# Form 45-106F1 Report of Exempt Distribution

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

| Item 1 – Report Type  |                               |                                 |                                     |                 |  |  |  |
|---|-------------------------------|---------------------------------|-------------------------------------|-----------------|--|--|--|
| <ul><li>New report</li><li>✓ Amended report</li><li>If amended report</li></ul>   | ended, provide filing c       | late of report that is being    | amended. 2017 05 15                 | 5 (YYYY-MM-DD)  |  |  |  |
| ITEM 2 – PARTY CERTIFYIN  | g the <b>R</b> eport          |                                 |                                     |                 |  |  |  |
| 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 inve  | stment fund)                  |                                 |                                     |                 |  |  |  |
| Underwriter   |                               |                                 |                                     |                 |  |  |  |
|   |                               |                                 |                                     |                 |  |  |  |
| ITEM 3 – ISSUER NAME AN   | d Other Ident                 | IFIERS                          |                                     |                 |  |  |  |
| Provide the following information about the   | he issuer, or if the issuer i | is an investment fund, about t  | he fund.                            |                 |  |  |  |
| Full legal name   | Rise Gold Corp.               |                                 |                                     |                 |  |  |  |
| Previous full legal name  | Rise Resources Inc.           |                                 |                                     |                 |  |  |  |
| If the issuer's name changed in   | the last 12 months, provi     | ide most recent previous legal  | name.                               |                 |  |  |  |
| Website   | www.risegoldcorp.co           | om (if a                        | pplicable)                          |                 |  |  |  |
| If the issuer has a legal entity identifier, pr   | ovide below. Refer to Par     | t B of the Instructions for the | definition of "legal entity identif | ier".           |  |  |  |
| Legal entity identifier   |                               |                                 |                                     |                 |  |  |  |
|   |                               |                                 |                                     |                 |  |  |  |
| Item 4 – Underwriter In   | FORMATION                     |                                 |                                     |                 |  |  |  |
| If an underwriter is completing the report,   | provide the underwriter's     | s full legal name and firm Nat  | tional Registration Database (NI    | RD) number.     |  |  |  |
| Full legal name   |                               |                                 |                                     | ]               |  |  |  |
| Firm NRD number   |                               | (if applicable)                 |                                     |                 |  |  |  |
| If the underwriter does not have a firm NR  | D number, provide the h       | ead office contact information  | n 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 corresponds to the issuer's primary business activity. For more information on finding the NAICS industry code go to <b>Statistics Canada's NAICS industry search tool</b> .   |
| NAICS industry code 2 1 2 2 0   |
| 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.           If the issuer is in the <b>mining industry</b> , indicate the stage of operations.         If the issuer is in the <b>mining industry</b> , indicate the stage of operations.         If the issuer is in the <b>mining industry</b> , indicate the stage of operations.         If the issuer is in the <b>mining industry</b> .         If the issuer is in the <b>mining industry</b> .         If the issuer is in the <b>mining industry</b> .         If the issuer is in the <b>mining industry</b> .         If the issuer is in the <b>mining industry</b> .         If the issuer is in the <b>mining industry</b> .         If the issuer is in the <b>mining industry</b> .         If the issuer is in the issuer is the issuer is the issuer.         If the issuer is the issuer is the issuer.         If the issuer. |
|   |
| 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.           Image: Mortgages         Real estate         Commercial/business debt         Consumer debt         Private companies   |
| b) Number of employees  |
| Number of employees:  v 0 - 49 50 - 99 100 - 499 500 or more  |
| c) SEDAR profile number   |
| Does the issuer have a SEDAR profile?         No       Yes         If yes, provide SEDAR profile number         0       0       2       7       7       5       0   |
| If the issuer does not have a SEDAR profile complete Item 5(d) – (h).   |
| d) Head office address  |
| Street address         Suite 488 – 1090 West Georgia Street         Province/State         BC   |
| Municipality Vancouver Postal code/Zip code V6E 3V7   |
| Country Canada Telephone number 604-260-4577  |
| e) Date of formation and financial year-end   |
| Date of formation     2007     02     09     Financial year-end     7     31       YYYY     MM     DD     MM     DD   |
| f) Reporting issuer status  |
| Is the issuer a reporting issuer in any jurisdiction of Canada? No 🗸 Yes  |
| If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.   |
|   |
|   |
| g) Public listing status  |
| If the issuer has a CUSIP number, provide below (first 6 digits only)<br>CUSIP number 7 6 7 6 0 M   |
| If the issuer is publicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for which the  |
| issuer has applied for and received a listing, which excludes, for example, automated trading systems.           Exchange names         CSE   |
| h) Size of issuer's assets  |
| Select the size of the issuer's assets for its most recent financial year-end (Canadian \$). If the issuer has not existed for a full financial year, provide the   |
| size of the issuer's assets at the distribution end date.   |
| \$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 manag   | er 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  |
| Type of investment fund that in Money market   | most accurately identifies the issuer (select only one).         Equity       Fixed income         Alternative strategies       Other (describe)  |
| Invests primarily<br>Is a UCITs Fund<br><sup>1</sup> Undertaking for the Collective Inve | of the following apply to the investment fund.<br>in other investment fund issuers<br><sup>1</sup><br>stment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow<br>berate 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     MM     DD  |
| d) Reporting issuer  | status of the investment fund   |
| Is the investment fund a repor   | ting issuer in any jurisdiction of Canada? No Yes   |
| If yes, select the jurisdictions c All NS  | f 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   | us of the investment fund   |
| If the investment fund has a C<br>CUSIP number   | USIP number, provide below (first 6 digits only).   |
|  | cly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges has applied for and received a listing, which excludes, for example, automated trading systems.  |
| Exchange names   |   |
| 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 \$500M            | westment fund as of the date of the most recent NAV calculation (Canadian \$).         \$5M to under \$25M       \$25M to under \$100M         \$500M to under \$1B       \$1B or over       Date of NAV calculation:         YYYY       MM       DD  |

## ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

| If an issuer located outside of Cano<br>purchasers resident in that jurisdict<br>should be disclosed in Item 8. The  | tion of Canada only. Do not  | include in Item 7 se                       | curities issued a                | is payment of c | commissions      | or finder's fees, which |  |
|--|--|--|----------------------------------|-----------------|------------------|-------------------------|--|
| a) Currency  |  |  |                                  |                 |                  |                         |  |
| Select the currency or currencies in           Image: Canadian dollar  | which the distribution was   | -  | ounts provided<br>her (describe) | _               | ust be in Ca     | nadian dollars.         |  |
| b) Distribution date(s)  |  |  |                                  |                 |                  |                         |  |
| State the distribution start and end<br>date as both the start and end date<br>the distribution period covered by  | es. If the report is being filed   |  |                                  |                 |                  |                         |  |
| Start da   |  | 05<br>D                                    | End date                         | 2017<br>YYYY    | 05 05<br>MM DI   |                         |  |
| c) Detailed purchaser ir   | nformation   |  |                                  |                 |                  |                         |  |
| Complete Schedule 1 of this  | form for each purchase   | er and attach the                          | schedule to                      | the complet     | ed report.       |                         |  |
| <ul> <li>d) Types of securities d</li> </ul>   | istributed   |  |                                  |                 |                  |                         |  |
| Provide the following information<br>Instructions for how to indicate the<br>being distributed.  |  |  |                                  |                 | number assig     | ned to the security     |  |
|  |  |  |                                  | Single or       | Canadian         | \$                      |  |
| Security CUSIP number<br>code (if applicable)  | Description of   | fsecurity                                  | Number of<br>securities          | lowest          | Highest<br>price | Total amount            |  |
| U B S  | Each unit consists of one c<br>one transferable share pur<br>warrant exercisable into on<br>price of \$0.40 per share un | chase warrant, each<br>e common share at a | 9,009,814                        | 0.23            |                  | 2,072,257.00            |  |
| e) Details of rights and   | convertible/exchangeabl  | e securities                               |                                  |                 |                  |                         |  |
| If any rights (e.g. warrants, options, securities were distributed, provide  | ) were distributed, provide th   | he exercise price and                      |                                  |                 |                  |                         |  |
| Security code Underlying security code   | Exercise price<br>(Canadian \$)<br>Lowest Highest  | Expiry date<br>(YYYY-MM-DD)                | Conversion<br>ratio              | Describ         | e other terms    | (if applicable)         |  |
| W N T C M S  | 0.4000   | 2019-05-05                                 |                                  |                 |                  |                         |  |
| f) Summary of the distr  | ibution by jurisdiction an   | d 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.<br>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.<br>For jurisdictions within Canada, state the province or territory, otherwise state the country. |  |  |                                  |                 |                  |                         |  |
| Province or<br>country   | or Exemption relied on Number of Total amount (Canadian \$)  |  |                                  |                 |                  |                         |  |
| Alberta  | NI 45-106 2.3 (Accredit  | ed Investor)                               |                                  | 3               |                  | \$138,000.00            |  |
| British<br>Columbia  | NI 45-106 2.3 (Accredit  | ,  |                                  | 29              |                  | \$863,721.00            |  |
| British NI 45-106  | 2.5 (Family, friends and   | l business associ                          | ates)                            |                 |                  | \$2,300.00              |  |
| Columbia Hin 40 100<br>Hong Kong   | NI 45-106 2.3 (Accredit  |  | -                                | 1               |                  | \$161,000.00            |  |
| Monaco   | NI 45-106 2.3 (Accredit  | ,  |                                  | 1               |                  | \$23,000.00             |  |
| New  | NI 45-106 2.3 (Accredit  | ,  |                                  | 1               |                  | \$23,000.00             |  |
| Brunswick<br>Quebec  | NI 45-106 2.3 (Accredit  | ed Investor)                               |                                  | 1               |                  | \$5,060.00              |  |
| Ontario  | NI 45-106 2.3 (Accredit  |  |                                  | 22              |                  | \$813,176.00            |  |
| \\server\LocalGX3\WDOX\CLIENT  |  |  |                                  |                 |                  | . ,                     |  |

