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

| ITEM 1 – REPOR | T TYPE | | | | | |
|--|---------------------------|-----------------------------------|---|---------------------------------------|-------|--|
| TIEW I - KEPOK | | | | | | |
| ✓ New report | | | | | | |
| Amended report | If amended, provide | Submission ID of report that is | s being amended: | (Example: EDR1234567890- | -123) | |
| | | • | | | | |
| ITEM 2 - PARTY | CERTIFYING TH | E REPORT | | | | |
| | | | | | | |
| | | | garding whether an issuer is an inve the companion policy to NI 81-106 | estment fund, refer to section 1.1 of | | |
| ✓ Issuer (Other than a | | a commucae bicolocare ana | and demparison pency to the or tee | • | | |
| Underwriter | <i>,</i> | | | | | |
| Onderwriter | | | | | | |
| | | UED IDENTIFIEDO | | | | |
| ITEM 3 – ISSUER | NAME AND OT | HER IDENTIFIERS | | | | |
| Provide the following | information about the | issuer, or if the issuer is an i | nvestment fund, about the fund. | | | |
| Full legal name | | | | | | |
| BacTech Environment | al Corporation | | | | | |
| Previous full legal nam | ne If the issuer's nam | e changed in the last 12 mon | ths, provide most recent previous I | egal name. | | |
| | | | | | | |
| Website (if applicable) | 1 | | | | | |
| www.bactechgreen.co | om | | | | | |
| If the issuer has a lega | al entity identifier, pro | vide below. Refer to Part B o | f the Instructions for the definition o | of "legal entity identifier". | | |
| Legal entity identifier | | | | | | |
| | | | | | | |
| Did two or more co-iss | suore distributo a sino | le security? ✓ No ☐ Yes | | | | |
| | | , – – | | | | |
| | _ | ecurity, provide the full legal n | ame(s) of the co-issuer(s) other the | an the issuer named above. | | |
| Full legal name(s) of co | o-issuer(s) | | | | | |
| | | | | | | |
| | | | | | | |
| ITEM 4 – UNDER | WRITER INFOR | MATION | | | | |
| If an underwriter is co | mpleting the report, p | ovide the underwriter's full le | gal name and firm NRD number. | | | |
| If an underwriter is completing the report, provide the underwriter's full legal name and firm NRD number. Full legal name | | | | | | |
| | | | | | | |
| Does the Underwriter's | s Firm have an NRD N | lumber? Firm NRD n | umber | | | |
| □ No □ Yes | | | | | | |
| If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter. | | | | | | |
| Street address | | Municipality | Province/State | Postal/ZIP code | | |
| | | | | | | |
| Country | | Telephone number | Website (if applicable) | | | |
| , | | 1 | | | | |

