# 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 If amended, provide filing date of report that is being amended (YYYY-MM-DD)</li> </ul>												
ITEM 2 - PARTY CERTIFYING THE REPORT												
Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.												
Investment fund issuer												
✓ Issuer (other than an investment fund)												
Item 3 - Issuer Name and Other Identifiers												
Provide the following information about the issuer, or if the issuer is an	investment fund, about the fund											
Full legal name Imagination Park En												
Previous full legal name												
If the issuer's name changed in the last 12 months, provide	most recent previous legal name											
Website	(if applicable)											
If the issuer has a legal entity identifier, provide below. Refer to Part B c												
Legal entity identifier												
ITEM 4 - UNDERWRITER INFORMATION												
If an underwriter is completing the report, provide the underwriter's full	legal name and firm National Registration Database (NRD) number.											
Full legal name												
Firm NRD number	(if applicable)											
If the underwriter does not have a firm NRD number, provide the head	office contact information 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 code512110										
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.  Exploration Development Production										
Is the issuer's primary business is to invest all or substantially all of its assets in any of the following? If yes, select all that apply.          Mortgages       Real estate       Commerial/business debt       Consumer debt       Private companies										
b) Number of employees										
Number of employees: 🗹 0 - 49 🗌 50 - 99 🗌 100 - 499 🔲 500 or more										
c) SEDAR profile number										
Does the issuer have a SEDAR profile?										
No       Yes       If yes, provide SEDAR profile number       0       0       3       2       6       4       7										
If the issuer does not have SEDAR profile complete item 5(d) - (h).										
d) Head office address										
Street address Province/State										
Municipality Postal code/Zip code										
Country Telephone number										
e) Date of formation and financial year-end										
Date of formation										
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.										
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 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 name(s):										
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.										
□ \$0 to under \$5M □ \$5M to under \$25M □ \$25M to under \$100M										
S100M to under \$500M S500M to under \$1B \$1B or over										

ITEM 6 - INVESTMENT FUND ISSUER INFORMATION												
If the issuer is an investment fund, provide the following information.												
a) Investment fund ma	inager information											
Full legal name												
Firm NRD number	(if applicable)											
If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager.												
Street address	Street address											
Municipality	Province/State											
Country	Postal code/Zip code											
Telephone number	Website (if applicable)											
b) Type of investment	fund											
Type of investment fund that	most accurately identifies the issuer (select only one) .											
Money market	Equity Fixed income											
Balanced	Alternative strategies Other (describe)											
Indicate whether one or both	of the following apply to the investment fund .											
Invests primarily in	other investment fund issuers											
Is a UCITs Fund <sup>1</sup>												
<sup>1</sup> Undertaking for the Collectiv directives that allow collective	re Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) e investment schemes to operate throughout the EU on a passport basis on authorization from one member state.											
	nd financial year-end of the investment fund											
Date of formati												
	YYYY MM DD MM DD											
d) Reporting issuer sta	atus of the investment fund											
	orting issuer in any jurisdication of Canada? 🔲 No 🗌 Yes											
If yes, select the jurisdictions of All	of Canada in which the investment fund is a reporting issuer.           AB         BC         MB         NL         NT											
e) Public listing status	NU         ON         PE         QC         SK         YT           of the investment fund											
	CUSIP number, provide below (first 6 digits only)											
.,	CUSIP number											
If the investment fund is pub	licly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for											
	for and received a listing, which excludes, for example, automated trading systems.											
Exchange name												
f) Net asset value (NA	V) of the investment fund											
-	nvestment fund as of the date of the most recent NAV calculation (Canadian \$).											
\$0 to under \$5M	S5M to under \$25M \$25M to under \$100M											
\$100M to under \$500												
	YYYY MM DD											

