# Form 45-106F1 Report of Exempt Distribution

| ITEM 1 – REPORT TYPE   |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| X 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<br>National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106. |  |  |  |  |  |  |  |  |
| X Issuer (other than an investment fund)   |  |  |  |  |  |  |  |  |
| Underwriter  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 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 Tevano Systems Holdings Inc.   |  |  |  |  |  |  |  |  |
| Previous full legal name If the issuer's name changed in the last 12 months, provide most recent previous legal name.  |  |  |  |  |  |  |  |  |
| Website https://tevano.com (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  |  |  |  |  |  |  |  |  |
| 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 and firm NRD number. Full legal name   |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Firm NRD number (if applicable)  |  |  |  |  |  |  |  |  |
| If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.           Street address   |  |  |  |  |  |  |  |  |
| Municipality Province/State  |  |  |  |  |  |  |  |  |
| Country Postal code/Zip code   |  |  |  |  |  |  |  |  |
| Telephone number     Website     (if applicable)   |  |  |  |  |  |  |  |  |

| 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 5 4 1 5 1 4  |  |  |  |  |  |  |  |  |
| 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       Cryptoassets   |  |  |  |  |  |  |  |  |
| b) Number of employees   |  |  |  |  |  |  |  |  |
| Number of employees:         X         0 – 49         50 – 99         100 – 499         500 or more  |  |  |  |  |  |  |  |  |
| c) SEDAR profile number  |  |  |  |  |  |  |  |  |
| Does the issuer have a SEDAR profile?         No       X         Yes       If yes, provide SEDAR profile number         0       0       1       6       8       3       1         If the issuer does not have a SEDAR profile complete Item 5(d) – (h).  |  |  |  |  |  |  |  |  |
| d) Head office address   |  |  |  |  |  |  |  |  |
| Street address     Suite 1303 – 1030 West Georgia Street     Province/State     BC   |  |  |  |  |  |  |  |  |
| Municipality Vancouver Postal code/Zip code V6E 2Y3  |  |  |  |  |  |  |  |  |
| Country     Telephone number     604-805-6600  |  |  |  |  |  |  |  |  |
| e) Date of formation and financial year-end  |  |  |  |  |  |  |  |  |
| Date of formation     2000     03     23     Financial year-end     06     30       YYYY     MM     DD     MM     DD   |  |  |  |  |  |  |  |  |
| f) Reporting issuer status   |  |  |  |  |  |  |  |  |
| Is the issuer a reporting issuer in any jurisdiction of Canada? No X Yes   |  |  |  |  |  |  |  |  |
| If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.          Image: All imag |  |  |  |  |  |  |  |  |
| g) Public listing status   |  |  |  |  |  |  |  |  |
| If the issuer has a CUSIP number, provide below (first 6 digits only).<br>CUSIP number 8 8 1 6 5 V   |  |  |  |  |  |  |  |  |
| If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system. Exchange name CSE   |  |  |  |  |  |  |  |  |
| h) Size of issuer's assets   |  |  |  |  |  |  |  |  |
| Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.         X       \$0 to under \$5M       \$5M to under \$25M       \$25M to under \$100M  |  |  |  |  |  |  |  |  |
| \$100M to under \$500M \$500M to under \$1B \$1B or over   |  |  |  |  |  |  |  |  |

