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

## IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

ITEM 1 – REPOR	RT TYPE					
New report						
✓ Amended report	If amended, provide	Submission ID of report that is	s being amended:	EDR1520529404-	526	(Example: EDR1234567890-123)
ITEM 2 - PARTY	CERTIFYING TH	IE REPORT				
•		ct only one). For guidance reg nd Continuous Disclosure and			tment fund, r	efer to section 1.1 of
✓ Issuer (Other than	an investment fund)					
Underwriter						
ITEM 3 – ISSUEF	R NAME AND OT	HER IDENTIFIERS				
Full legal name		issuer, or if the issuer is an i	nvestment fund, a	bout the fund.		
Quinsam Capital Cor	poration					
Previous full legal nar	me If the issuer's nam	e changed in the last 12 mon	nths, provide most	recent previous leg	gal name.	
Website (if applicable	 e)					
www.quinsamcapital	·					
If the issuer has a leg Legal entity identifier		vide below. Refer to Part B o	f the Instructions i	for the definition of	"legal entity i	dentifier".
ITEM 4 – UNDER	RWRITER INFORI	MATION				
If an underwriter is co	ompleting the report, pr	rovide the underwriter's full le	gal name and firm	National Registration	on Database	(NRD) number.
Does the Underwriter No Yes	's Firm have an NRD N	lumber? Firm NRD n	number			
If the underwriter doe	es not have a firm NRE	number, provide the head of	ffice contact inforn	nation of the underv	vriter.	
Street address		Municipality	Province/State	1	Postal/ZIP o	ode
Country		Telephone number	Website (if app	licable)		

ITEM 5 - ISSUER INFORMATION			
a) Primary industry			
Provide the issuer's North American Indus activity. For more information on finding the NAICS industry code 523990			orresponds to the issuer's primary business stry search tool .
If the issuer is in the <b>mining industry</b> , independent the mining industry. Select the category the Exploration Development Production	at best describes the issue		hat provide services to issuers operating in
Is the issuer's primary business to invest a ☐ Mortgages ☐ Real estate ☐ Commer	-		
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	If yes, provide SEDAR pro 00020657	file number:	
d) Head office address		If the issuer does not h	nave a SEDAR profile, complete Item 5(d) – (h).
Street address	Municipality	Province/State	Postal/ZIP code
Country	Telephone number		
e) Date of formation and financial yea	r-end		
Date of formation	Financial year-end		
July 0. 10 mails.	Timanolar year ena		
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  ☐ NS ☐ NU ☐ ON ☐ PE	NB NL	ting issuer. NT YT	
g) Public listing status			
Does the issuer have a CUSIP number?  No Yes	CUSIP number (provide i	first 6 digits only)	
the issuer has applied for and received a li	_		de only the names of exchanges for which s.
Exchange names:  Not Applicable  Toro	onto Stock Exchange	TSX Venture Exchange	Canadian Securities Exchange
☐ Aequitas Neo Exchange ☐ Aus	tralian Securities Exchange	Deutsche Boerse	Euronext
☐ London Stock Exchange ☐ Nas	daq	New York Stock Exchange	Shanghai Stock Exchange
Shenzhen Stock Exchange Stock	ck Exchange Of Hong Kong	Tokyo Stock Exchange	OTHER
If other, describe:			
h) Size of issuer's assets			
the size of the issuer's assets at the distrib	bution end date.		s not existed for a full financial year, provide
	I to under \$25M	\$25M to under \$100M	
\$100M to under \$500M \$500	0M to under \$1B	\$1B or over	

## ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees, which should be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report. a) Currency Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. ✓ Canadian dollar US dollar Euro Other (describe): b) Distribution date(s) State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report. Start Date **End Date** 2018-03-01 2018-03-01 c) Detailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. Form\_45-106\_schedule-1 - FINAL.xlsx - 69 KB d) Types of securities distributed Provide the following information for all distributions that take place in a jurisdiction of Canada on a per security basis. Refer to Part A of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

				Canadian \$		
Security code	CUSIP number	Number of securities	Single or lowest price	Highest price	Total amount	
UBS		21,899,349.0000	0.6000		13,139,609.4000	
Description of security: Each Unit consists of one common share in the capital stock of Quinsam and one-half of one common share purchase						

#### 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

Security code	Underlyin security	′ _	e price dian \$)	Expiry date (YYYY-MM-DD)	Conversion ratio	
0000	code	Lowest Highest		(1111 MINI 55)		
WNT	CMS	0.8000		2020-03-01	1:1	
Describe other terms: Each whole Warrant entitles the holder to purchase one Common Share at a price of CAN\$0.80 per Common Share until the date which is twenty-four (24) months following the closing date of the Offering, whereupon the Warrants will expire.						