Ιτεν	1 7 - INFC	RMATION	ABOUT THE	DISTRIBUTIO	ON							
pure	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, which should 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											
Sele	ct the currenc	y or currencies	s in which the dist	tribution was ma	de. All dol	llar amounts	provided	in the r	eport mus	t be in Canadiar	n dollars.	
V	Canadian	n dollar	US dollar	🗌 Eur	0	Other (	describe	e) [				
b)	Distributio											
as	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             Start date           2017         06         22           End date           2017         06         22             YYYY           MM         DD           DD           YYYY           MM         DD											
c)	Detailed p	ourchaser inf	ormation									
Con	nplete Sche	dule 1 of thi	is form for eac	h purchaser a	nd attac	h the sche	dule to t	the co	mpleted	report.		
d)		securities dis										
In di	structions for	how to indicate information in	tion for all distrib te the security coa ncluded in item 70	le. If providing th	e CUSIP r	number, indic	ate the fu	ıll 9-dig	it CUSIP n	umber assigned	to the security	0
										Canadian \$		
		USIP number if applicable)	Descri	ption of security		Numbe securi		lo	ngle or west price	Highest price	Total amou	Int
			Each UBS cor and one-half o		share	1,047	,200.00		0.2500		261,80	00.00
	UBS	·	transferable w warrant exerc	varrant, each								
		1	share for 24 n accelerated e	nonths, subje								
e)	Details of	rights and c	onvertible/exch	angeable secu	urities			•				
			tions) were distrib conversion ratio a	•			-		-	•	xchangeable se	curities
	Security code	Underlying security code	Exercise (Canad	ian \$)	Expi (YYYY	ry date - MM-DD)	Convers ratio		Descri	be other items (if a	applicable)	
	WNT	CMS	Lowest 0.3500	Highest	2019	-06-22						
f)			ution by jurisdi	ction and over		00 22						
f) St	-		of securities distri			ourchasers for	r each iuri	isdictio	n of Canac	la and foreian iu	risdiction wher	ел
ри di: Th	urchaser reside stribution in a his table requi	es and for each jurisdiction of res a separate	n exemption reliec Canada, include line item for: (i) e er resides in a jur	l on in Canada fo distributions to p ach jurisdiction v	or that dis ourchasers where a pu	tribution. Ho s resident in t ırchaser resia	wever, if c hat jurisd les, (ii) ead	an issue liction o ch exen	r located o f Canada nption reli	outside of Canad only. ed on in the juris	la completes a sdiction where o	7
,	risdiction. or jurisdictions	within Canad	a, state the provir	nce or territory, o	therwise s	tate the cour	ntry.					
		ovince or country		Exemptior	n relied on			Numb purch	per of asers	Total amou	nt (Canadian \$)	
	0	ntario	NI 45-106	2.3 [Accredi	ted inve	estor]			1		37,500	.00
	Q	uébec	NI 45-106	3 2.3 [Accredi	ted inve	estor]			3		94,800	.00
	Saska	atchewan	NI 45-106	3 2.3 [Accredi	ted inve	estor]			1		50,000	.00
		ndland and brador	NI 45-106	2.3 [Accredi	ted inve	estor]			3		24,500	.00
	British	Columbia	NI 45-106	3 2.3 [Accredi	ted inve	estor]			1		20,000	.00

British Columbia	NI 45-106 2.5 [Family, friends and business associates]	4	35,000.00
	261,800.00		
	Total number of unique purchasers <sup>2</sup>	13	
n calculating the total number	of unique purchasers to which the issuer distributed securitie	c count oach nurch	seen anly and recordless of whather

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

ITEM 8 - COMPENSATION INFORMATION										
Provide information for each person (as defined in NI 4 with the distribution. <b>Complete additional copies of</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.       4										
a) Name of person compensated and registra	tion status									
Indicate whether the person compensated is a regis	trant.	✓ No	Yes							
If the person compensated is an individual, provide th	e name of the indiv	vidual.								
Full legal name of individual										
Family	name	First given nam	ne Seco	ndary given names						
If the person compensated is not an individual, provi	de the following in	formation.								
Full legal name of non-individual Vc	elpel Gold Meda	al Investments Ltd.								
Firm NRD number			(if appl	icable)						
Indicate whether the person compensated facilitated	the distribution th	rough a funding porta								
b) Business contact information										
If a firm NRD number is not provided in Item 8 (a), pro	ovide the business	contact information o	f the person being co	ompensated.						
Street address 21454 90A Avenue										
Municipality Langley			Province/State	British Columbia						
Country Canada		Posta	al code/Zip code	V1M2N1						
Email address		Tel	lephone number							
c) Relationship to issuer or investment fund m	anager									
Indicate the person's relationship with the issuer or in B(2) of the Instructions and the meaning of "control" i										
Connect with the issuer or investment fund m				er than an investment fund)						
Director or officer of the investment fund or in	vestment fund ma	nager 🕅 Emp	bloyee of the issuer of	or investment fund manager						
None of the above										
d) Compensation details										
Provide details of all compensation paid, or to be paid, Canadian dollars. Include cash commissions, securities services incidental to the distribution, such as clerical, on, internal allocation arrangements with the directors	-based compensation of the second compensation o	ion, gifts, discounts or ccounting services. An	other compensation issuer is not require	. Do not report payments for d to ask for details about, or report						
Cash commissions paid 1,600.0	)0 s	security codes	Security code 1	Security code 2 Security code 3						
Value of all securities distributed as compensation <sup>4</sup>			W N T							
Describe terms of warrants, option	us or other rights		d one-half of one common share at	s at \$0.25, consisting of one warrant, each whole warrant \$0.35, subject to						
Other compensation <sup>5</sup>	Describe									
Total compensation paid 1,600.0	)0									
Check box if the person will or may receive	any deferred com	pensation (describe t	the terms below)							
<sup>4</sup> Provide the aggregate value of all securities distribu additional securities of the issuer. Indicate the secur										

rights exercisable to acquire additional securities of the issuer. <sup>5</sup>Do not include deferred compensation.

