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 2019 05 17 (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 National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.									
Investment fund issuer									
✓ Issuer (other than an investment fund)									
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 Empower Clinics Inc.									
Previous full lega	I name	Adira Energy Ltd.							
If the issuer's name chang	ged in the	last 12 months, provide most	recent previous le	gal name.					
v	Vebsite	www.empowerclinics.c	om	(if applicabl	e)				
If the issuer has a legal entity iden	ntifier <u>,</u> pro	wide below. Refer to Part B of t	he Instructions for	r the definition	of "legal entity identifier".				
Legal entity ide	entifier]					
If two or more issuers distributed of	a single se	ecurity, provide the full legal no	nme(s) of the co-is	suer(s) other th	an the issuer named above				
Full legal name(s) of co-is	suer(s)			(if applicabl	e)				
Item 4 - Underwriter II	NFORM	IATION							
If an underwriter is completing the	e report, p	provide the underwriter's full le	gal name and firn	n NRD number.					
Full legal name									
Firm NRD number			(if a	pplicable)]			
If the underwriter does not have a	firm NRL	D number, provide the head off	ice contact inform	nation of the un	derwriter.				
Street address									
Municipality			Pro	ovince/State					
Country			Postal co	de/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 7 1 0									
If the issuer is in the mining industry , 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.									
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									
b) Number of employees									
Number of employees: 🔽 0 - 49 🗌 50 - 99 🗌 100 - 499 🗌 500 or more									
c) SEDAR profile number									
Does the issuer have a SEDAR profile?									
No If yes, provide SEDAR profile number 0 0 2 3 3 1 7									
If the issuer does not have SEDAR profile complete item 5(d) - (h).									
d) Head office address									
Street address Province/State									
Municipality Postal code/Zip code									
Country Telephone number									
e) Date of formation and financial year-end									
Date of formation Image: Provide the second secon									
f) Reporting issuer status									
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes									
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.									
AII AB BC MB NB NL NT									
NS NU ON PE QC SK YT									
g) Public listing status									
If the issuer has a CUSIP number, provide below (first 6 digits only)									
CUSIP number									
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									
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.									

\$0 to under \$5M	\$5M to under \$25M	□ \$25M to under \$100M
S100M to under \$500M	S500M to under \$1B	S1B or over

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION											
If the issuer is an inves	tment fund, provide the following information.											
a) Investment fund m	anager information											
Full legal name												
Firm NRD number	(if applicable)											
If the investment fund mane	ager 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 investment	fund											
Type of investment fund the	it most accurately identifies the issuer (select only one) .											
Money market	Equity Fixed income Balanced											
Alternative strateg	jies Cryptoasset Other (describe)											
Indicate whether one or bot	h of the following apply to the investment fund .											
Invests primarily in	o other investment fund issuers											
Is a UCITs Fund ¹												
¹ Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union ollective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.											
c) Date of formation a	nd financial year-end of the investment fund											
Date of forma	tion Financial year-end											
	YYYY MM DD MM DD											
d) Reporting issuer st	atus of the investment fund											
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes											
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.											
	AB BC MB NB NL NT											
	NU ON PE QC SK YT											
e) Public listing status	s of the investment fund											
If the investment fund has a	CUSIP number, provide below (first 6 digits only)											
	CUSIP number											
	blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the tot a trading facility such as, for example, an automated trading system.											
Exchange n	ame											
f) Net asset value (NA	V) of the investment fund											
Select the NAV range of the	investment fund as of the date of the most recent NAV calculation (Canadian \$).											
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M											
\$100M to under \$50	DM S500M to under \$1B \$1B or over Date of NAV calculation:											
	YYYY MM DD											

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

purci conn	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)	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.												
b)	Dist	ributi	on d	ate(s)							
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 2019 05 03 End date 2019 05 03 YYYY MM DD YYYY MM DD												
c)	Deta	ailed	purc	hase	r info	rmation						
Con	nplet	e Sch	nedu	le 1 d	of th	is form for eac	h purchaser and	attach the schedu	le to t	he complet	ted report.	
d)	Тур	es of	secu	urities	s dist	ributed						
								er security basis. Refer CUSIP number assigne				ow to indicate the
		-									Canadian \$	
	urity ode		IP nu applica			Description	of security	Number of securities		Single or lowest price	Highest price	Total amount
U	вs				con	ch unit consist nmon share a re purchase v	nd one commor	5,762,500. 1	.00 0.100		0.1000	576,250.00
С	V D				inte anr	rest at a rate	ertible into units	207,270.00 0.0000				207,270.00
e)	Det	ails o	f righ	nts ar	nd co	nvertible/excha	ngeable securitie	S				
								cise price and expiry do terms for each convert				xchangeable securities
excl	nvertib hangea curity c	able		derlyir urity co			se price dian \$) Highest	Expiry date (YYYY- MM-DD)		version ratio	Describe other it	ems (if applicable)
W	N	т	С	М	S	0.1600	0.1600	2021-05-03	1:1	lir		on share at an
Image: Constraint of the constra								and one purchase warrant is o one additional for a period of price of \$0.16				
f)												