# ITEM 6 - INVESTMENT FUND ISSUER INFORMATION

| If the issuer is an investr   | nent fund, provide the following information.   |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|
| a) Investment fund  | manager information   |  |  |  |  |  |  |  |  |
| Full legal name   |   |  |  |  |  |  |  |  |  |
| Firm NRD Number   | (if applicable)   |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |
| If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager.   |   |  |  |  |  |  |  |  |  |
| Street Address  |   |  |  |  |  |  |  |  |  |
| Municipality  | Province/State  |  |  |  |  |  |  |  |  |
| Country   | Postal code/Zip code  |  |  |  |  |  |  |  |  |
| Telephone number  | Website (if applicable)   |  |  |  |  |  |  |  |  |
| b) Type of investme   | ent fund  |  |  |  |  |  |  |  |  |
| Money market Alternative strate   |   |  |  |  |  |  |  |  |  |
| Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Is a UCITs Fund <sup>1</sup>   |   |  |  |  |  |  |  |  |  |
| collective investment schemes to o  | stment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow<br>perate throughout the EU on a passport basis on authorization from one member state.   |  |  |  |  |  |  |  |  |
| c) Date of formation and financial year-end of the investment fund  |   |  |  |  |  |  |  |  |  |
| Date of formation   | YYYY     MM     DD   Financial year-end MM DD   |  |  |  |  |  |  |  |  |
| d) Reporting issuer   | status of the investment fund   |  |  |  |  |  |  |  |  |
| Is the investment fund a repo   | rting issuer in any jurisdiction of Canada? No Yes  |  |  |  |  |  |  |  |  |
| If yes, select the jurisdictions of All   | of Canada in which the investment fund is a reporting issuer.<br>AB BC MB NB NL NT<br>NU ON PE QC SK YT   |  |  |  |  |  |  |  |  |
| e) Public listing stat  | tus of the investment fund  |  |  |  |  |  |  |  |  |
| If the investment fund has a C<br>CUSIP number  | CUSIP number, provide below (first 6 digits only).  |  |  |  |  |  |  |  |  |
| If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system. Exchange name |   |  |  |  |  |  |  |  |  |
| f) Net asset value  | (NAV) of the investment fund  |  |  |  |  |  |  |  |  |
| Select the NAV range of the in<br>\$0 to under \$5M<br>\$100M to under \$500  | Investment fund as of the date of the most recent NAV calculation (Canadian \$).         Image: S5M to under \$25M       \$25M to under \$100M         Image: Married |  |  |  |  |  |  |  |  |