#### 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	Number of purchasers	Total amount (Canadian \$)	
Ontario	NI 45-106 2.3 [Accredited investor]	93	4,424,899.4000	
Alberta	NI 45-106 2.3 [Accredited investor]	79	7,170,499.0000	
British Columbia	NI 45-106 2.3 [Accredited investor]	30	1,206,010.0000	
Nova Scotia	NI 45-106 2.3 [Accredited investor]	2	50,400.0000	
Quebec	NI 45-106 2.3 [Accredited investor]	7	181,601.0000	
Paraguay	Other – describe	1	75,000.0000	
Other exemption: OSC Interpretat				
Yukon	n NI 45-106 2.3 [Accredited investor]			

Ontario	NI 45-106 2.5 [Family, friends and business associates]	1	6,000.0000
	Total dollar amount of securiti	ies distributed	13,139,609.4000
	Total number of unique purchasers <sup>2</sup>	214	

<sup>&</sup>lt;sup>2</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	N INFORMATIO	ON					
Provide information for each pers connection with the distribution.	•	,		•	•		
Indicate whether any compensation ☐ No ☑ Yes	on was paid, or will	be paid, in connectio	n with the dis	tribution.			
PERSON 1							
a) Name of person compensat	ed and registration	on status					
Indicate whether the person com	pensated is a regist	trant.					
If the person compensated is an Family name	•	he full legal name of a en name		lary given names	5	7	
If the person compensated is not	an individual, provi	de the following infori	mation.	E: NDD 1	<i>(15)</i>		
Full legal name of non-individual  Canaccord Genuity Corp.				Firm NRD numb	er (if appli	icable)	
, ,							
Indicate whether the person com  ✓ No ☐ Yes	oensated facilitated	the distribution throu	gn a funding p	oortal or an interr	net-based <sub>l</sub>	portal.	
b) Business contact information	on						
If a firm NRD number is not provi	ded in Item 8(a), pr	rovide the business c	ontact informa	ation of the perso	on being co	ompensated.	
Street address	Municip	ality	Province/Sta	te	Pos	tal/ZIP code	
Country	Telepho	ne number	Email addres	SS			
c) Relationship to issuer or in	vestment fund ma	nager					
Indicate the person's relationship Part B(2) of the Instructions and Connected with the issuer or in	the meaning of "cor	ntrol" in section 1.4 o	NI 45-106 fo		f completin	ng this section	1.
Insider of the issuer (other tha	n an investment fun	d)	✓ None	of the above			
Director or officer of the invest	ment fund or investr	ment fund manager					
d) Compensation details							
Provide details of all compensation in Canadian dollars. Include cash for services incidental to the distrabout, or report on, internal allocations.	n commissions, sec ribution, such as cle	urities-based comper erical, printing, legal o	nsation, gifts, or accounting	discounts or othe services. An issu	er compen uer is not r	sation. Do no equired to as	t report payments k for details
Cash commissions paid	525,584.3700						
Value of all securities	0.0000	Security code1 UN7	Sec	curity code2 WN	IT	Security code	e3 CMS
✓ distributed as compensation <sup>4</sup>	,	Describe terms of wa	arrants, optior	ns or other rights			
		The agent received number of Units sold Unit at an exercise pronths following the	d pursuant to price of CAN\$	the Offering. Eac 0.60 at any time	ch Agents' prior to the	Warrant is exected that is the state of the	ercisable into one twenty-four (24)
Other compensation <sup>5</sup>	0.0000	Describe					
		The agent received a equal to 2.3% of the amounted to the issuamounts.	Units placed	pursuant to the C	Offering. Th	ne Corporate	Finance Fee
Total compensation Paid	525,584.3700						
Check box if the person will o	r may receive any o	deferred compensatio	n (describe th	e terms below)			