| ITEM 5 – ISSUER INFORMATION | | |
|---|--|--|
| a) Primary industry | | |
| Provide the issuer's North American Indus corresponds to the issuer's primary busine | | digits only) that in your reasonable judgment most closely |
| NAICS industry code | | |
| 212222 | | |
| | nat best describes the issuer's stage of oper | t apply to issuers that provide services to issuers operating in rations. |
| · - | all or substantially all of its assets in any of i cial/business debt Consumer debt P | * * * |
| b) Number of employees | | |
| √ 0 - 49 | or more | |
| c) SEDAR profile number | | |
| Does the issuer have a SEDAR profile ? ☐ No ☑ Yes | If yes, provide SEDAR profile number: 00030788 | If the issuer's SEDAR profile is a "private" profile, please provide a screenshot of the issuer's profile by e-mail to exemptmarketfilings@osc.gov.on.ca |
| d) Head office address | If the | issuer does not have a SEDAR profile, complete Item 5(d) – (h). |
| Street address | Municipality Province/Sta | ate Postal/ZIP code |
| | | |
| Country | Telephone number | |
| | | |
| e) Date of formation and financial yea | r-ena | |
| Date of formation | Financial year-end | |
| | | |
| f) Reporting issuer status | | |
| Is the issuer a reporting issuer in any jurison No Yes | diction of Canada? | |
| If yes, select the jurisdictions of Canada in | | |
| | □NB □NL □NT □QC □SK □YT | |
| INS INS ON FE | | |
| g) Public listing status | | |
| Does the issuer have a CUSIP number? | CUSIP number (provide first 6 digits only) | |
| | name of the exchange on which the issuer's as, for example, an automated trading system | equity securities primarily trade. Provide only the name of an |
| Exchange name: Not Applicable Torc | onto Stock Exchange TSX Venture | e Exchange Canadian Securities Exchange |
| ☐ Aequitas Neo Exchange ☐ Aus | tralian Securities Exchange 🗌 Deutsche Bo | oerse Euronext |
| ☐ London Stock Exchange ☐ Nas | daq New York S | tock Exchange Shanghai Stock Exchange |
| Shenzhen Stock Exchange | ck Exchange Of Hong Kong 🗌 Tokyo Stock | Exchange OTHER |
| If other, describe: | | |
| h) Size of issuer's assets | | |
| Select the size of the issuer's assets base | ed on its most recently available annual finar | ncial statements (Canadian \$). If the issuer has not prepared annual |
| financial statements for its first financial ye | ear, provide the size of the issuer's assets a 1 to under \$25M | at the distribution end date. |
| \$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 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.

| distribution, which must be disclosed in term of the mornation provided in term 1 must reconcile with the mornation provided in our feet are | ,poi |
|--|------|
| 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.

| | | • | • |
|----|----------|---|------------|
| St | art Date | | End Date |
| 20 | 21-10-14 | | 2021-10-14 |

c) Detailed purchaser information

Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.

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d) Types of securities distributed

Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) 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 | 2,350,000.0000 | 0.1000 | 0.1000 | 235,000.0000 | | |
| Description of security: Each unit comprised of one common share and one share purchase warrant. Each warrant exercisable into one common share | | | | | | |

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

| Convertible / exchangeable | Underlying security | Exercise price (Canadian \$) | | Expiry date (YYYY-MM-DD) | Conversion ratio | | |
|----------------------------|---|---------------------------------|---------|-----------------------------|------------------|--|--|
| security code | code | Lowest | Highest | (TTTT-WWW-DD) | | | |
| WNT | CMS | 0.2000 | 0.2000 | 2023-10-14 | 1:1 | | |
| | Describe other terms: Each unit comprised of one common share and one share purchase warrant. Each warrant exercisable into one common (if applicable) share at a price of 20 cents for 2years from date of closing | | | | | | |

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 | No. of unique purchasers ^{2a} | Total amount (Canadian \$) |
|---------------------|-------------------------------------|--|-------------------------------|
| Ontario | NI 45-106 2.3 [Accredited investor] | 4 | 180,000.0000 |
| Quebec | NI 45-106 2.3 [Accredited investor] | 1 | 30,000.0000 |
| British Columbia | NI 45-106 2.3 [Accredited investor] | 2 | 25,000.0000 |
| | 235,000.0000 | | |
| | | | |

^{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.

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? | , | Filename |
|----|-------------|------------------------------------|--|---|----------|
| 1. | | | \square Y \square N | | |