# ITEM 7 – INFORMATION ABOUT THE DISTRIBUTION

| purc<br>conr  | 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)  | С             | urren                  | су                              |                             |                   |   |                             |                  |                              |                  |                  |       |
| Seleo   | _   |               |                        | or currencies in dollar         | which the distr             |                   | nade. All dollar an<br>Euro Othe        | nounts provi<br>r (describe |                  | the report r                 | nust be in Co    | nadian dollars.  |       |
|   | b)  | D             | istrib                 | ution date(s)                   |                             |                   |   |                             |                  |                              |                  |                  |       |
| 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 distributed on a continuous basis, include the start and end dates for the distribution period covered by the report.         Start date       2021       07       09         YYYY       MM       DD       YYYY       MM       DD     |               |                        |                                 |                             |                   |   |                             |                  |                              |                  |                  |       |
|   | c)  | D             | etaile                 | d purchaser in                  | formation                   |                   |   |                             |                  |                              |                  |                  |       |
| Con   | nple  | ete           | Sche                   | dule 1 of this f                | orm for eac                 | h purchase        | r and attach th                         | e schedule                  | e to tl          | he comple                    | ted report.      |                  |       |
|   | d)  | T             | ypes                   | of securities dis               | stributed                   |                   |   |                             |                  |                              |                  |                  |       |
|   |   |               |                        |                                 |                             |                   | on a per security b<br>-digit CUSIP num |                             |                  |                              |                  |                  | e the |
|   |   |               |                        |                                 | -                           |                   |   |                             |                  |                              | Canadian         | \$               |       |
|   |   | curity<br>ode | /                      | CUSIP number<br>(if applicable) | 1                           | Description of s  | ecurity                                 | Number<br>securitie         | -                | Single or<br>lowest<br>price | Highest<br>price | Total amount     |       |
| C   | )   | Μ             | S                      | 88165V                          |                             | Common Sł         | nares                                   | 125,00                      | 00               | \$0.20                       | \$0.20           | \$25,000         |       |
|   |   |               |                        |                                 |                             |                   |   |                             |                  |                              |                  |                  |       |
|   |   |               |                        |                                 |                             |                   |   |                             |                  |                              |                  |                  |       |
|   |   |               |                        |                                 |                             |                   |   |                             |                  |                              |                  |                  |       |
|   | e)  | D             | etails                 | of rights and c                 | onvertible/ex               | kchangeable       | e securities                            |                             |                  |                              |                  |                  |       |
| lf an   | y rig   | ghts          | (e.g. v                | varrants, options)              | were distribut              | ed, provide th    | e exercise price ar                     | nd expiry dat               | te for e         | each right. If               | any converti     | ble/exchangeable |       |
|   |   |               |                        |                                 |                             |                   | cribe any other te                      |                             |                  |                              |                  |                  |       |
|   | exch  |               | ble /<br>eable<br>code | Underlying security code        | Exercis<br>(Canao<br>Lowest |                   | Expiry date<br>(YYYY-MM-DD)             | Conversio<br>ratio          | on               | Describ                      | e other terms    | (if applicable)  |       |
|   |   |               |                        |                                 |                             |                   |   |                             |                  |                              |                  |                  |       |
|   |   |               |                        |                                 |                             |                   |   |                             |                  |                              |                  |                  | J     |
|   | f)  | S             | umm                    | ary of the distri               | bution by juri              | isdiction and     | dexemption                              |                             |                  |                              |                  |                  |       |
| 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 j   | uris  | dicti         | ons w                  | ithin Canada, sta               | te the province             | e or territory, c | otherwise state the                     |                             | lumber           | of unique                    |                  |                  |       |
| F   | Province or country Exemption relied on   |               |                        |                                 | N                           |                   | asers <sup>2a</sup>                     | Total amou                  | nt (Canadian \$) |                              |                  |                  |       |
|   | AB NI 45-106 s. 2.3 Accredited Investor   |               |                        |                                 |                             |                   | 1                                       |                             | \$ 25,000        |                              |                  |                  |       |
|   |   |               |                        |                                 |                             |                   |   |                             |                  |                              |                  |                  |       |
|   |   |               |                        |                                 |                             |                   |   |                             |                  |                              |                  |                  |       |
|   |   |               |                        |                                 |                             |                   |   |                             |                  |                              |                  |                  |       |
|   |   |               |                        |                                 |                             | То                | tal dollar amoun                        | t of securiti               | ies di           | stributed                    |                  | \$ 25,000        |       |
| 201   | 01-   | lot!          | . the -                | mharaf                          |                             |                   | of unique purcha                        |                             |                  | 1                            | number           |                  |       |
| -∘in c  | aıcul   | aung          | i ine nu               | mber of unique purc             | nasers per row, c           | ount each purch   | aser only once. Join                    | i purchasers m              | нау ре с         | ounted as one                | e 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.

#### 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.<sup>3</sup> 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<br>(Canadian \$) |
|---|-------------------------------|
|   |                               |
|   |                               |
|   |                               |
|   |                               |
| 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.

#### 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.

|    | Description | Date of document or<br>other material<br>(YYYY-MM-DD) | Previously filed<br>with or delivered to<br>regulator?<br>(Y/N) | Date previously filed or delivered<br>(YYYY-MM-DD) |
|----|-------------|---|---|--|
| 1. |             |   |   |  |
| 2. |             |   |   |  |
| 3. |             |   |   |  |

