Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9064318

ITEM 1 - REPORT TYPE	TEM 1 - REPORT TYPE									
✓ New report										
☐ Amended report If amended, provi	ide filing date of report that is being	amended (YYYY-MM-DD)								
TTEM 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	ure and the companion policy to Ni OT 100.									
✓ Issuer (other than an investment fund	4)									
Underwriter	- /									
ITEM 3 - ISSUER NAME AND OTHER IDENT										
Provide the following information about the issuer, or if		nd.								
Full legal name Canntab Therapeutics Limited										
Previous full legal name	Previous full legal name									
If the issuer's name changed in the last 12 mont	ths, provide most recent previous legal name.									
Website	(if app	icable)								
If the issuer has a legal entity identifier, provide below. R	Refer to Part B of the Instructions for the defin	tion of "legal entity identifier".								
Legal entity identifier										
If two or more issuers distributed a single security, provid	de the full legal name(s) of the co-issuer(s) ot	er than the issuer named above.								
Full legal name(s) of co-issuer(s)	(if app	icable)								
ITTLE A. HANDEDWEITER INFORMATION										
ITEM 4 - UNDERWRITER INFORMATION										
If an underwriter is completing the report, provide the ur	nderwriter's full legal name and firm NRD nu 	nber.								
Full legal name										
Firm NRD number (if applicable)										
If the underwriter does not have a firm NRD number, pro	ovide the head office contact information of t	ne underwriter.								
Street address										
Municipality	Province/St	ate								
Country	Postal code/Zip co	de								
Telephone number	Web	(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 3 2 5 4 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.
Exploration Development Production
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.
☐ Mortgages ☐ Real estate ☐ Commercial/business debt ☐ Consumer debt ☐ Private companies
☐ Cryptoassets
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 ✓ Yes If yes, provide SEDAR profile number 0 0 0 3 1 1 2 0
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 Financial year-end MM DD MM DD
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 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
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION				
If the issuer is an inves	tment fund, provide the following information.				
a) Investment fund ma	anager information				
Full legal name					
Firm NRD number	(if applicable)				
If the investment fund mand	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 tha	it most accurately identifies the issuer (select only one) .				
Money market	☐ Equity ☐ Fixed income ☐ Balanced				
Alternative strate	gies Cryptoasset Other (describe)				
Indicate whether one or bot	h of the following apply to the investment fund .				
Invests primarily in	n other investment fund issuers				
☐ Is a UCITs Fund¹					
	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union of 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 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.				
AII	AB BC MB NB NL NT				
☐ NS ☐	NU ON PE QC SK T				
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				
If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.					
Exchange on					
-	AV) of the investment fund				
	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 \$500	DM S500M to under \$1B S1B or over Date of NAV calculation:				
	YYYY MM DD				

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.

١.	_	
a)) Currency	•
u	, Cullelley	

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.

End date 2020 03 13

c) Detailed purchaser information

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

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 (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
U N T	87957T		1,291,000.00	0.5000		645,500.00

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.

Convertible / exchangeable underlying security code security code		Exercise price (Canadian \$)		Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)				
					Lowest	Highest				
W	N	Т	С	М	S	0.7500				

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 Canada, state the province or territory, otherwise state the country.

Province or country	Total amount (Canadian \$)		
Ontario	580,500.00		
Ontario	NI 45-106 2.5 [Family, friends and business associates]	1	10,000.00
Québec	NI 45-106 2.3 [Accredited investor]	4	50,000.00
British Columbia	5,000.00		
	645,500.00		

^{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. 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)

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.	ITEM 8 - COMPENSATION INFORMATION							
□ No □ Yes If yes indicate number of persons compensated □ 4	Indicate whether any compensation was paid, or will be paid, in connection with the distribution.							
in yes, indicate number of percents compensated.	No ✓ Yes If yes, indicate number of persons compensated. 4							