| 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 compensate ☐ No ☑ Yes | Indicate whether any compensation was paid, or will be paid, in connection with the distribution. No Ves | | | | | | |
| PERSON 1 | | | | | | | |
| a) Name of person compensa | ted and registration | on status | | | | | |
| Indicate whether the person com ✓ No ☐ Yes | pensated is a regist | trant. | | | | | |
| If the person compensated is an Family name | • | he full legal name of to en name | | dary given names | | | |
| If the manage common except of its man | ton individual provi | do the following inform | | | | | |
| If the person compensated is not Full legal name of non-individual | : an individual, provi | ae tne tollowing intorn | nation. | Firm NRD number (if | applicable) | | |
| Canaccord Genuity Corp. | | | | 900 | | | |
| Indicate whether the person com | pensated facilitated | the distribution throug | gh a funding | portal or an internet-ba | nsed portal. | | |
| b) Business contact information | on | | | | | | |
| If a firm NRD number is not prov | rided in Item 8(a), pı | rovide the business co | ontact inform | ation of the person bei | ng compensated. | | |
| Street address | Municip | ality | Province/Sta | ate | Postal/ZIP code | | |
| 2200 - 609 Granville Street | Vancouv | ver | British Colu | mbia | V7Y 1H2 | | |
| Country | Telepho | ne number | Email addre | ss | | 7 | |
| Canada | 1 604.64 | 43.0230 | rbabia@cgf. | com | | | |
| 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 i | the meaning of "cor | ntrol" in section 1.4 of | NI 45-106 fc | | pleting this section | n. | |
| Insider of the issuer (other tha | ın an investment fun | d) | ✓ None | e of the above | | | |
| Director or officer of the invest | ment fund or investr | ment fund manager | | | | | |
| 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 cle | urities-based compen erical, printing, legal o | sation, gifts, or accounting | discounts or other con services. An issuer is | npensation. Do no not required to as | ot report payments sk for details | |
| Cash commissions paid | 2,000.0000 | | | | | | |
| Value of all securities | 0.0000 | Security code1 WN7 | Γ Se | curity code2 | Security code | e3 | |
| distributed as compensation ⁴ | | Describe terms of wa | rrants, optio | ns or other rights | | | |
| | | 20,000 warrants. Ead 2years from date of d | | xercisable into one com | nmon share at a p | rice of 20 cents for | |
| Other compensation ⁵ | | Describe | | | | | |
| | | | | | | | |
| Total compensation Paid | 2,000.0000 | | | | | | |
| Check box if the person will o | or may receive any | deferred compensation | n (describe th | ne terms below) | | | |
| | | | | | | | |

| to acquire additional securities of the issuer. 5 Do not include deferred compensation. | | | | | | | | |
|---|--|---|----------------------|---|---------------------------|---|----------------------------|-------------|
| PERSON 2 | ioation. | | | | | | | |
| a) Name of person compensat | ted and registration | on status | | | | | | |
| Indicate whether the person com ✓ No ☐ Yes | pensated is a regis | trant. | | | | | | |
| If the person compensated is an a | If the person compensated is an individual, provide the full legal name of the individual. Family name Secondary given names | | | | | | | |
| If the person compensated is not an individual, provide the following information. Full legal name of non-individual Firm NRD number (if applicable) | | | | | | | | |
| Leede Jones Gable Inc. | | | | 5770 | 11501 (11 ap) | | | |
| Indicate whether the person comp | pensated facilitated | the distribution throu | ıgh a fur | ding portal or an inte | ernet-based | d portal. | | |
| b) Business contact information | on | | | | | | | |
| If a firm NRD number is not provi Street address 1000 - 110 Yonge Street | ided in Item 8(a), p. Municip | ality | | ce/State | Po | compensated. ostal/ZIP code 5C 1T4 | | |
| Country | | ne number | | address | IVI | 50 114 | | |
| Canada | 604 658 | | 1 | kered@leedejonesg | able.com | | | |
| c) Relationship to issuer or in | vestment fund ma | nager | | | | | | |
| 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 Employee of 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 d) Compensation details | | | | | | | | |
| Provide details of all compensation in Canadian dollars. Include cash for services incidental to the distraction or report on, internal allocations. | h commissions, sec ribution, such as cl | curities-based compe erical, printing, legal | nsation, or accoι | gifts, discounts or o inting services. An is | ther compe ssuer is no | ensation. Do not r t required to ask t | eport payme for details | |
| Cash commissions paid | 2,400.0000 | | | | | | | |
| Value of all securities | 0.0000 | Security code1 WN | IT | Security code2 | | Security code3 | | |
| distributed as compensation 4 | | | - | options or other righ | | | | |
| , | | 24,000 warrants. E 2years from date of | | ant exercisable into | one comm | on share at a pric | e of 20 cent | s for |
| Other compensation ⁵ | | Describe | | | | | | |
| | | | | | | | | |
| Total compensation Paid | 2,400.0000 | | | | | | | |
| Check box if the person will o | or may receive any | deferred compensation | on (desci | ibe the terms below |) | | | |
| ⁴ Provide the aggregate value of a | | • | | | | - | • | |

⁴ 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.