a) Name of person compensated and 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 Gdanski David										
Family name         First given name         Secondary given names										
If the person compensated is not an individual, provide the following information.										
Full legal name of non-individual										
Firm NRD number (if applicable)										
Indicate whether the person compensated facilitated the distribution through a funding portal or an in	nternet-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 the pers	son being compensated.									
Street address 9511 Gormond Road										
Municipality Richmond Provin	ce/State British Columbia									
Country Canada Postal code/2	Zip code V7E1N7									
Email address Telephone	number									
c) Relationship to issuer or investment fund manager										
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Ref B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of com										
	e issuer (other than an investment fund)									
	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 Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other con services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is on, internal allocation arrangements with the directors, officers or employees of a non-individual compe	mpensation. Do not report payments for not required to ask for details about, or report									
Cash commissions paid 4,000.00 Security codes Security	ity code 1 Security code 2 Security code 3									
Value of all acquirities	N T									
compensation <sup>4</sup>										
one common share and or	Describe terms of warrants, options or other rights Describe terms of warrants, options or other rights ne common share and one-half of one warrant, each whole warrant exercisable into a common share at \$0.35, subject to									
Other compensation <sup>5</sup> Describe										
Total compensation paid 4,000.00										
Check box if the person will or may receive any deferred compensation (describe the terms	s below)									

<sup>5</sup>Do not include deferred compensation.

a) Name of person com	pensated and regi	stration status	6									
Indicate whether the person compensated is a registrant. 🔽 No 🗌 Yes												
If the person compensated is	If the person compensated is an individual, provide the name of the individual.											
Full legal name of indi	Full legal name of individual Kenney John											
	Fa	mily name		F	irst giver	n name		Sec	ondary given name	es		
If the person compensated	is not an individual, p	provide the follow	wing ir	formation								
Full legal name of non-individual												
Firm NRD number (if applicable)												
Indicate whether the persor	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Very Very											
b) Business contact info	· ·				51				, <u> </u>			
If a firm NRD number is not	provided in Item 8 (a	), provide the bu	ısiness	contact in	formati	ion of t	he perso	on being c	ompensated.			
Street address	27 Melvill Place											
Municipality	Gander			]		I	Provinc	e/State	Newfoundla Labrador	nd and		$\exists$
Country	Canada			1	F	Postal	code/Z	ip code	A1V0C3			$\dashv$
Email address				1		Tele	phone	number				$\dashv$
c) Relationship to issue	r or investment fur	d manager										
Indicate the person's relation B(2) of the Instructions and t	nship with the issuer o	or investment fu								ected" ii	n Part	
Connect with the iss	-		-1	, .			-	-	her than an inve	stment	fund)	
Director or officer of	the investment fund	or investment fu	und ma	anager		Emplo	vee of t	he issuer	or investment fu	ind mar	ader	
✓ None of the above							<b>,</b>					
d) Compensation details	6											
Provide details of all compen Canadian dollars. Include cas services incidental to the dist on, internal allocation arrang	sation paid, or to be j sh commissions, secu ribution, such as cleri	rities-based com cal, printing, leg	pensa al or a	tion, gifts, Iccounting	discoun service	nts or oi rs. An is	ther com suer is n	npensation not require	n. Do not report , ed to ask for deta	paymen	ts for	
Cash commissions p	aid 7	60.00	ŝ	Security co	odes	ſ	Securit	y code 1	Security code 2	Secu	rity coo	de 3
Value of all securiti distributed	as			, <b>,</b> .			W	N T				
compensati												
Describe	terms of warrants, o	ptions or other r	ights	commo	n shar able in	e and to a co	one-ha	alf of one	its at \$0.25, cc e warrant, each tt \$0.35, subje	whole		
Other compensation	on <sup>5</sup>	Des	cribe									
Total compensation pa	aid 7	60.00										
Check box if the p	erson will or may rec	eive any deferre	ed con	npensatio	n (desci	ribe the	e terms	below)				
<sup>4</sup> Provide the aggregate valu additional securities of the i rights exercisable to acquire <sup>5</sup> Do not include deferred co	ssuer. Indicate the se additional securities	ecurity codes fo										1er

