot include in Item 7 s | securities issued as payment of |  |  |  |  |  |
| a) Currency   |  |   |                        |                                 |  |  |  |  |  |
| Select the currency or currencies i dollars.  | n which the distribution w   | vas made. All dollar a                        | mounts provided in     | the report must be in Canadian  |  |  |  |  |  |
| ✓ Canadian dollar US  | dollar 🗌 Euro O  | other (describe)                              |                        |                                 |  |  |  |  |  |
| b) Distribution dates   |  |   |                        |                                 |  |  |  |  |  |
| State the distribution start and en<br>the distribution date as both the s<br>include the start and end dates fo  | start and end dates. If the  | report is being filed f                       | or securities distribu | •                               |  |  |  |  |  |
| Start date 20   | 23 09 11   | Enc   | date 2023              | 09 11                           |  |  |  |  |  |
| YY  | YY MM DD   |   | YYYY                   | MM DD                           |  |  |  |  |  |
| c) Detailed purchaser i   | nformation   |   |                        |                                 |  |  |  |  |  |
| Complete Schedule 1 of this for   | m for each purchaser an  | nd attach the sched                           | ule to the complete    | ed report.                      |  |  |  |  |  |
| d) Types of securities d  | listributed  |   |                        |                                 |  |  |  |  |  |
| Provide the following information to indicate the security code. If prodistributed.   |  |   |                        |                                 |  |  |  |  |  |

|               |                                    |   |                      |                           | Canadian \$      |              |
|---------------|------------------------------------|---|----------------------|---------------------------|------------------|--------------|
| Security code | CUSIP<br>number (if<br>applicable) | Description of security   | Number of securities | Single or<br>lowest price | Highest<br>price | Total amount |
| UBS           |                                    | Each unit consists of one commo<br>n share and one common share p<br>urchase warrant. | 276,867.0000         | 3.0000                    |                  | 830,601.0000 |

### 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 security code |        | se price<br>dian \$) | Expiry date (YYYY-MM-<br>DD) | Conversion ratio | Describe other terms (if applicable)   |
|----------------------------|--------------------------|--------|----------------------|------------------------------|------------------|--|
| security code              | security code            | Lowest | Highest              |                              |                  | аррпсаые)  |
| WNT                        | CMS                      | 3.3000 |                      | 2028-09-11                   | 1:1              | Warrants are exercisable fo<br>r five (5) years from their da<br>te of issuance. |

## 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 \$) |
|---------------------|---|---|----------------------------|
| British Columbia    | NI 45-106 2.3 [Accredited investor]             | 5   | 325,401.0000               |
| Ontario             | 2   | 505,200.0000                              |                            |
|                     | Total dolla                                     | r amount of securities distributed        | \$830,601.0000             |
|                     | Total number of unique purchasers <sup>2b</sup> | 7   |                            |

<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 \$) |
|---------------------|----------------------------|
|                     |                            |

<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.

### Total net proceeds to the investment fund

<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.

# 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. ☐ No If yes, indicate number of persons compensated. 2 ✓ Yes a) Name of person compensated and registration status Indicate whether the person compensated is a registrant. **V** 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 Amalfi Corporate Services Ltd. Firm NRD number (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 | Suite 800-1199 West Hastings St. Municipality Vancouver Province/State | British Columbia Country | Canada Postal code/Zip code V6E 3T5 Email address | nl@amalficorp.ca Telephone number | +1 (236) 521-0626 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

| Provide all amounts in Canadian dollars. Include cash con 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 issuer.        | ntal to the distribut<br>or report on, intern  | ion, such as clerical   | l, printing, legal or   | accounting |
|--|--|---|-------------------------|------------|
| Cash commissions paid  |  |   |                         |            |
| Value of all securities distributed as compensation <sup>4</sup>   | 16611  |   |                         | _          |
| Security codes   | Security code 1  | Security code 2   | Security code 3         |            |
|  | CMS  |   |                         | ]          |
| Describe terms of warrants, options or other rights  |  |   |                         | ]          |
| Other compensation <sup>5</sup>  |  |   |                         |            |
|  | The Company iss at a deemed valu Share of the Com Corporate Service length third-party administrative se connection with t | e of \$3.00 per<br>pany to Amalfi<br>es Ltd., an arm's-<br>y, for<br>rvices rendered in |                         |            |
| Describe   | Placement.   | e i i i i i i i i i i i i i i i i i i   |                         |            |
| Total compensation paid  | 16611  |   |                         |            |
| Check box if the person will or may receive any def  4Provide 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. | tion, <u>excluding</u> options,  | warrants or other righ  | ts exercisable to acqui |            |
| <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.