| 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.         X       No         Yes       If yes, indicate number of persons compensated.   |  |  |  |  |  |  |  |  |
| a) Name of person compensated and registration status  |  |  |  |  |  |  |  |  |
| Indicate whether the person compensated is a registrant.   |  |  |  |  |  |  |  |  |
| 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.       Secondary given names  |  |  |  |  |  |  |  |  |
| Full legal name of non-individual  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.   |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 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 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   |  |  |  |  |  |  |  |  |
| d) Compensation details  |  |  |  |  |  |  |  |  |
| d) Compensation details<br>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<br>amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report<br>payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for<br>details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the<br>issuer. |  |  |  |  |  |  |  |  |
| Cash commissions paid  |  |  |  |  |  |  |  |  |
| Value of all securities<br>distributed as<br>compensation <sup>4</sup> Security code 1 Security code 2 Security code 3   |  |  |  |  |  |  |  |  |
| Describe terms of warrants, options or other rights  |  |  |  |  |  |  |  |  |
| Other compensation <sup>5</sup> Describe   |  |  |  |  |  |  |  |  |
| Total compensation paid  |  |  |  |  |  |  |  |  |
| Check box if the person will or may receive any deferred compensation (describe the terms below)   |  |  |  |  |  |  |  |  |
| <sup>4</sup> Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer.  |  |  |  |  |  |  |  |  |
| <sup>5</sup> Do not include deferred compensation.   |  |  |  |  |  |  |  |  |

| ITEM 9 – DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER  |   |                   |                   |               |               |                |          |           |           |
|---|---|-------------------|-------------------|---------------|---------------|----------------|----------|-----------|-----------|
| If the issuer is an investment fund, do not complete Item 9. Proceed to Item 10.  |   |                   |                   |               |               |                |          |           |           |
| Indicate whether the issuer is any of the   | he following (select th   | ne one that appl  | lies – if more tl | han one       | applies, sele | ect only one). |          |           |           |
| X Reporting issuer in any jurisdiction of Canada  |   |                   |                   |               |               |                |          |           |           |
| Foreign public issuer   | Foreign public issuer   |                   |                   |               |               |                |          |           |           |
| Wholly owned subsidiary of a  | Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada <sup>6</sup>  |                   |                   |               |               |                |          |           |           |
| Provide name of reporting issuer  |   |                   |                   |               |               |                |          |           |           |
| Wholly owned subsidiary of a foreign public issuer <sup>6</sup>   |   |                   |                   |               |               |                |          |           |           |
| Provide name of fe  | oreign public issuer  |                   |                   |               |               |                |          |           |           |
| Issuer distributing only eligibl  | e foreign securities a  | and the distribut | tion is to perm   | itted clie    | ents only7    |                |          |           |           |
| <sup>6</sup> An issuer is a wholly owned subsidiary of a l<br>law to be owned by its directors, are beneficia   | If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10.<br><sup>6</sup> An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by<br>law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively.<br><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 cli   |   |                   |                   | ,,            |               | ,              |          |           |           |
| If the issuer is none of the a  | bove, check this bo   | x and complet     | e Item 9(a) –     | (c).          |               |                |          |           |           |
| a) Directors, executive offi  | cers and promoter   | s of the issue    | r                 |               |               |                |          |           |           |
| Provide the following information for territory, otherwise state the country.   |   |                   |                   |               |               |                | da, stat | te the pr | ovince or |
| Organization or company name  | Organization or company nameFamily nameFirst given<br>nameSecondary given<br>nameBusiness location of<br>non-individual or<br>residential<br>jurisdiction of<br>individualRelationship<br>issuer<br>(select all th<br>apply)  |                   |                   |               |               | that           |          |           |           |
|   |   |                   |                   |               | 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 company name         Family name         First given name         Secondary given individual         Residential jurisdiction of individual         Relationship to promoter (select one or both if applicab)   |   |                   |                   |               |               |                |          |           |           |
|   |   |                   | names             | Province or D |               |                | 0        |           |           |
|   |   |                   |                   |               |               |                |          |           |           |
|   |   |                   |                   |               |               |                |          |           |           |
|   |   |                   |                   |               |               |                |          |           |           |
|   |   |                   |                   |               |               |                |          |           |           |
|   |   |                   |                   | 1             |               | 1              |          |           |           |

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 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/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/underwriter/<br>investment fund<br>manager/agent | TEVANO SYSTEMS HOLDINGS INC. |                  |            |                       |    |  |  |
|---|------------------------------|------------------|------------|-----------------------|----|--|--|
| Full legal name   | Bajwa                        | David            |            | Hardave               |    |  |  |
|   | Family name                  | First given name | e          | Secondary given names |    |  |  |
| Title   | Chief Executive Officer      |                  |            |                       |    |  |  |
| Telephone number  | 778-388-4806                 | Email address    | (          | o.com                 |    |  |  |
| Signature   | "David Hardave Bajwa"        | Date             |            |                       | 15 |  |  |
|   |                              |                  | YYYY MM DD |                       |    |  |  |