a) Name of person compen	sated and registra	tion status								
Indicate whether the person compe	ensated is a registran	t.	☐ No	\checkmark	Yes					
If the person compensated is an inc	dividual, provide the	name of the indivi	dual.							
Full legal name of individu	ıal									
	Fam	nily name	_	First given	name	l	Seco	ondary given	names	
If the person compensated is not a	n individual, provide	the following info	rmation.							
Full legal name of	non-individual Fi	rst Republic Ca _l	oital Corpora	ation						
Firm NRD number 2 7 2 7 0 (if applicable)										
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.										
b) Business contact informa	ation									
If a firm NRD number is not provid	led in Item 8 (a), prov	ride the business c	ontact inform	ation of the	person bei	ng comp	ensated.			
Street address										
Municipality					Province/S	State				
Country			j	Postal	code/Zip	code				
Email address				Tele	phone nur	mber				
c) Relationship to issuer or	investment fund m	nanager	_							
Indicate the person's relationship w							ning of "co	onnected" in	Part I	B(2) of
Connect with the issuer			Γ		r of the issu		er than an	investmen	t fund)	
Director or officer of the			anager Г		yee of the i	,			·	
✓ None of the above					,					
d) Compensation details										
Provide details of all compensation Canadian dollars. Include cash com incidental to the distribution, such o allocation arrangements with the d	missions, securities-l as clerical, printing, le	pased compensation	on, gifts, disco services. An i	unts or oth ssuer is not	er compenso required to	ation. Do ask for	o not repo	rt payment	s for se	ervices
Cash commissions paid	17,436.	<u>.</u>	aratriadat co.	,pe5acea			0 "		•	
Value of all securities	,				Security co	de 1	Security co	ode 2 Sec	curity co	ode 3
distributed as compensation ⁴		,	Security code	es	VV 14	'				
Describe term	ns of warrants, option	ns or other rights	34,872 bro	oker warra	ants at an	exercis	e price o	of \$0.50 fo	r 24	
Other compensation ⁵		Describe								
Total compensation paid										
Check box if the perso	n will or may receive	any deferred cor	npensation (d	describe the	e terms belo	ow)				
⁴ Provide the aggregate value of a additional securities of the issuer. rights exercisable to acquire additional ⁵ Do not include deferred compens	Indicate the security tional securities of th	codes for all sec	on, <u>excluding</u> urities distribu	options, w uted as con	arrants or o	other rigi includii	hts exercions ng options	sable to aco	quire or oth	er

a) Name of person compensated an	d registration 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 gi	iven name	Secondary given names						
If the person compensated is not an individual, provide the following information.										
Full legal name of non-individual Integral Wealth Securities Limited										
Firm NRD number 3 1 0 (if applicable)										
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. □ No ✓ Yes										
b) Business contact information										
If a firm NRD number is not provided in Item	8 (a), provide the business	contact information of	f the person being co	mpensated.						
Street address										
Municipality			Province/State							
Country		Pos	stal code/Zip code							
Email address		т	elephone number							
c) Relationship to issuer or investme	ent fund manager									
Indicate the person's relationship with the iss										
the Instructions and the meaning of "control		· · · <u></u>								
Connect with the issuer or investm	nent fund manager	Ins	sider of the issuer (o	ther than an investment fund)						
Director or officer of the investmen	nt fund or investment fund r	nanager	nployee of the issue	r or investment fund manager						
None of the above										
d) Compensation details										
Provide details of all compensation paid, or to										
Canadian dollars. Include cash commissions, incidental to the distribution, such as clerical,										
allocation arrangements with the directors, o				or actual about, or report on, ancomat						
Cash commissions paid	5,600.00		Security code 1	Security code 2 Security code 3						
Value of all securities		Security codes	W N T							
distributed as compensation ⁴		Coounty oddes								
Describe terms of warra	ants, options or other rights	;								
Other compensation⁵	Describe	11,200 broker wa	arrants exercisabl	e at \$0.50 for 24 months.						
Total compensation paid										
Check box if the person will or m	nay receive any deferred co	empensation (describe	e the terms below)							
⁴ Provide the aggregate value of all securitie	es distributed as compensa	tion, excluding options	s. warrants or other	rights exercisable to acquire						
additional securities of the issuer. Indicate trights exercisable to acquire additional securities.	the security codes for all se									
⁵ Do not include deferred compensation.										

a) Name of person compensated and re	gistration 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-individu	Full legal name of non-individual Richardson GMP Limited										
Firm NRD number 2 1 9 7 0 (if applicable)											
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No Ves											
b) Business contact information											
If a firm NRD number is not provided in Item 8 (a	a), provide the business c	ontact information	of the person being c	ompensated.							
Street address											
Municipality			Province/State)	Í						
Country]] Po	ostal code/Zip code	•	1						
Email address]	Telephone number	r							
c) Relationship to issuer or investment f	und manager		·								
Indicate the person's relationship with the issuer	or investment fund mand				of						
the Instructions and the meaning of "control" in s		· · · <u></u>	. •								
Connect with the issuer or investment	fund manager		nsider of the issuer (other than an investment fund)							
Director or officer of the investment fur	nd or investment fund m	anager 🔲 E	Employee of the issue	er or investment fund manager							
✓ None of the above											
d) Compensation details											
Provide details of all compensation paid, or to be											
Canadian dollars. Include cash commissions, secuincidental to the distribution, such as clerical, prin											
allocation arrangements with the directors, office	rs or employees of a non-	-individual compen	sated by the issuer.								
Cash commissions paid 18	3,299.00		Security code 1	Security code 2 Security code 3							
Value of all securities	5,598.00	Security codes	WNT								
distributed as compensation ⁴ Describe terms of warrants					٦						
Other compensation ⁵	Describe				_						
Total compensation paid					╛						
Total compensation paid Check box if the person will or may receive any deferred compensation (describe the terms below)											
Greek box if the person will of may i	cocive any deferred cor	IIPCIISATION (UCSCII	be the terms below)		_						
⁴ Provide the aggregate value of all securities dia additional securities of the issuer. Indicate the s											
rights exercisable to acquire additional securitie		นานธิง นเจนามนเฮน ส	із сотір с пзацоп, <u>Шсі</u>	<u>uumg</u> opuons, wanants oi oulei							
⁵ Do not include deferred compensation.											

