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

ITEM 1 – REPOR	T TYPE								
TIEW I - KEI OK									
✓ 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									
Underwriter									
ITEM 3 – ISSUER	NAME AND OT	HER IDENTIFIERS							
1121113 100021	MAME AND OT	HER IBENTII IERO							
-	information about the	issuer, or if the issuer is an i	nvestment fund, about the fund.						
Full legal name APPIA ENERGY CO	DD								
Previous full legal nar	ne If the issuer's nam	e changed in the last 12 mon	ths, provide most recent previous I	egal name.					
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	.								
Website (if applicable)								
If the inquest has a los	ual antitu idantifian nua	vida halaw Bafarta Bart B a	f the locatoristic on fourther definition o	of "lovel outity identifies"					
_	iai eniny idenimer, pro	vide below. Refer to Part B of	f the Instructions for the definition of	or legal entity identifier.					
Legal entity identifier									
Did two or more co-is	suers distribute a sing	le security? ✓ No ☐ Yes							
If two or more issuers	distributed a single se	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 c	o-issuer(s)								
ITEM 4 – UNDER	WRITER INFOR	MATION							
If an underwriter is co	mpleting the report of	rovide the underwriter's full le	gal name and firm NRD number.						
Full legal name	mproung the report, pr	ovido uno undorvintor o ramito,	gar namo ana mm 1110 nambor.						
Does the Underwriter	s Firm have an NRD N	lumber? Firm NRD n	umber						
☐ No ☐ Yes									
If the underwriter doe	s not have a firm NRL	number, provide the head of	fice contact information of the unde	erwriter.					
Street address		Municipality	Province/State	Postal/ZIP code					
Country	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									
212291	212291								
the mining industry. Select the category th	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. Sexploration Development Production								
* *	all or substantially all of its assets in any of the following? If y rcial/business debt Consumer debt Private companies	* * *							
b) Number of employees									
√ 0 - 49	or more								
c) SEDAR profile number									
Does the issuer have a <u>SEDAR</u> profile? ☐ No ☑ Yes	screenshot of th	EDAR profile is a "private" profile, please provide a ne issuer's profile by e-mail to lings@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/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									
AII AB BC MB	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 ps, for example, an automated trading system.	orimarily trade. Provide only the name of an							
Exchange name: Not Applicable Torc	onto Stock Exchange TSX Venture Exchange	Canadian Securities Exchange							
Aequitas Neo Exchange	stralian 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	· · ·							
	0M to under \$1B \$1B or over								

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

c) Detailed purchaser information

Start Date

2020-10-28

the distribution period covered by the report.

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

20201106Schedule1.xlsx - 90 KB

End Date

2020-10-28

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		
FTU		2,737,500.0000	0.4000 1,095,000				
Description of security: Each flow through unit is	priced at \$0.4	0 and consists of one	e (1) common share	and one-half (0.5) o	of a share purchase warrar		
UBS	597,285.0000	0.3500		209,049.7500			
Description of security: Each working capital un	Each working capital unit is priced at \$0.350 and consists of one (1) common share and one-half (0.5) of a share purchase wa						

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	Exercis (Canad	•	Expiry date (YYYY-MM-DD)	Conversion ratio	
security code	code	Lowest	Highest	(TTTT-WW-DD)		
WNT	NT CMS 0.4000		2022-04-28	1:0.5		
Describe othe (if applica		ch full warrant entitle	s the holder to one (1) common share at	\$0.40 per Warrant Share until April 28, 2022.	
WNT	CMS	0.3500		2022-04-28	1:0.5	
Describe other terms: Each full warrant entitles the holder to one (1) common share at \$0.35 per Warrant Share until April 28, 20 (if applicable)						

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]	5	564,999.7500
British Columbia	NI 45-106 2.3 [Accredited investor]	3	435,000.0000
Quebec	NI 45-106 2.3 [Accredited investor]	4	120,000.0000
Saskatchewan	NI 45-106 2.3 [Accredited investor]	1	120,000.0000

11.550.0000				
17,500.0000	1	NI 45-106 2.3 [Accredited investor]	Panama	
		, ,	Deneme	
28.000.0000	1	NI 45-106 2.3 [Accredited investor]	Australia	
7,000.0000	1	NI 45-106 2.3 [Accredited investor]	United States	
	<u>'</u>	[NI 40 100 Z.0 [Noticalited investor]	Gaskatoriewan	

^{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?	Previously filed Submission ID	Filename
1.			\square Y \square N		