securities of the issuer. Indicate to acquire additional securities of		for all securities distri	buted as cor	npensation, including	options, warrants o	r other rights exercisable				
<sup>5</sup> Do not include deferred comper										
PERSON 2										
a) Name of person compensat	ted and registration	on status								
Indicate whether the person com  No ✓ Yes	pensated is a regisi	trant.								
If the person compensated is an	the person compensated is an individual, provide the full legal name of the individual.									
Family name	ne First given name Secondary given names									
If the person compensated is not Full legal name of non-individual	an individual, provi	de the following infori	mation.	Firm NRD number (i	if annlicable)					
Gravitas Securities Inc.				26260	п аррисавіс)					
Indicate whether the person comp  ✓ No Yes	pensated facilitated	the distribution throu	gh a funding	portal or an internet-b	pased portal.					
b) Business contact information	on									
If a firm NRD number is not provi	ided in Item 8(a), pr	rovide the business c	ontact inform	ation of the person be	eing compensated.					
Street address	Municip	ality	Province/St	ate	Postal/ZIP code					
Country	Telepho	ne number	Email addre	ess		]				
c) Relationship to issuer or in	vestment fund ma	nager								
Indicate the person's relationship Part B(2) of the Instructions and Connected with the issuer or in Insider of the issuer (other than Director or officer of the investi	the meaning of "coinvestment fund man	ntrol" in section 1.4 o nager d)	f NI 45-106 f		mpleting this section	n.				
d) Compensation details										
Provide details of all compensation in Canadian dollars. Include cash for services incidental to the distrabout, or report on, internal allocations.	n commissions, sec ribution, such as cle	urities-based comper erical, printing, legal (	nsation, gifts or accounting	discounts or other co services. An issuer is	ompensation. Do no s not required to as	ot report payments sk for details				
✓ Cash commissions paid	525,584.3700									
Value of all securities distributed as compensation ⁴	Value of all securities  O.0000 Security code1 UNT Security code2 WNT Security code3 CMS  Describe terms of warrants, ontions or other rights									
Other compensation <sup>5</sup>	0.0000	Describe								
		equal to 2.3% of the	Units placed	nance fee ("Corporate pursuant to the Offer ,842 Common Shares	ing. The Corporate	Finance Fee				
Total compensation Paid	525,584.3700									
Check box if the person will o	or may receive any o	deferred compensatio	n (describe t	he terms below)						
<sup>4</sup> Provide the aggregate value of a securities of the issuer. Indicate a		•	_	•	-	-				

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

to acquire additional securities of the issuer.

<sup>5</sup> Do not include deferred compensation.

<sup>5</sup> Do not include deferred compen	sation.								
PERSON 3									
a) Name of person compensat	ed and registration	on status							
Indicate whether the person comp ☐ No ☑ Yes	pensated is a regis	trant.							
If the person compensated is an individual, provide the full legal name of the individual.  Family name  First given name  Secondary given names									
If the person compensated is not	an individual, prov	ide the following infor	mation.	Firm NDD -		- !: !- !- \			
Full legal name of non-individual  Raymond James Ltd.				8240	umber <i>(if app</i>	olicable)			
Indicate whether the person comp  ✓ No ☐ Yes	pensated facilitated	I the distribution throu	igh a funding		nternet-based	d portal.			
b) Business contact information	on								
If a firm NRD number is not provi	ded in Item 8(a), p Municip		contact inform Province/Sta	•	_	compensated. estal/ZIP code			
Country	Telepho	ne number	Email addre	SS					
c) Relationship to issuer or in	vestment fund ma	anager							
Indicate the person's relationship Part B(2) of the Instructions and a Connected with the issuer or ir Insider of the issuer (other that Director or officer of the investr	the meaning of "co nvestment fund ma n an investment fur	ntrol" in section 1.4 o nager nd)	f NI 45-106 fo	or the purpose	es of complet ssuer or inve				
d) Compensation details									
Provide details of all compensation in Canadian dollars. Include cash for services incidental to the distribution or report on, internal allocations cash commissions paid	n commissions, sec ribution, such as cl	curities-based compe erical, printing, legal	nsation, gifts, or accounting	discounts or services. An	other compe issuer is not	nsation. Do not re required to ask f	eport payments or details		
Value of all securities	0.0000	Security code1 UN	T Se	curity code2	WNT	Security code3	CMS		
distributed as	0.0000	Describe terms of w		,		Occurry codes	OWO		
compensation <sup>4</sup>		The agent received number of Units sol Unit at an exercise months following the	100,200 ager d pursuant to price of CAN\$	nt warrants ("/ the Offering. \$0.60 at any t	Agents' Warra Each Agents ime prior to th	do to that is exercine date that is two	cisable into one enty-four (24)		
Other compensation <sup>5</sup>		Describe							
Total compensation Paid	0.0000	!							
Check box if the person will o						riahts exercisable	to acquire ado	ditional	
securities of the issuer. Indicate to acquire additional securities of <sup>5</sup> Do not include deferred compen	he security codes the issuer.					-			