⁵ Do not include deferred compensation.

| ITEM 9 – D | IRECTORS, EXECUTIVE OFFICERS | S AND PROMOTERS OF 1 | THE ISSUER | | | | | |
|---|---|--|---|---|--|--|--|--|
| Indicate whet | her the issuer is any of the following (select the | one that applies - if more than on | e applies, select only one). | | | | | |
| Reporting | issuer in any jurisdiction of Canada | | | | | | | |
| Foreign p | ublic issuer | | | | | | | |
| • | ned subsidiary of a reporting issuer in any juris | diction of Canada ⁶ | | | | | | |
| Wholly ow | ned subsidiary of a foreign public issuer ⁶ | | | | | | | |
| | ame of foreign public issuer | | | | | | | |
| | | | | | | | | |
| | tributing only eligible foreign securities and the | • | • | | | | | |
| ⁶ An issue securities ⁷ Check th | uer is at least one of the above, do not com r is a wholly owned subsidiary of a reporting is that are required by law to be owned by its dire his box if it applies to the current distribution eve efer to the definitions of "eligible foreign securit | suer or a foreign public issuer if all ectors, are beneficially owned by t ren if the issuer made previous dis | Il of the issuer's outstanding voting se the reporting issuer or the foreign pub stributions of other types of securities | olic issuer, respectively. | | | | |
| ☐ If the issu | uer is none of the above, check this box an | d complete Item 9(a) – (c). | | | | | | |
| a) Directors | executive officers and promoters of the iss | suer | | | | | | |
| | llowing information for each director, executive wise state the country. For "Relationship to iss | | | he province or | | | | |
| Individual? | Organization or company name | Family name First given name Secondary given name | Business location of non-individual or residential jurisdiction of individual | Relationship to issuer (select all that apply) | | | | |
| YN | | | | □D □O □P | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b) Promoter | information | | | | | | | |
| | r listed above is not an individual, provide the f a, state the province or territory, otherwise state | | | | | | | |
| | Organization or company name | Family name First given name Secondary given name | Residential jurisdiction of individual | Relationship to promoter (select one or both if applicable) | | | | |
| | | | | □ D □ O | | | | |
| | | | | | | | | |
| | | | | | | | | |
| c) Residenti | al address of each individual | | | | | | | |
| Complete <u>Schedule 2</u> of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons. | | | | | | | | |

ITEM 10 - CERTIFICATION

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

The certification may be delegated, but only to an agent that has been authorized by an officer or director of the issuer or underwriter to prepare and certify the report on behalf of the issuer or underwriter. If the report is being certified by an agent on behalf of the issuer or underwriter, provide the applicable information for the agent in the boxes below.

If the individual completing and filing the report is different from the individual certifying the report, provide the name and contact details for the individual completing and filing the report in Item 11.

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

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of exempt distribution.

By completing the information below, I certify, on behalf of the issuer/underwriter, 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/agent BacTech Environmental Corporation | | | | | | |
|--|----------------|---------------------|--|-----------------------|--|--|
| Full legal name - Family name | First given na | ime | | Secondary given names | | |
| Nagy | Louis | | | Robert | | |
| Title | | Telephone number Em | | ail address | | |
| Chief Financial Officer | | 416-813-0303 Ina | | y@bactechgreen.com | | |
| Signature signed "Louis Nagy" | | Date 2021-10-21 | | | | |

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 - Family name | First given name | Secondary given names | Title | | | | |
| | | | | | | | |
| Name of company | | Telephone number | Email 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.

| EDR1634837357-555 | 2021-10-21 13:29:45.672 |
|-------------------|-------------------------|
| Submission ID | Date |