ITEM 8 - COMPENSATIO	N INFORMATIO	ON				
Provide information for each pers connection with the distribution.	•	· ·			•	
Indicate whether any compensate ☐ No ☑ Yes	ion was paid, or will	be paid, in connection	n with the dis	tribution.		
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	•	<i>he full legal name of t</i> en name		dary given names		
If the person compensated is not	an individual, provi	de the following inforn	nation.	Firm NDDh /if		
Full legal name of non-individual Accilent Capital Management Ind				Firm NRD number (if	applicable)	
		the distribution through	alba funadina			
Indicate whether the person com ✓ No ☐ Yes	pensated facilitated	the distribution throug	gn a funding _l	portal or an Internet-ba	веа ропаі.	
b) Business contact informati	on					
If a firm NRD number is not prov	ided in Item 8(a), pr	ovide the business co	ontact informa	ation of the person bei	ng compensated.	
Street address	Municip	ality	Province/Sta	ite	Postal/ZIP code	
Country	Telepho	ne number	Email addre	ss		1
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 fo		pleting this section	n.
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 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 compen erical, printing, legal c	nsation, 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	3,000.0000					
Value of all securities	0.0000	Security code1 WN	T See	curity code2 CMS	Security code	e3
distributed as compensation 4		Describe terms of wa	arrants, optio	ns or other rights		
•		7,500 Broker Warrar	nts at \$0.40 u	ntil April 28, 2022.		
☐ Other compensation ⁵		Describe				
Total compensation Paid	3,000.0000					
Check box if the person will o	or may receive any o	deterred compensation	n (describe th	ne terms below)		

to acquire additional securities of ⁵ Do not include deferred compen-	the issuer.	or an occurred distri	oatoa ao com	pensation, molading o	puone, warrante er eurer r	iginis exercisable
PERSON 2						
a) Name of person compensate	ed and registration	on status				
Indicate whether the person comp ☐ No ☑ Yes	pensated is a regist	trant.				
If the person compensated is an in Family name	•	the full legal name of the name		dary given names		
If the person compensated is not a Full legal name of non-individual	an individual, provi	de the following inforr	nation.	Firm NPD number (if	annliaahla)	
Topleft Securities Ltd.				Firm NRD number (if 26700	арріісавіе)	
Indicate whether the person comp	pensated facilitated	the distribution throu	gh a funding _l		sed portal.	
b) Business contact information	n					
If a firm NRD number is not provide	ded in Item 8(a), pr	rovide the business c	ontact informa	ation of the person bei	ng compensated.	
Street address	Municip	ality	Province/Sta	te	Postal/ZIP code	
Country	Telepho	ne number	Email addres	SS		
c) Relationship to issuer or inv	vestment fund ma	ınager				
Indicate the person's relationship Part B(2) of the Instructions and t Connected with the issuer or in Insider of the issuer (other than Director or officer of the investre	the meaning of "convestment fund man	ntrol" in section 1.4 of nager d)	NI 45-106 fo	r the purposes of com		· #1
d) Compensation details						
Provide details of all compensation in Canadian dollars. Include cash for services incidental to the distrabout, or report on, internal allocations.	commissions, sec	urities-based comper erical, printing, legal o	nsation, gifts, or accounting	discounts or other cor services. An issuer is	npensation. Do not report not required to ask for de	payments tails
Cash commissions paid	39,000.0000					
Value of all securities distributed as compensation ⁴	0.0000	Security code1 WN Describe terms of wa 97,500 Broker Warra	arrants, option	<u> </u>	Security code3	
Other compensation ⁵		Describe				
Total compensation Paid	39,000.0000					_
Check box if the person will or	r may receive any o	deferred compensatio	n (describe th	e terms below)		
⁴ Provide the aggregate value of a securities of the issuer. Indicate to acquire additional securities of	he security codes t					

