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

ITEM 1 – REPORT TYPE							
✓ New report							
Amended report If amended, provide	Submission ID of report that is	being amended:	(E	Example: EDR1234567890-123)			
ITEM 2 – PARTY CERTIFYING TI	HE REPORT						
ITEM 3 – ISSUER NAME AND OT	HER IDENTIFIERS						
Provide the following information about the Full legal name	e issuer, or if the issuer is an in	vestment fund, about the fur	nd.				
Bee Vectoring Technologies International I	nc.						
Previous full legal name If the issuer's name	ne changed in the last 12 mont	hs, provide most recent prev	rious legal name.				
Website (if applicable)							
www.beevt.com							
If the issuer has a legal entity identifier, pr	ovide below. Refer to Part B of	the Instructions for the defin	ition of "legal entity ide	entifier".			
Legal entity identifier	7						
549300GS4F4Z02GFN4N5							
Did two or more co-issuers distribute a sin	gle security? ✓ No ☐ Yes						
If two or more issuers distributed a single s	ecurity, provide the full legal na	ame(s) of the co-issuer(s) oth	ner than the issuer nar	med above.			
Full legal name(s) of co-issuer(s)							
ITEM 4 LINDERWRITER INFOR	MATION						
ITEM 4 – UNDERWRITER INFOR	IWATION						
If an underwriter is completing the report, μ	provide the underwriter's full leg	al name and firm NRD numb	er.				
Full legal name							
Does the Underwriter's Firm have an NRD Number?  No Yes  Firm NRD number							
If the underwriter does not have a firm NR.	D number, provide the head off	ice contact information of the	underwriter.				
Street address	Municipality	Province/State	Postal/ZIP co	de			
Country	Telephone number	Website (if applicable)					

ITEM 5 - ISSUER INFORMATION						
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						
325320						
	dicate the stage of operations. This does not apply to issuers nat best describes the issuer's stage of operations. ction	s that provide services to issuers operating in				
	all or substantially all of its assets in any of the following? If rcial/business debt  Consumer debt  Private companies					
b) Number of employees						
<b>√</b> 0 - 49	or more					
c) SEDAR profile number						
Does the issuer have a <u>SEDAR</u> profile?  ☐ No ☑ Yes	screenshot of t	SEDAR profile is a "private" profile, please provide a the issuer's profile by e-mail to filings@osc.gov.on.ca				
d) Head office address	If the issuer does not	t have a SEDAR profile, complete Item 5(d) – (h).				
Street address	Municipality Province/State	Postal/ZIP code				
Country	Telephone number					
e) Date of formation and financial year	r-end					
Date of formation	Financial year-end					
f) Reporting issuer status						
Is the issuer a reporting issuer in any juriso ☐ No ☐ Yes	diction of Canada?					
If yes, select the jurisdictions of Canada in						
LAII LAB LBC LMB	NB NL NT					
NS NU ON PE	∐QC ∐SK ∐YT					
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 equity securities s, for example, an automated trading system.	primarily trade. Provide only the name of an				
Exchange name:  Not Applicable  Torc	onto Stock Exchange TSX Venture Exchange	Canadian Securities Exchange				
Aequitas Neo Exchange Aus	tralian Securities Exchange  Deutsche Boerse	Euronext				
London Stock Exchange	daq New York Stock Exchange	Shanghai Stock Exchange				
Shenzhen Stock Exchange Stoc	ck Exchange Of Hong Kong 🗌 Tokyo Stock Exchange	OTHER				
If other, describe:						
h) Size of issuer's assets						
financial statements for its first financial ye	ed on its most recently available annual financial statements ear, provide the size of the issuer's assets at the distribution 1 to under \$25M					
	OM 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. a) Currency Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. ✓ Canadian dollar US dollar Euro Other (describe): b) Distribution date(s) State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report. Start Date **End Date** 2021-02-26 2021-02-26 c) Detailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. 2021-02-26 - 45-106F1 Schedule 1 - PP.xlsx - 91 KB 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 of Single or lowest Highest price Total amount number securities price 2,770,875.0000 UBS 0.3200 886 680 0000 Description of security: Units; each Unit is comprised of one (1) common share and one (1) common share purchase warrant. Each common share pu 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 Exercise price Underlying Convertible / Expiry date (Canadian \$) exchangeable security Conversion ratio (YYYY-MM-DD) security code code Lowest Highest WNT CMS 0.5250 2023-02-26 1:1 Describe other terms: Each warrant is exercisable to purchase one (1) additional common share at a price of \$0.525 per common share until (if applicable) February 26, 2023.