# 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.

| X Same as individual certifying the report |             |                  |                          |       |  |  |  |  |  |
|--|-------------|------------------|--------------------------|-------|--|--|--|--|--|
| Full legal name                            |             |                  |                          | Title |  |  |  |  |  |
|  | Family name | First given name | Secondary given<br>names |       |  |  |  |  |  |
| Name of company                            |             |                  |                          |       |  |  |  |  |  |
| Telephone number                           |             | En               | nail address             |       |  |  |  |  |  |

#### 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 guestions 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.

# SCHEDULE 1 TO FORM 45-106F1 (CONFIDENTIAL PURCHASER INFORMATION)

# Schedule 1 must be filed in the format of an Excel spreadsheet in a form acceptable to the securities regulatory authority or regulator.

The information in this schedule 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.

## a) General information (provide only once)

- 1. Name of issuer
- 2. Certification date (YYYY-MM-DD)

*Provide the following information for each purchaser that participated in the distribution. For each purchaser, create separate entries for each distribution date, security type and exemption relied on for the distribution.* 

# b) Legal name of purchaser

If two or more individuals have purchased a security as joint purchasers, provide information for each purchaser under the columns for family name, first given name and secondary given names, if applicable, and separate the individuals' names with an ampersand. For example, if Jane Jones and Robert Smith are joint purchasers, indicate "Jones & Smith" in the family name column.

- 1. Family name
- 2. First given name
- 3. Secondary given names (if applicable)
- 4. Full legal name of non-individual (*if applicable*)

# c) Contact information of purchaser

- 1. Residential street address
- 2. Municipality
- 3. Province/State
- 4. Postal code/Zip code
- 5. Country
- 6. Telephone number
- 7. Email address (if available)

## d) Details of securities purchased

- 1. Date of distribution (YYYY-MM-DD)
- 2. Number of securities
- 3. Security code
- 4. Amount paid (Canadian \$)

## e) Details of exemption relied on

- 1. Rule, section and subsection number
- 2. If relying on section 2.3 [*Accredited investor*] of NI 45-106, provide the paragraph number in the definition of "accredited investor" in section 1.1 of NI 45-106 that applies to the purchaser. (*select only one if the purchaser is a permitted client that is not an individual, "NIPC" can be selected instead of the paragraph number*)
- 3. If relying on section 2.5 [Family, friends and business associates] of NI 45-106, provide:
  - a. the paragraph number in subsection 2.5(1) that applies to the purchaser (select only one); and
  - b. if relying on paragraphs 2.5(1)(b) to (i), provide:
    - i. the name of the director, executive officer, control person, or founder of the issuer or affiliate of the issuer claiming a relationship to the purchaser. (*Note: if Item 9(a) has been completed, the name of the director, executive officer or control person must be consistent with the name provided in Item 9 and Schedule 2.*)
    - ii. the position of the director, executive officer, control person, or founder of the issuer or affiliate of the issuer claiming a relationship to the purchaser.
- 4. If relying on subsection 2.9(2) or, in Alberta, New Brunswick, Nova Scotia, Ontario, Québec, or Saskatchewan, subsection 2.9(2.1) [*Offering memorandum*] of NI 45-106 and the purchaser is an eligible investor, provide the

paragraph number in the definition of "eligible investor" in section 1.1 of NI 45-106 that applies to the purchaser. (*select only one*)

# f) Other information

Paragraphs f)1. and f)2. do not apply if any of the following apply:

- (a) the issuer is a foreign public issuer;
- (b) the issuer is a wholly owned subsidiary of a foreign public issuer;
- (c) the issuer is distributing only eligible foreign securities and the distribution is to permitted clients only.
- 1. Is the purchaser a registrant? (Y/N)
- 2. Is the purchaser an insider of the issuer? (Y/N) (not applicable if the issuer is an investment fund)
- 3. Full legal name of person compensated for distribution to purchaser. If a person compensated is a registered firm, provide the firm NRD number only. (*Note: the names must be consistent with the names of the persons compensated as provided in Item 8.*)

# **INSTRUCTIONS FOR SCHEDULE 1**

Any securities issued as payment for commissions or finder's fees must be disclosed in Item 8 of the report, not in Schedule 1.