| Olaloo | \$2.027.257.00                      |   |             |
|--------|-------------------------------------|---|-------------|
| States | NI 45-106 2.5 (Accredited Investor) | Z | \$43,000.00 |
| United | NI 45-106 2.3 (Accredited Investor) | 2 | \$43.000.00 |

 Total number of unique purchasers<sup>2</sup>
 61

<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.

#### 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. |             |   |   |  |
| 5. |             |   |   |  |

| ITEM 8 – COMPENSATION INFORMATION  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. <b>Complete additional copies of this page if more than one person was, or will be, compensated.</b>  |  |  |  |  |  |  |  |  |
| Indicate whether any compensation was paid, or will be paid, in connection with the distribution.         No       Yes         If yes, indicate number of persons compensated.       2   |  |  |  |  |  |  |  |  |
| 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.<br>Full legal name of non-individual Skanderbeg Capital Advisors Inc.   |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Firm NRD number       (if applicable)         Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.         Image: State of the image of the im |  |  |  |  |  |  |  |  |
| b) Business contact information  |  |  |  |  |  |  |  |  |
| If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated.   |  |  |  |  |  |  |  |  |
| Street address Suite 488 – 1090 West Georgia Street  |  |  |  |  |  |  |  |  |
| Municipality Vancouver Province/State BC   |  |  |  |  |  |  |  |  |
| Country Canada Postal code/Zip code V6E 3V7  |  |  |  |  |  |  |  |  |
| Email address       mario@skanderbegcapital.com       Telephone number       604-687-7130  |  |  |  |  |  |  |  |  |
| 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         ✓         None of the above   |  |  |  |  |  |  |  |  |
| d) Compensation details  |  |  |  |  |  |  |  |  |
| 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 amounts<br>in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for<br>services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or<br>report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.<br>Cash commissions paid 95,952.00  |  |  |  |  |  |  |  |  |
| Value of all securities distributed as compensation <sup>4</sup> Security codes       Security code 1       Security code 2       Security code 3  |  |  |  |  |  |  |  |  |
| Each of the 417,184 warrants is exercisable into one<br>Describe terms of warrants, options or other rights<br>2019.   |  |  |  |  |  |  |  |  |
| Other compensation <sup>5</sup> Describe   |  |  |  |  |  |  |  |  |
| Total compensation paid 95,952.00  |  |  |  |  |  |  |  |  |
| Check box if the person will or may receive any deferred compensation (describe the terms below)<br><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.<br>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.<br><sup>5</sup> Do not include deferred compensation.   |  |  |  |  |  |  |  |  |

| 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. Complete additional copies of this page if more than one person was, or will be, compensated.   |  |  |  |  |  |  |  |  |
| Indicate whether any compensation was paid, or will be paid, in connection with the distribution.         No       Yes         If yes, indicate number of persons compensated.       2   |  |  |  |  |  |  |  |  |
| a) Name of person compensated and registration status b)   |  |  |  |  |  |  |  |  |
| 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       Slusarchuk       Bryan         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  |  |  |  |  |  |  |  |  |
| Firm NRD number       (if applicable)         Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.         Image: State of the image: State of t |  |  |  |  |  |  |  |  |
| c) 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.<br>Street address Suite 488 – 1090 West Georgia Street  |  |  |  |  |  |  |  |  |
| Municipality Vancouver Province/State British Columbia   |  |  |  |  |  |  |  |  |
| Country     Canada     Postal code/Zip code     V6E 3V7  |  |  |  |  |  |  |  |  |
| Email address bslusarchuk@k92mining.com Telephone number 604308652   |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| d) 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  |  |  |  |  |  |  |  |  |
| None of the above  |  |  |  |  |  |  |  |  |
| <ul> <li>e) Compensation details</li> <li>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 amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.</li> <li>Cash commissions paid 4,440.00</li> </ul>   |  |  |  |  |  |  |  |  |
| Value of all security code 1 Security code 2 Security code 3 Security code 3   |  |  |  |  |  |  |  |  |
| as compensation <sup>4</sup> W N T       Describe terms of warrants, options or other rights     Each of the 19,304 warrants is exercisable into one common share at a price of \$0.40 per share until May 5, 2019.  |  |  |  |  |  |  |  |  |
| Other compensation <sup>5</sup> Describe   |  |  |  |  |  |  |  |  |
| Total compensation paid 4,440.00   |  |  |  |  |  |  |  |  |
| Check box if the person will or may receive any deferred compensation (describe the terms below)<br><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.<br>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.<br><sup>5</sup> Do not include deferred compensation.   |  |  |  |  |  |  |  |  |