# 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.

Province or country	Exemption relied on	No. of unique purchasers <sup>28</sup>	Total amount (Canadian \$)			
British Columbia	NI 45-106 2.3 [Accredited investor]	4	216,720.0000			
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	1	25,000.0000			
Quebec	NI 45-106 2.3 [Accredited investor]	8	40,000.0000			
Ontario	NI 45-106 2.3 [Accredited investor]	8	464,160.0000			
Germany	NI 45-106 2.3 [Accredited investor]	1	32,000.0000			
Germany	Other – describe	1	96,000.0000			
Other exemption: BCI 72-503						
New Zealand	Other – describe	1	12,800.0000			

11011 Zodiana		011101 00001100							12,000.0000
Other exemption: B	CI 72-503								
				Tot	al dollar a	amount of securit	ies distribut	ed	886,680.0000
			To	otal numb	er of unio	que purchasers <sup>2b</sup>		24	
201 1 1 11 11									

<sup>&</sup>lt;sup>2a</sup>In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

<sup>2b</sup>In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

# ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia.

If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in those jurisdictions.

In Ontario, if the offering materials listed in the table are required to be filed with or delivered to the Ontario Securities Commission (OSC), attach an electronic version of the offering materials that have not been previously filed with or delivered to the OSC.

## √ Not Applicable

	Description	Date of document or other material	Previously filed with or delivered to regulator?	Previously filed Submission ID	Filename
1.			$\square$ Y $\square$ N		

ITEM 8 - COMPENSATIO	N INFORMATIO	ON					
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 compensate ☐ No ☑ Yes	ion was paid, or will	be paid, in connectio	n with the distribution.				
PERSON 1							
a) Name of person compensa	ted and registration	n status					
Indicate whether the person com  ✓ No ☐ Yes	pensated is a regisi	trant.					
If the person compensated is an Family name	•	he full legal name of t en name	the individual.  Secondary given names				
If the person compensated is not	an individual, provi	de the following inforr					
Full legal name of non-individual			Firm NRD numbe	r (if applicable)			
HAG Global Consulting GmbH							
Indicate whether the person com  ✓ No ☐ Yes	pensated facilitated	the distribution throu	gh a funding portal or an interne	et-based portal.			
b) Business contact information	on						
If a firm NRD number is not prov	ided in Item 8(a), pi	ovide the business c	ontact information of the person	being compensated.			
Street address	Municip	ality	Province/State	Postal/ZIP code			
Am Griesberg 19	Pfarrkird	chen	Other	D-84347			
Country	Telepho	ne number	Email address				
Germany	+49 89 2	25004330	hochwimmer@generalresearch	n.de			
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		completing this section	1.		
Insider of the issuer (other tha	n an investment fun	d)	✓ None of the above				
Director or officer of the invest	ment fund or investr	ment fund manager					
d) Compensation details							
Provide details of all compensati in Canadian dollars. Include cast for services incidental to the dist about, or report on, internal alloc	h commissions, sec ribution, such as cl	urities-based comper erical, printing, legal o	nsation, gifts, discounts or other or accounting services. An issue	r compensation. Do no er is not required to as	t report payments k for details		
Cash commissions paid	10,416.0000						
Value of all securities	0.0000	Security code1 WN	T Security code2	Security code	93		
✓ distributed as compensation <sup>4</sup>		Describe terms of wa	arrants, options or other rights				
compensation		32,550 Warrants to p per Warrant	ourchase common shares for a	period for two years at	a price of \$0.425		
Other compensation <sup>5</sup>		Describe					
Total compensation Paid	10,416.0000						
Check box if the person will o	or may receive any o	deferred compensatio	n (describe the terms below)				