**Details of exemption relied on** – When identifying the exemption the issuer relied on for the distribution to each purchaser, refer to the rule, statute or instrument in which the exemption is provided and identify the specific section and, if applicable, subsection or paragraph. For example, if the issuer is relying on an exemption in a National Instrument, refer to the number of the National Instrument, and the subsection or paragraph number of the specific provision. If the issuer is relying on an exemption in a local blanket order, refer to the blanket order by number.

For exemptions that require the purchaser to meet certain characteristics, such as the exemption in section 2.3 [*Accredited investor*], section 2.5 [*Family, friends and business associates*] or subsection 2.9(2) or, in Alberta, New Brunswick, Nova Scotia, Ontario, Québec, or Saskatchewan, subsection 2.9(2.1) [*Offering memorandum*] of NI 45-106, provide the specific paragraph in the definition of those terms that applies to each purchaser.

**Reports filed under paragraph 6.1(1)(j)** [*TSX Venture Exchange offering*] of NI 45-106 – For reports filed under paragraph 6.1(1)(j) [*TSX Venture Exchange offering*] of NI 45-106, Schedule 1 must list the total number of purchasers by jurisdiction only, and is not required to include the name, residential address, telephone number or email address of the purchasers.

# SCHEDULE 2 TO FORM 45-106F1 (CONFIDENTIAL DIRECTOR, EXECUTIVE OFFICER, PROMOTER AND CONTROL PERSON INFORMATION)

# Schedule 2 must be filed in the format of an Excel spreadsheet in a form acceptable to the securities regulatory authority or regulator.

Complete the following only if Item 9(a) is required to be completed. This schedule also requires information to be provided about control persons of the issuer at the time of the distribution.

The information in this schedule 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.

## a) General information (provide only once)

- 1. Name of issuer
- 2. Certification date (YYYY-MM-DD)

# b) Business contact information of Chief Executive Officer (if not provided in Item 10 or 11 of report)

- 1. Email address
- 2. Telephone number

## c) Residential address of directors, executive officers, promoters and control persons of the issuer

Provide the following information for each individual who is a director, executive officer, promoter or control person of the issuer at the time of the distribution. If the promoter or control person is not an individual, provide the following information for each director and executive officer of the promoter and control person. (Note: names of directors, executive officers and promoters must be consistent with the information in Item 9 of the report, if required to be provided.)

- 1. Family name
- 2. First given name
- 3. Secondary given names
- 4. Residential street address
- 5. Municipality
- 6. Province/State
- 7. Postal code/Zip code
- 8. Country
- 9. Indicate whether the individual is a control person, or a director and/or executive officer of a control person (*if applicable*)

## d) Non-individual control persons (if applicable)

*If the control person is not an individual, provide the following information. For locations within Canada, state the province or territory, otherwise state the country.* 

- 1. Organization or company name
- 2. Province or country of business location

**Questions:** 

Refer any questions to:

#### **Alberta Securities Commission**

Suite 600, 250 – 5th Street SW Calgary, Alberta T2P 0R4 Telephone: 403-297-6454 Toll free in Canada: 1-877-355-0585 Facsimile: 403-297-2082 Public official contact regarding indirect collection of information: FOIP Coordinator

#### **British Columbia Securities Commission**

P.O. Box 10142, Pacific Centre
701 West Georgia Street
Vancouver, British Columbia V7Y 1L2
Inquiries: 604-899-6854
Toll free in Canada: 1-800-373-6393
Facsimile: 604-899-6581
Email: FOI-privacy@bcsc.bc.ca
Public official contact regarding indirect collection of information: FOI Inquiries