a) Name of person com	pensated and regi	stration status	6									
Indicate whether the person compensated is a registrant. 🔽 No 🗌 Yes												
If the person compensated is	If the person compensated is an individual, provide the name of the individual.											
Full legal name of indi	Full legal name of individual Kenney Ray											
	Fai	mily name		F	irst giver	n name		Seco	ondary given name	s		
If the person compensated	is not an individual, p	provide the follow	wing ir	nformatior	1.							
Full legal name of non-individual												
Firm NRD number (if applicable)									1			
Indicate whether the persor	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. 🗸 No 🗌 Yes											
b) Business contact info	• •				51				, <u> </u>			
If a firm NRD number is not	provided in Item 8 (a	), provide the bu	ısiness	contact in	formati	ion of t	he perso	n being c	ompensated.			
Street address	27 Melvill Place											٦
Municipality	Gander			]		l	Provinc	e/State	Newfoundla Labrador	nd and		]
Country	Canada			1	F	Postal	code/Z	ip code	A1V0C3			L L
Email address				1		Tele	phone	number				L L
c) Relationship to issue	r or investment fur	d manager										
Indicate the person's relation B(2) of the Instructions and t	nship with the issuer o	or investment fu								ected" in	Part	
Connect with the iss	-		-1	, .			-	-	her than an inve	stment fu	und)	
Director or officer of	the investment fund	or investment fu	und ma	anager		Emplo	vee of t	he issuer	or investment fu	nd mana	ader	
✓ None of the above							<b>,</b>				5	
d) Compensation details	6											
Provide details of all compen Canadian dollars. Include cas services incidental to the dist on, internal allocation arrang	sation paid, or to be p sh commissions, secur ribution, such as cleri	rities-based com cal, printing, leg	pensa al or a	tion, gifts, Iccounting	discoun service	nts or o s. An is	ther com suer is n	pensation ot require	n. Do not report p ed to ask for deta	payments	s for	
Cash commissions p	aid 1,2	00.00	ç	Security c	odes	ſ	Securit	y code 1	Security code 2	Securi	ty code 3	
Value of all securiti distributed				Sociality of			W	л Т				]
compensation	on⁴											
Describe	terms of warrants, o	ptions or other r	ights	commo	n shar able in	e and to a c	one-ha	If of one	ts at \$0.25, co e warrant, each t \$0.35, subjec	whole		
Other compensation	on⁵	Des	cribe									
Total compensation pa	aid 1,2	00.00										
Check box if the p	erson will or may rec	eive any deferre	ed con	npensatio	n (desci	ribe the	e terms	below)				_
<sup>4</sup> Provide the aggregate value additional securities of the in rights exercisable to acquire <sup>5</sup> Do not include deferred co	ssuer. Indicate the se additional securities	ecurity codes fo										

Ітем 9	- DIRECTORS, EXECUTIV	/E OFFICERS A	ND PROMO	TERS OF THE I	SSUER						
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.											
Indicate whether the issuer is any of the following (select all that apply).											
Reporting issuer in any jurisdiction of Canada											
Foreign public issuer											
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada <sup>6</sup>											
Provide name of reporting issuer											
Wholly owned subsidiary of a foreign public issuer <sup>6</sup>											
	Provide name of for	eign public issuer									
	Issuer distributing eligible foreig	on securities only to	permitted clien	ts <sup>7</sup>							
If the	issuer is at least one of the ab	ove, do not compl	ete Item 9(a) –	(c). Proceed to Ite	m 10.						
<sup>6</sup> 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. <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.											
a) D	Virectors, executive officers a	nd promoters of	the issuer								
	de the following information for ory; otherwise state the country. I						da, sta	te the p	province or		
ο	rganization or company name	Family name	First given name	Secondary give names	Business lo non-indivio residen jurisdicti indivio	dual or ntail ion of		ationsh issuer ect all apply)	that		
					Province o	r country	D	0	Р		
b) P	romoter information		·								
	promoter listed above is not an n Canada, state the province or t		-				-				
0	rganization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual	Relatio (select one					
					Province or country	D		C	)		
c) R	esidential address of each ir	ndividual									
Compl	lete Schedule 2 of this form pro	oviding the full res	sidential addre	ss for each individ	lual listed in Ite	m 9(a) and	(b) an	d atta	h 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 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.

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

By completing the information below, I certify to the securities regulatory authority or regulator that:

- I have read and understand this report; and
- all of the information provided in this report is true.

Full legal name	Pladson	Kelly					
	Family name	First given name		Secondary give	en names		
Title	Corporate Secretary						
Name of issuer/underwriter/ investment fund manager	Imagination Park Entertainment Inc.						
Telephone number	6047266749	Email address kellypladson@icloud.com					
Signature	Kelly Pladson	Date	2017	06	28		
			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.

 $\checkmark$  Same as individual certifying the report

Full legal name				Title
	Family name	First given name	Secondary given 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 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.