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 ²⁸ purchasers	Total amount (Canadian \$)					
British Columbia	NI 45-106 2.3 [Accredited investor]	22	362,270.00					
Alberta	NI 45-106 2.3 [Accredited investor]	1	20,000.00					
Ontario	NI 45-106 2.3 [Accredited investor]	7	204,000.00					
Québec	NI 45-106 2.3 [Accredited investor]	6	82,000.00					
Australia	NI 45-106 2.3 [Accredited investor]	1	20,000.00					
Germany	NI 45-106 2.3 [Accredited investor]	1	75,000.00					
United States	Other	1	20,250.00					
	Total dollar amount of securities distributed							
	Total number of unique purchasers ^{2b} 39							

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

^{2b} 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.³ 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 \$)
Total net proceeds to the investment fund	

³"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 other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)

Ітем 8 - Со	MPENSATIO	N 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. Complete additional copies of this page if more than one person was, or will be, compensated.									
Indicate whet	her any compens	ation was paid, or will be paid, in connection with the distribution.							
🗌 No	✓ Yes	If yes, indicate number of persons compensated.	3						

a) Name of person compen	sated and registration	on 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.										
Firm NRD number 9 0 0 (if applicable)										
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 provid	ded in Item 8 (a), provia	e the business co	ontact information	n of the pe	erson being co	mpensated.				
Street address										
Municipality				Pro	ovince/State					
Country			F	Postal co	ode/Zip code					
Email address				Teleph	one number					
c) Relationship to issuer or	investment fund ma	nager	J							
	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.									
			or the purposes of	-	-					
Connect with the issuer		-				ther than an investment fund)				
Director or officer of the	investment fund or investment	estment fund ma	anager	Employe	e of the issue	r or investment fund manager				
✓ None of the above										
d) Compensation details										
Provide details of all compensation										
incidental to the distribution, such	as clerical, printing, leg	al or accounting	services. An issue	r is not re	quired to ask f	Do not report payments for services for details about, or report on, internal				
allocation arrangements with the c	-	7	individual compe	nsated by	the issuer.					
Cash commissions paid	7,000.00			S	Security code 1	Security code 2 Security code 3				
Value of all securities distributed as compensation ⁴			Security codes	V	V N T					
Describe terr	ms of warrants, options	□ or other rights	60,000 Finder expiry date of			ercise price of \$0.16 with an				
Other compensation ⁵		Describe								
Total compensation paid	7,000.00		L							
Check box if the perso	on will or may receive a	⊐ ny deferred con	npensation (desc	ribe the te	erms below)					
additional securities of the issuer rights exercisable to acquire addi	⁴ 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. ⁵ Do not include deferred compensation.									

a) Name of person compensat	ed and regis	tration	status											
Indicate whether the person compensated is a registrant. No Ves														
If the person compensated is an individual, provide the name of the individual.														
Full legal name of individual														
Family name First given r											Seconda	ary give	en names	
If the person compensated is not an individual, provide the following information.														
Full legal name of nor	n-individual	EMD I	Financial I	nc.										
Firm NRD number 3 6 4 8 0 (if applicable)														
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves] Yes				
b) Business contact information	n													
If a firm NRD number is not provided	in Item 8 (a), _F	orovide t	he business	contact	t informa	tion of th	ie pers	on beii	ng con	npensa	ted.			
Street address														
Municipality							Provi	ince/S	State					
Country						Posta	l code	e/Zip o	code					
Email address						Tele	ephon	e nur	nber					
c) Relationship to issuer or inve	estment fun	d mana	iger											
Indicate the person's relationship with the Instructions and the meaning of "c Connect with the issuer or ir Director or officer of the inve	control" in sect nvestment fun	<i>ion 1.4</i> d d mana	of NI 45-10 ger	6 for the	e purpose	s of com	<i>pleting</i> er of th	<i>this se</i> ne issu	ection. Ier (oth	ner thai	n an inv	vestme	<i>in Part i</i> ent fund) manager)
d) Compensation details														
Provide details of all compensation pail Canadian dollars. Include cash commiss incidental to the distribution, such as ca allocation arrangements with the direct Cash commissions paid	ssions, securiti lerical, printin tors, officers o	es-based g, legal (l compensa or accountii	tion, gifi ng servic	ts, discou ces. An is:	nts or otl suer is no	her con ot requi d by th	npenso ired to	ation. l ask fo er.	Do not r detai	report p	oayme t, or re	nts for se	ervices internal
Value of all securities distributed as compensation ⁴	9,6	00.00		Secur	ity codes	;	С	М	S	W	Ν	т		
Describe terms o	of warrants, op	otions or	other right	96,0	000 Cor 000 Fine iry date	der's Wa	arrant	s at a						
Other compensation ⁵			Describ	e										
Total compensation paid	28,80	00.00												
Check box if the person w	ill or may reco	eive any	deferred c	ompens	ation (de	escribe th	ne term	ns belo	ow)					
⁴ Provide the aggregate value of all se additional securities of the issuer. Ind rights exercisable to acquire addition. ⁵ Do not include deferred compensation.	licate the secu al securities c	irity coa	les for all se											er