PERSON 4

Indicate whether the person com ☐ No ✓ Yes	pensated is a regis	strant.				
If the person compensated is an	individual, provide	the full legal name of	the individual			
Family name	First giv	/en name	Secon	dary given names		
If the person compensated is not Full legal name of non-individual	t an individual, prov	ide the following infor	mation.	Firm NRD number (if	· annliachta)	
Foundation Markets Inc.				22830	аррисавіе)	
	unanacted facilitates	d the distribution throu	iah a fundina		and nortal	
Indicate whether the person com  ✓ No Yes	pensaled lacilitated	tine distribution trirou	igri a runding	portal of an internet-ba	aseu portai.	
b) Business contact informati	on					
			antaat infama		ing	
If a firm NRD number is not prov Street address	naea in item 8(a), p Municip		Province/Sta	•	Postal/ZIP code	
	Warner	Janty	T TOVITICE/OIL		Cottan/Zii code	
Country	L Telepho	one number	Email addre			
Country	Тоюрие					
a) Poletianahin ta isawar ar in						J
c) Relationship to issuer or ir	ivestment tuna m	anager				
Indicate the person's relationship Part B(2) of the Instructions and  Connected with the issuer or i	the meaning of "co	ntrol" in section 1.4 o	f NI 45-106 fc		pleting this section	n.
Insider of the issuer (other tha		•		e of the above		g
Director or officer of the invest		,		of the above		
d) Compensation details						
Provide details of all compensati in Canadian dollars. Include cas for services incidental to the dist about, or report on, internal alloc	h commissions, sec tribution, such as c	curities-based compe lerical, printing, legal	nsation, gifts, or accounting	discounts or other con services. An issuer is	mpensation. Do no not required to as	ot report payments sk for details
Cash commissions paid		1			,	
Value of all securities	0.0000	Security code1 UN	т 90	curity code2 WNT	Security code	o2 CMS
distributed as	0.0000	4 ' -		,	Security cour	es Civis
compensation <sup>4</sup>		Describe terms of w	· · ·	it warrants ("Agents' W	/arrants") equal to	8.0% of the total
		number of Units solution Unit at an exercise p	d pursuant to price of CAN\$	the Offering. Each Agrona to the Offering, where of the Offering, where	ents' Warrant is ex to the date that is	kercisable into one twenty-four (24)
Other compensation <sup>5</sup>		Describe				
Total compensation Paid	0.0000					
Check box if the person will o	or may receive any	deferred compensation	on (describe th	ne terms helow)		
Check box if the person will t	or may receive any	deletted compensation	ii (describe ti	ie teillis below)		
<sup>4</sup> Provide the aggregate value of	all securities distrib	outed as compensation	n excludina c	entions warrants or oth	ner rights exercisa	hle to acquire additional
securities of the issuer. Indicate						
to acquire additional securities of						
<sup>5</sup> Do not include deferred compe	ารสมอก.					
PERSON 5						
a) Name of person compensa	ted and registration	on status				
Indicate whether the person com ☐ No ☑ Yes	pensated is a regis	strant.				
If the person compensated is an	individual, provide	the full legal name of	the individual			