# 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. 2 ☐ 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 Canaccord Genuity Corp./Corporation Canaccord Genuity Firm NRD number 900 (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

| Provide details of all compensation paid, or to be paid, to Provide all amounts in Canadian dollars. Include cash concompensation. Do not report payments for services incide services. An issuer is not required to ask for details about, or employees of a non-individual compensated by the issuer | mmissions, securitie<br>ntal to the distribut<br>or report on, interr | s-based compensat<br>ion, such as clerical                      | ion, gifts, discounts<br>, printing, legal or | or other<br>accounting |
|--|---|---|---|------------------------|
| Cash commissions paid  | 29442.0000  |   |   |                        |
| Value of all securities distributed as compensation <sup>4</sup>   |   |   |   |                        |
| Security codes   | Security code 1   | Security code 2   | Security code 3                               |                        |
| Security codes   | WNT   |   |   |                        |
| Describe terms of warrants, options or other rights  |   | rrants Issued. Each<br>quire one (1) comr<br>or five (5) years. |   |                        |
| Other compensation <sup>5</sup>  |   |   | 7   |                        |
| Describe   |   |   | า์  |                        |
| Describe   |   |   |   |                        |
| Total compensation paid  | 29442   |   | 7   |                        |
| Check box if the person will or may receive any def  | ferred compensati   | on (describe the te   | ப<br>erms below)                              |                        |
| and person and person and person and and and and and and and and and an  |   | (0.00000 00   |   |                        |
| <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. <sup>5</sup> Do not include deferred compensation.   |   | _   |   |                        |
| ITEM 0 DIRECTORS EVECUTIVE OFFICE  |   | AOTEDS OF T   | HE ICCIIED                                    |                        |
| ITEM 9 – DIRECTORS, EXECUTIVE OFFICE   | KS AND PROI   | MOTERS OF T   | HE ISSUEK                                     |                        |
| If the issuer is an investment fund, do not complete It  | em 9. Proceed to I  | tem 10.   |   |                        |
| Indicate whether the issuer is any of the following (select t  | ha ana that annlias   | if more than one  | annlias salast only                           | onal                   |
|  | ne one that applies   | - ij more than one  | upplies, select offly                         | oriej.                 |
| <ul><li>✓ Reporting issuer in a jurisdiction of Canada</li><li>☐ Foreign public issuer</li></ul>   |   |   |   |                        |
| Wholly owned subsidiary of a reporting issuer in a   | ny jurisdiction of C  | anada <sup>6</sup>  |   |                        |
| Provide name of reporting issuer   | 71  |   |   |                        |
| ☐ Wholly owned subsidiary of a foreign public issuer   | 6   |   |   |                        |
| Provide name of foreign public issuer  |   |   |   |                        |
| ☐ Issuer distributing only eligible foreign securities a   | nd the distribution   | is to permitted cli   | ents only <sup>7</sup>                        |                        |
| If the issuer is at least one of the above, do not compl   |   | ·   | •   |                        |
| <sup>6</sup> An issuer is a wholly owned subsidiary of a reporting issu  |   |   |   | ng voting              |
| securities, other than securities that are required by law to  |   |   |   |                        |

| 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 the province or territory, otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.

|   | Organization or company name | Family<br>name | First<br>given | Secondary<br>given names | Business location of non-individual or residential jurisdiction of individual |   | Relationship to issuer<br>(select all that apply) |   |  |
|---|------------------------------|----------------|----------------|--------------------------|---|---|---|---|--|
|   |                              |                | name           |                          | Province or country   | D | 0   | P |  |
| Ī | _                            |                |                |                          |   |   |   |   |  |

### 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 |      |       | Residential jurisdiction of individual | • | promoter (select<br>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.

| to file a completed report By completing the inform securities regulatory aut | ires an issuer or underwriter the of exempt distribution.  nation below, I certify, on behanity or regulator, as applica igence, the information provice | alf of the issuer/<br>ble, that I have r | underwriter/ir                | nvestm<br>eport a | nent fu<br>and to     | nd manager, to the<br>my knowledge, havi | • |
|---|--|--|-------------------------------|-------------------|-----------------------|--|---|
| Name of Issuer/<br>investment fund<br>manager/agent                           | Blender Bites Limited  |  |                               |                   |                       |  |   |
| Full legal name   | BALDERSON  | Geoff First given name                   |                               |                   |                       |  |   |
|   | Family name  |  |                               |                   | Secondary given names |  |   |
| Title   | CFO  |  |                               |                   |                       |  |   |
| Telephone number  | +1 (236) 521-0626  | Email address                            | nail address gb@amalficorp.ca |                   |                       |  |   |
| Signature   | "Geoff Balderson"  | Date                                     | 2024                          | 02                | 13                    |  |   |
|   |  |  | YYYY                          | MM                | DD                    |  |   |

| ITEM 11 – CONTAC     | T PERSON  |  |                  |         |                       |   |  |  |  |
|----------------------|---|--|------------------|---------|-----------------------|---|--|--|--|
| , ,                  | iness contact information for the<br>s regarding the contents of this i |  |                  | _       | , ,                   | • |  |  |  |
| Same as individual c | ertifying the report  |  |                  |         |                       |   |  |  |  |
| Full legal name      | WONG  |  | Jennifer         |         |                       |   |  |  |  |
|                      | Family name   |  | First given name |         | Secondary given names | _ |  |  |  |
| Title                | CORPORATE ADMINISTRATOR   |  |                  |         |                       |   |  |  |  |
| Name of company      | AMALFI CORPORATE SERVICES LTD.  |  |                  |         |                       |   |  |  |  |
| Telephone number     |   |  | Email address    | jw@amal |                       |   |  |  |  |

# **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.