to acquire additional securities of the boundary of the bounda	the issuer.	or an occurrice distri	batea as com	pendation, molating opti	one, warrante or other ne	grite exercisable
PERSON 2						
a) Name of person compensate	ed and registration	on status				
Indicate whether the person compo	ensated is a regist	trant.				
If the person compensated is an in Family name	•	he full legal name of t en name		dary given names		
M. the manual and a material in material i		de de a felloccion inform				
If the person compensated is not a Full legal name of non-individual	ırı ırıdıviduai, provi	de trie ioliowing iniori	паиоп.	Firm NRD number (if a)	oplicable)	
Leede Jones Gable Inc.				5770		
Indicate whether the person compe	ensated facilitated	the distribution throu	gh a funding <sub>l</sub>	portal or an internet-base	ed portal.	
b) Business contact information	n					
If a firm NRD number is not provid	led in Item 8(a), pr	rovide the business c	ontact informa	ation of the person being	compensated.	
Street address	Municip	ality	Province/Sta	ate P	ostal/ZIP code	
Country	Telepho	ne number	Email addres	SS		
c) Relationship to issuer or inv	estment fund ma	ınager				
Indicate the person's relationship want B(2) of the Instructions and the Connected with the issuer or invalidation of the issuer (other than Director or officer of the investment).	ne meaning of "convestment fund mar	ntrol" in section 1.4 of nager d)	f NI 45-106 fo		eting this section.	111
d) Compensation details						
Provide details of all compensation in Canadian dollars. Include cash for services incidental to the distril about, or report on, internal allocat	commissions, sec bution, such as cle	urities-based comper erical, printing, legal o	nsation, gifts, or accounting	discounts or other comp services. An issuer is no	ensation. Do not report p ot required to ask for deta	payments ails
Cash commissions paid	3,970.4000					
✓ Value of all securities distributed as compensation <sup>4</sup>	0.0000	Security code1 WN Describe terms of wa 12,407 Warrants to per Warrant	arrants, option	<del>_</del>	Security code3	of \$0.425
Other compensation <sup>5</sup>		Describe				
Total compensation Paid	3,970.4000					<u> </u>
Check box if the person will or	may receive any o	deferred compensatio	n (describe th	ne terms below)		
<sup>4</sup> Provide the aggregate value of al securities of the issuer. Indicate th to acquire additional securities of t	ne security codes f					

 $^{5}\,\mathrm{Do}$  not include deferred compensation.

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

<sup>5</sup> Do not include deferred compens	sation.							
PERSON 3								
a) Name of person compensate	ed and registration	on status						
Indicate whether the person comp	ensated is a regis	trant.						
f the person compensated is an ir	ndividual, provide t	he full legal name o	of the individual					
amily name	First giv	en name	Secon	dary given names				
the person compensated is not a	an individual, provi	de the following info	ormation.					
ull legal name of non-individual				Firm NRD numb	er <i>(if appli</i>	cable)		
Richardson Wealth Limited				21970				
ndicate whether the person comp $\overline{\mathcal{J}}$ No $\ \square$ Yes	ensated facilitated	the distribution thro	ough a funding	portal or an intern	net-based p	oortal.		
b) Business contact information	n							
f a firm NRD number is not provid	led in Item 8(a), p	rovide the business	contact inform	ation of the perso	n being co	mpensated.		
Street address	Municip	ality	Province/Sta	ate	Pos	tal/ZIP code		
Country	Telepho	ne number	Email addre	ss				
c) Relationship to issuer or inv	estment fund ma	nager						
d) Compensation details  Provide details of all compensation Canadian dollars. Include cash or services incidental to the distribution, or report on, internal alloca	n paid, or to be pa commissions, sec bution, such as cl	id, to the person ide curities-based comp erical, printing, lega	ensation, gifts, I or accounting	discounts or othe services. An issu	er compens uer is not r	sation. Do not r equired to ask t	eport payn or details	nents
Cash commissions paid	200.0000							
Value of all securities		Security code1	Se	curity code2		Security code3		
distributed as		Describe terms of		,		,		
compensation <sup>4</sup> Other compensation <sup>5</sup>		Describe						
Total compensation Paid	200.0000							
Check box if the person will or	may receive any	deferred compensat	ion (describe th	ne terms below)				
<sup>4</sup> Provide the aggregate value of a securities of the issuer. Indicate th to acquire additional securities of <sup>5</sup> Do not include deferred compens	ne security codes i the issuer.							

#### PERSON 4

Indicate whether the person com ☐ No ☑ Yes	pensated is a regis	ed is a registrant.					
If the person compensated is an	individual, provide t	the full legal name of	the individual				
Family name	First giv	en name	Secon	dary given names			
If the person compensated is not Full legal name of non-individual	t an individual, provi	ide the following infor	mation.	Firm NRD numbe	r (if applicable)		
First Republic Capital Corporatio	n			27270			
Indicate whether the person com  ✓ No ☐ Yes	pensated facilitated	I the distribution throu	igh a funding	portal or an interne	et-based portal.		
b) Business contact information	on						
If a firm NRD number is not prov				•	•		
Street address	Municip	ality	Province/Sta	ite	Postal/ZIP code		
_							
Country	Telepho	ne number	Email addre	SS			
c) Relationship to issuer or in	vestment fund ma	nager					
Indicate the person's relationship Part B(2) of the Instructions and Connected with the issuer or i	the meaning of "coi	ntrol" in section 1.4 o	f NI 45-106 fc	r the purposes of o			
Insider of the issuer (other tha	n an investment fun	d)	✓ None	e of the above			
Director or officer of the invest	ment fund or investi	ment fund manager					
d) Compensation details							
Provide details of all compensati in Canadian dollars. Include cast for services incidental to the dist about, or report on, internal alloc	h commissions, sec tribution, such as cl	curities-based comper erical, printing, legal o	nsation, gifts, or accounting	discounts or other services. An issue	r compensation. Do not er is not required to ask	report payments for details	
Cash commissions paid	29,939.2000						
Value of all securities	0.0000	Security code1 WN	T Se	curity code2	Security code3	3	
distributed as compensation 4		Describe terms of wa	•	<del>-</del>			
		91,997 Warrants to per Warrant	purchase con	nmon shares for a	period for two years at a	ı price of \$0.425	
Other compensation <sup>5</sup>		Describe					
Total compensation Paid	29,939.2000						
Check box if the person will o	or may receive any	deferred compensatio	n (describe th	ne terms below)			
<sup>4</sup> Provide the aggregate value of securities of the issuer. Indicate to acquire additional securities o	the security codes in the issuer.						
<sup>5</sup> Do not include deferred compe	nsation.						
PERSON 5							
a) Name of person compensa							
Indicate whether the person com  No ✓ Yes	iperisateu is a regis	uant.					
If the person compensated is an	•	-	the individual				
Family name	First giv	en name	Secon	dary given names			