| ITEM 9 – DIRECTORS, EXEC<br>If the issuer is an investment fund,  |  |   |  | SUER                             |            |            |               |  |
|---|--|---|--|----------------------------------|------------|------------|---------------|--|
| Indicate whether the issuer is any of th  Reporting issuer in any jurisd  Foreign public issuer  Wholly owned subsidiary of a  Provide name   | iction of Canada   |   | f Canada <sup>6</sup>  |                                  |            |            |               |  |
| Wholly owned subsidiary of a<br>Provide name of for<br>Issuer distributing eligible fore<br>If the issuer is at least one of the all<br>An issuer is a wholly owned subsidiary of a r | foreign public issue<br>preign public issuer<br>eign securities only t<br>bove, do not comple<br>reporting issuer or a forei   | o permitted clier<br><b>ete Item 9(a) – (</b><br>ign public issuer if a | <b>c). Proceed to Item</b> 2<br>I of the issuer's outstandir | ng voting securities, other that | n securiti | es that ar | e required by |  |
| <sup>7</sup> Check this box if it applies to the current dist<br>of "eligible foreign security" and "permitted cli  | law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. <sup>7</sup> Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.         If the issuer is none of the above, check this box and complete Item 9(a) – (c). |   |  |                                  |            |            |               |  |
| Provide the following information for   | each director, executi   | ive officer and pr  | omoter of the issuer. F                                      |                                  | da, stat   | e the pr   | ovince or     |  |
| Organization or company name  | 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 residential jurisdiction of individual       Relationship to issuer (select all that apply)  |   |  |                                  |            |            |               |  |
|   |  |   |  | Province or country              | D          | 0          | Р             |  |
|   |  |   |  |                                  |            |            |               |  |
|   |  |   |  |                                  |            |            |               |  |
|   |  |   |  |                                  |            |            |               |  |
|   |  |   |  |                                  |            |            |               |  |
|   |  |   |  |                                  |            |            |               |  |
| b) Promoter information   |  |   |  |                                  |            |            |               |  |
| If the promoter listed above is not an i<br>locations within Canada, state the pro<br>Officer.  |  |   |  |                                  |            |            |               |  |

| ne Family name First given given | -           | Residential<br>jurisdiction of<br>individual | Relationship to promoter (select one or both if applicable) |   |   |
|----------------------------------|-------------|--|---|---|---|
|                                  | names       | Province or<br>country                       | D   | 0   |   |
|                                  |             |  |   |   |   |
|                                  |             |  |   |   |   |
|                                  |             |  |   |   |   |
|                                  |             |  |   |   |   |
|                                  |             |  |   |   |   |
|                                  | Family name | Family name First given<br>name              | Family name First given given                               | Family name         First given name         Secondary given name         jurisdiction of individual           Province or         Name         Province or | Family name         First given name         Secondary given names         jurisdiction of individual         Relationship (select one or b)           Family name         First given name         Secondary given names         Province or         D |

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 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 is an<br>name of the signatory is also in typed  | in typed form rather than handwritte            |                  |             |              |            |  |  |
| IT IS A  | N OFFENCE TO MAKE A MISF                        | REPRESENTATIO    | N IN THIS F | REPORT       |            |  |  |
| <ul> <li>By completing the information below, I certify to the securities regulatory authority or regulator that:</li> <li>I have read and understand this report; and</li> <li>all of the information provided in this report is true.</li> </ul>   |   |                  |             |              |            |  |  |
| Full legal name  | Thomas  | Cale             |             |              |            |  |  |
|  | Family name                                     | First given name | e           | Secondary gi | iven names |  |  |
| Title  | CFO   |                  |             |              |            |  |  |
| Name of issuer/underwriter/<br>investment fund manager   |   |                  |             |              |            |  |  |
| Telephone number   | 604-209-0034 Email address calethomas@gmail.com |                  |             |              |            |  |  |
| Signature  | "Cale Thomas"                                   | Date             | 2017        | 06           | 13         |  |  |
|  |   | · ·              | 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 indi     | vidual certifying the rep |                  |                          |       |  |
|------------------|---------------------------|------------------|--------------------------|-------|--|
| Full legal name  |                           |                  |                          | Title |  |
|                  | Family name               | First given name | Secondary given<br>names |       |  |
| Name of company  |                           |                  |                          |       |  |
| Telephone number |                           | E                | mail 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 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.