#### The Manitoba Securities Commission

500 – 400 St. Mary Avenue Winnipeg, Manitoba R3C 4K5 Telephone: 204-945-2561 Toll free in Manitoba: 1-800-655-5244 Facsimile: 204-945-0330 Public official contact regarding indirect collection of information: Director

# Financial and Consumer Services Commission (New Brunswick)

85 Charlotte Street, Suite 300 Saint John, New Brunswick E2L 2J2 Telephone: 506-658-3060 Toll free in Canada: 1-866-933-2222 Facsimile: 506-658-3059 Email: info@fcnb.ca Public official contact regarding indirect collection of information: Chief Executive Officer and Privacy Officer

## Government of Newfoundland and Labrador

Financial Services Regulation Division P.O. Box 8700 Confederation Building 2nd Floor, West Block Prince Philip Drive St. John's, Newfoundland and Labrador A1B 4J6 Attention: Director of Securities Telephone: 709-729-4189 Facsimile: 709-729-6187 Public official contact regarding indirect collection of information: Superintendent of Securities

#### **Government of the Northwest Territories**

Office of the Superintendent of Securities P.O. Box 1320 Yellowknife, Northwest Territories X1A 2L9 Telephone: 867-767-9305 Facsimile: 867-873-0243 Public official contact regarding indirect collection of information: Superintendent of Securities

#### Nova Scotia Securities Commission

Suite 400, 5251 Duke Street Duke Tower P.O. Box 458 Halifax, Nova Scotia B3J 2P8 Telephone: 902-424-7768 Facsimile: 902-424-4625 Public official contact regarding indirect collection of information: Executive Director

#### **Government of Nunavut**

Department of Justice Legal Registries Division P.O. Box 1000, Station 570 1st Floor, Brown Building Iqaluit, Nunavut XOA 0H0 Telephone: 867-975-6590 Facsimile: 867-975-6594 Public official contact regarding indirect collection of information: Superintendent of Securities

#### **Ontario Securities Commission**

20 Queen Street West, 22nd Floor Toronto, Ontario M5H 3S8 Telephone: 416-593-8314 Toll free in Canada: 1-877-785-1555 Facsimile: 416-593-8122 Email: exemptmarketfilings@osc.gov.on.ca Public official contact regarding indirect collection of information: Inquiries Officer

#### **Prince Edward Island Securities Office**

95 Rochford Street, 4th Floor Shaw Building P.O. Box 2000 Charlottetown, Prince Edward Island C1A 7N8 Telephone: 902-368-4569 Facsimile: 902-368-5283 Public official contact regarding indirect collection of information: Superintendent of Securities

#### Autorité des marchés financiers

800, rue du Square-Victoria, 22e étage C.P. 246, tour de la Bourse Montréal, Québec H4Z 1G3 Telephone: 514-395-0337 or 1-877-525-0337 Facsimile: 514-873-6155 (For filing purposes only) Facsimile: 514-864-6381 (For privacy requests only) Email: financementdessocietes@lautorite.qc.ca (For corporate finance issuers); fonds\_dinvestissement@lautorite.qc.ca (For investment fund issuers) Public official contact regarding indirect collection of information: Corporate Secretary

#### Financial and Consumer Affairs Authority of Saskatchewan

Suite 601 - 1919 Saskatchewan Drive Regina, Saskatchewan S4P 4H2 Telephone: 306-787-5842 Facsimile: 306-787-5899 Public official contact regarding indirect collection of information: Director

## Office of the Superintendent of Securities Government of Yukon

Department of Community Services 307 Black Street, 1st Floor P.O. Box 2703, C-6 Whitehorse, Yukon Y1A 2C6 Telephone: 867-667-5466 Facsimile: 867-393-6251 Email: securities@gov.yk.ca Public official contact regarding indirect collection of information: Superintendent of Securities