a) Name of person compe	ensated and regis	tration	status									
Indicate whether the person compensated is a registrant. No Ves												
If the person compensated is an individual, provide the name of the individual.												
Full legal name of indivi	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 Mackie Research Capital Corporation												
Firm NRD number 3 0 7 0 (if applicable)												
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 pro	vided in Item 8 (a), p	orovide t	the business co	ontact infor	mation o	of the p	erson b	eing com	pensated.			
Street address												
Municipality						Pr	rovince	/State				7
Country					Pos	stal co	ode/Zip	o code				Ī
Email address					Т	Teleph	none ni	umber				Ī
c) Relationship to issuer of	or investment fund	d mana	iger	-								
Indicate the person's relationship the Instructions and the meaning									ning of "co	nnected" ir	Part B(2) o	of
Connect with the issue	-						-		er than an	investmen	t fund)	
Director or officer of th			-	anager	_				or investme		,	
				anager		npioye					linger	
d) Compensation details Provide details of all compensation Canadian dollars. Include cash co- incidental to the distribution, suc- allocation arrangements with the	ommissions, securitie h as clerical, printing	es-based g, legal (l compensatic or accounting	n, gifts, dis services. Ai	counts or 1 issuer is	other onot re	comper equired	nsation. D to ask for	o not repo	rt payment	s for service	
Cash commissions pai	id 7,22	27.50				5	Security	code 1	Security co	de 2 Sec	urity code 3	
Value of all securities distributed as compensatior			:	Security co	des	١	N N	Т				
Describe te	erms of warrants, op	otions or	other rights	61,950 F expiry da				an exer	cise price	e of \$0.16	with an	7
Other compensation	1 ⁵		Describe									
Total compensation pai	id 7,22	27.50										
Check box if the per	son will or may rece	eive any	deferred con	npensation	(describe	e the t	erms be	elow)				
												٦
⁴ 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. ⁵ Do not include deferred compensation.												

ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER									
If the issuer is an investment fund	l, do not complete	Item 9. Procced to	Item 10.						
Indicate whether the issuer is any of	f the following (seled	ct the one that appli	es - if more than one	applies, select onl	y one).				
Reporting issuer in any juris	diction of Canada								
Foreign public issuer									
Wholly owned subsidiary of	a reporting issuer i	n any jurisdiction of	Canada ⁶						
Provide name of reporting issuer									
Wholly owned subsidiary of	a foreign public iss	suer ⁶						_	
Provide name of	foreign public issue	er							
Issuer distributing only eligible foreign securities and the distribution is to permitted clients only ⁷									
If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10.									
⁶ 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 law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ 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.									
a) Directors, executive officer	s 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 name	First given name	Secondary given names	Business location of non-individual or residentail jurisdiction of individual			Relationship to issuer (select all that apply)		
				Province or	Province or country		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 giv	First given name	Secondary given names	Residential jurisdiction of individual	jurisdiction of individual (select c		tionship to promoter one or both if applicable)		
				Province or country			0		

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 exemt 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/ investment fund manager/agent	Empower Clinics Inc.						
Full legal name	IcAuley Steven						
	Family name	First given name		Secondary given names			
Title	Chief Executive Officer						
Telephone number	6047892146	Email address	s.mcauley@empowerclinics.com			cs.com	
Signature	"Steven McAuley"	Date	2019	06	11		
			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.

Same as individual certifying the report

Full legal name	Blundy	Katie		Title	Lawyer
	Family name	First given name	Secondary given r	names	
Name of company	Bennett Jones LLP				
Telephone number	6048915369	Er	nail address blun	dyk@bennettjone	es.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 Schedules 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.