Far	nily name	First giv	en name		Secondary given na	mes	7		
If th	ne person compensated is not an individ	dual, provi	ide the following infor	mation.					
_	legal name of non-individual				Firm NRD n	umber (if appl	icable)		
Ма	ckie Research Capital Corporation				3070				
_	icate whether the person compensated No	facilitated	I the distribution throu	ugh a fu	nding portal or an ii	nternet-based <sub>i</sub>	portal.		
b)	Business contact information								
If a	firm NRD number is not provided in Ite	em 8(a), p	rovide the business c	contact i	information of the p	erson being co	ompensated.		
Str	eet address	Municip	ality	Provin	ce/State	Pos	tal/ZIP code		
Co	untry	Telepho	ne number	Email	address				
c)	Relationship to issuer or investmen	t fund ma	anager						
	icate the person's relationship with the rt B(2) of the Instructions and the mear. Connected with the issuer or investmen Insider of the issuer (other than an inve	ing of "co t fund ma stment fur	ntrol" in section 1.4 o nager nd)	of NI 45-		es of completir ssuer or invest	ng this section.		
d)	Compensation details								
in ( for abo	ovide details of all compensation paid, of Canadian dollars. Include cash commis services incidental to the distribution, sout, or report on, internal allocation arranged.  Cash commissions paid  16.	sions, sec such as cl	curities-based competerical, printing, legal with the directors, of	nsation or acco	, gifts, discounts or unting services. An	other compen issuer is not i	sation. Do not re required to ask fo	eport paymer or details	
_	Value of all securities	0.0000	Security code1 WN	IT	Security code2		Security code3		<del></del>
<b>√</b>	distributed as		Describe terms of w	arrants.		ahts	١		_
	compensation <sup>4</sup>		51,406 Warrants to per Warrant				r two years at a <sub>l</sub>	price of \$0.42	25
	Other compensation <sup>5</sup>		Describe						
	Total compensation Paid 16	450.0000							
	Check box if the person will or may rec	ceive any	deferred compensatio	on (desc	cribe the terms belo	w)			
sec to a	covide the aggregate value of all securi- curities of the issuer. Indicate the secur- acquire additional securities of the issu- to not include deferred compensation.	ity codes							

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 <sup>6</sup>		
Wholly ow	ned subsidiary of a foreign public issuer <sup>6</sup>			
	ame of foreign public issuer			
	tributing only eligible foreign securities and the	•	•	
<sup>6</sup> An issue securities <sup>7</sup> 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			
	hedule 2 of this form providing the full resid completed report. Schedule 2 also requires			

## **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 Bee Ve	derwriter/agent Bee Vectoring Technologies International Inc.					
Full legal name - Family name	First given r	name	Secondary given names			
Malik	Ashish					
Title		Telephone number	Email address			
President and CEO		916-607-6879	amalik@beevt.com			
Signature Ashish Malik		Date 2021-03-05				

#### 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		
Kitani	Maki		Corporate Advisor		
Name of company		Telephone number	Email address		
Partum Advisory Services Corp.		604-687-2308	mkitani@partumadvisory.com		

## Notice - Collection and use of personal information

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation.

If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

The attached Schedules 1 and 2 may contain personal information of individuals and details of the distribution(s). The information in Schedules 1 and 2 will not be placed on the public file of any securities regulatory authority or regulator. However, freedom of information legislation may require the securities regulatory authority or regulator to make this information available if requested.

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information pertaining to the individual as set out in Schedule 1 or 2, that this information is being collected by the securities regulatory authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.

EDR1614964385-378	2021-03-05 12:24:20.013
Submission ID	Date