Secondary given names

Family name

First given name

Family name	First giv	ven name	Seco	ndary given names		
If the person compensated is not an indi	idual. prov	ride the following informa	ation.		_	
Full legal name of non-individual	rada, prot	rae are renerring innerrin		Firm NRD number (if ap	pplicable)	
Industrial Alliance Securities Inc.				15400	<u>,                                     </u>	
Indicate whether the person compensate	d facilitato	d the distribution through	a fundin	a portal or an internet-base		
✓ No Yes	u racimate.	a the distribution through	r a ranan	g portai or air internet-base	a portai.	
b) Business contact information						
If a firm NRD number is not provided in	tem 8(a) r	provide the husiness cor	ntact infor	mation of the person being	compensated	
Street address	Municij		Province/S	, ,	ostal/ZIP code	
					55.03,2.11 55.05	
Country	Tolopho	one number E	mail addı	rocc		
Codinity	Telepiid		Illali auui			
c) Relationship to issuer or investme	nt fund m	anager				
Indicate the person's relationship with the Part B(2) of the Instructions and the measurement Connected with the issuer or investment.	ning of "co	ontrol" in section 1.4 of N	N 45-106		eting this section.	
Insider of the issuer (other than an inv	estment fu	nd)	✓ No	ne of the above		
Director or officer of the investment fu	nd or invest	tment fund manager				
d) Compensation details						
Provide details of all compensation paid in Canadian dollars. Include cash comm for services incidental to the distribution about, or report on, internal allocation are Cash commissions paid	ssions, se such as c	curities-based compens lerical, printing, legal or	ation, gift accountir	s, discounts or other compe ng services. An issuer is no	ensation. Do not report paymen ot required to ask for details	
· .		10 11 1 1 1 1 1 1 1 1			] o ::	
Value of all securities distributed as	0.0000			Security code2 CMS	Security code3 WNT	
compensation 4		Describe terms of war				
		number of Units sold   Unit at an exercise pri	oursuant to	to the Offering. Each Agent N\$0.60 at any time prior to t	rants") equal to 8.0% of the total s' Warrant is exercisable into on the date that is twenty-four (24) on the Agents' Warrants will exp	ne
Other compensation <sup>5</sup>		Describe				
Total compensation Paid	0.0000					<del></del>
Check box if the person will or may r	eceive any	- deferred compensation	(describe	the terms below)		
<sup>4</sup> Provide the aggregate value of all secu	rities distrik	buted as compensation.	excluding	options, warrants or other	rights exercisable to acquire ad	lditional
securities of the issuer. Indicate the sec to acquire additional securities of the iss	ırity codes					
<sup>5</sup> Do not include deferred compensation.						

TIEM 9 - DIRECTORS, EXECUTIVE OFFICERS			
Indicate whether the issuer is any of the following (select all t	that apply).		
Reporting issuer in any jurisdiction of Canada			
Foreign public issuer			
	diction of Canada 6		
Wholly owned subsidiary of a reporting issuer in any juris Provide name of reporting issuer	diction of Canada		
Trovide name of reporting issue:			
Wholly owned subsidiary of a foreign public issuer <sup>6</sup>			
Provide name of foreign public issuer			
remains an energy passe today.			
Issuer distributing eligible foreign securities only to permi	tted clients 7		
If the issuer is at least one of the above, do not com		to Item 10.	
<sup>6</sup> An issuer is a wholly owned subsidiary of a reporting iss			curities, other than
securities that are required by law to be owned by its dire			
Oheck this box if it applies to the current distribution everally. Refer to the definitions of "eligible foreign securit"			to non-permitted
If the issuer is none of the above, check this box and	,	B(1) of the mandenons.	
<u> </u>			
a) Directors, executive officers and promoters of the iss	suer		
Provide the following information for each director, executive			ne province or
territory, otherwise state the country. For "Relationship to iss	uer", "D" – Director, "O" – Execu	utive Officer, "P" – Promoter.	
	Family name	Business location of	Relationship to
Individual? Organization or company name	First given name	non-individual or residential	issuer (select all that
	Secondary given name	jurisdiction of individual	apply)
YN			□D □O □P
b) Promoter information			
If the promoter listed above is not an individual, provide the f			
within Canada, state the province or territory, otherwise state	the country. For "Relationship t	to promoter", "D" – Director, "O" – Execu	tive Officer.
	Family name	Decidential jurisdiction	Relationship to
Organization or company name	First given name	Residential jurisdiction of individual	promoter (select one or both
	Secondary given name		if applicable)
			□D □O
c) Residential address of each individual			
Complete Schedule 2 of this form providing the full resid			
attach to the completed report. Schedule 2 also requires	information to be provided ab	oout control persons.	

#### **ITEM 10 - CERTIFICATION**

Provide the following certification and business contact information of an officer or director of the issuer or underwriter. If the issuer or underwriter is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

The certification may not be delegated to an agent or other individual preparing the report on behalf of the issuer or underwriter. If the individual completing and filing the report is different from the individual certifying the report, provide their name and contact details in Item 11.

The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

#### IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

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

- I have read and understand this report; and
- all of the information provided in this report is true.

Full legal name - Family name	First given name	Secondary given names	Secondary given names		
Szustak	Eric				
Name of issuer/underwriter		Telephone number	Ema	il address	
Quinsam Capital Corporation		905-330-7948	eric	2 quinsamcapital.com	
Signature		Date			
(signed) Eric Szustak		2018-03-09			

#### ITEM 11 - CONTACT PERSON

S .	ntact information for the individual t of this report, if different than the in	9		,
Same as individual certifying th	e report			
Full legal name - Family name	First given name	Secondary given names		Title
Malecki	Michal			Solicitor
Name of company		Telephone number	Emai	l address
Peterson McVicar LLP		647-259-1781	mma	lecki@petelaw.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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