a) Name of person compe	ensated and regis	stration status											
Indicate whether the person com	npensated is a regist	trant.		☐ No		\checkmark	Yes						
If the person compensated is an	individual, provide	the name of the i	ndivid	lual.									
Full legal name of indivi	dual												
		Family name			First	given ı	name			Se	condary	given naı	mes
If the person compensated is not an individual, provide the following information.													
Full legal name of	Full legal name of non-individual M Partners Inc.												
Firm NRD number 2 0 3 6 0 (if applicable)													
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes													
b) Business contact inforr	mation												
If a firm NRD number is not prov	vided in Item 8 (a), ¡	provide the busin	ess co	ntact infor	mation	of the	perso	n beii	ng con	npensated	1.		
Street address													
Municipality						F	Provin	ice/S	State				
Country					Р	ostal	code/	Zip d	code				
Email address						Tele	phone	e nur	mber				
c) Relationship to issuer of	or investment fun	d manager											
Indicate the person's relationship the Instructions and the meaning										ning of '	'connecte	ed" in Po	art B(2) of
Connect with the issue			,				-			ner than a	an invest	tment fu	ınd)
Director or officer of th	e investment fund	or investment fur	nd ma	nager	E	Emplo	yee of	the i	ssuer	or investi	ment fun	ıd mana	ıger
None of the above													
d) Compensation details													
Provide details of all compensation	on paid, or to be pa	id, to the person i	identif	fied in Item	8(a) in	conne	ection	with	the dis	tribution.	Provide	all amo	ounts in
Canadian dollars. Include cash coincidental to the distribution, such													
allocation arrangements with the										i details	about, or	тероп	on, unternat
Cash commissions pai	d 3,5	00.00					Secur	ity co	de 1	Security	code 2	Securi	ty code 3
Value of all securities	s 7.0	00.00	S	ecurity co	des		W	N	Т				
distributed as compensation	'	00.00											
	Describe terms of warrants, options or other rights 7,000 broker warrants exercisable at \$0.50 for 24 months.												
Other compensation	5	Desc	ribe										
Total compensation pai	d												
Check box if the per	son will or may rec	eive any deferre	d com	pensation	(descri	be the	terms	s belo	ow)				
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire ad ⁵ Do not include deferred compe	er. Indicate the seco Iditional securities d	urity codes for all											

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER						
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.										
Indicate whether the issuer is any o	f the following (select	t the one that appli	es - if more than one	applies, select onl	y one).					
✓ Reporting issuer in any juris	sdiction of Canada									
Foreign public issuer										
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶										
Provide name of reporting issuer										
Wholly owned subsidiary of	a foreign public issu	uer ⁶						_		
Provide name of	foreign public issue	r						7		
Issuer distributing only eligil	ble foreign securities	and the distribution	n is to permitted clie	ents only ⁷				_		
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	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.										
If the issuer is none of the	above, check this b	ox and complete	Item 9(a) - (c).							
a) Directors executive officer	e and promoters of	of the issuer								
a) Directors, executive officers 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.							province			
Organization or company name	Business location of non-individual or residentail suriediction of suriedictin									
				Province or	Province or country			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	Organization or company name Family name First given name Residential Secondary given names Residential jurisdiction of individual Relationship to promoter (select one or both if applicable)									
				Province or country			C)		
c) Residential address of each individual										
Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.										

ITEM 10 - CERTIFICATION

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

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

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

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

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of 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	Canntab Theraputics Limited								
Full legal name	Goldstein								
	Family name	•	Secondary given names						
Title	Chief Financial Officer								
Telephone number	4169576303	richard@d	chard@canntab.ca						
Signature	signed "Richard Goldstein"	2020	03	23					
			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	Dragos	Corina				Title	Law Clerk		
	Family name	First given	name	Secondary	given names	•			
Name of company	Garfinkle Biderman LLP								
Telephone number	4168697627		Em	ail address	cdragos@g	arfinkle.co	om		

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.