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

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

⁵ Do not include deferred compen	nsation.						
PERSON 3							
a) Name of person compensat	ted and registrati	on status					
Indicate whether the person comp No ☑ Yes	pensated is a regis	strant.					
If the person compensated is an i	•	-					
amily name	First giv	ven name	S	econdary given na	imes	_	
the person compensated is not	an individual, prov	ride the following inf	ormation.				
ull legal name of non-individual					umber (if app	olicable)	
Marquest Asset Management Inc	D			2310			
Indicate whether the person comp √ No	pensated facilitated	d the distribution thr	ough a fund	ding portal or an i	nternet-basec	l portal.	
b) Business contact information	on						
f a firm NRD number is not provi	ided in Item 8(a), p	provide the business	contact in	formation of the p	erson being o	compensated.	
Street address	Municip	oality	Provinc	e/State	Ро	stal/ZIP code	
Country	Telepho	one number	Email a	ddress			
,							
c) Relationship to issuer or in							
Part B(2) of the Instructions and a Connected with the issuer or in Insider of the issuer (other than	nvestment fund ma	nager nd)	✓	Employee of the i	ssuer or inves	-	nager
Director or officer of the investr	ment fund or invest	tment fund manager					
d) Compensation details							
Provide details of all compensation in Canadian dollars. Include cast for services incidental to the distr about, or report on, internal alloca	h commissions, se ribution, such as c	curities-based comp lerical, printing, lega	pensation, g al or accou	gifts, discounts or nting services. Ar	other compe issuer is not	nsation. Do not required to ask	report payments for details
Cash commissions paid	15,000.0000						
Value of all securities	0.0000	Security code1 W	/NT	Security code2	CMS	Security code3	3
distributed as		Describe terms of					
compensation ⁴		37,500 Broker Wa		•			
		0.,000 2.0.0.	a a.	o. 10 d p 20	, ===:		
Other compensation ⁵		Describe					
Total compensation Paid	15,000.0000						
		₫					
☐ Check box if the person will o	or may receive any	deferred compensa	tion (descri	be the terms belo	ow)		
4 Provide the aggregate value of a securities of the issuer. Indicate to acquire additional securities of 5 Do not include deferred compens	the security codes f the issuer.						

PERSON 4

Indicate whether the person com ☐ No ☑ Yes	pensated is a regis	trant.						
If the person compensated is an	individual, provide t	the full legal name of	the individ	ual.				
Family name	-	en name		ondary given na	ımes			
If the person compensated is not Full legal name of non-individual	an individual, provi	de the following inform	mation.	Firm NRD n	umber <i>(if a_l</i>	pplicable)		
Canaccord Genuity Corp.				900	· · ·			
Indicate whether the person com ✓ No Yes	pensated facilitated	the distribution throu	gh a fundi	ng portal or an ii	nternet-base	ed portal.		
b) Business contact information	on							
If a firm NRD number is not provi	ided in Item 8(a), pi	rovide the business c	ontact info	rmation of the p	erson being	g compensated.		
Street address	Municip	ality	Province	State	F	Postal/ZIP code		
Country	Telepho	ne number	Email ad	dress				
c) Relationship to issuer or in	vestment fund ma	ınager						
Indicate the person's relationship Part B(2) of the Instructions and Connected with the issuer or in Insider of the issuer (other tha Director or officer of the invest	the meaning of "connict of the meaning of "connict of the mannict of the meaning of "con	ntrol" in section 1.4 or nager d)	F NI 45-100	for the purpose	es of complessuer or inv			
d) Compensation details								
Provide details of all compensation Canadian dollars. Include cash for services incidental to the distrabout, or report on, internal allocations.	h commissions, sec ribution, such as cl	urities-based comper erical, printing, legal o	nsation, gi or account	fts, discounts or ing services. An	other comp issuer is n	oensation. Do not ot required to ask	report payment for details	
✓ Cash commissions paid	900.0000							
Value of all securities	0.0000	Security code1 WN	Т	Security code2	CMS	Security code3	3	
distributed as compensation 4		Describe terms of wa	arrants, op	tions or other rig	ghts			
		2,250 Broker Warra	nts at \$0.4	0 until April 28,	2022.			
Other compensation ⁵		Describe						
Total compensation Paid	900.0000							
Check box if the person will o	or may receive any	deferred compensatio	n (describ	e the terms belo	w)			
⁴ Provide the aggregate value of securities of the issuer. Indicate to acquire additional securities of	the security codes in the issuer.							
⁵ Do not include deferred comper	ısatıon. 							
PERSON 5								
a) Name of person compensat								
Indicate whether the person com No ✓ Yes	pensated is a regisi	иапт.						
If the person compensated is an	individual, provide t	the full legal name of	the individ	ual.				
Family name	First giv	en name	Sec	ondary given na	ımes			

Family name	First give	en name	Secor	dary given names			
If the person compensated is not an indiv	dual, provid	de the following informat	ion.				
Full legal name of non-individual				Firm NRD number (if ap	plicable)		
Haywood Securities Inc.				1630			
Indicate whether the person compensated No Yes	l facilitated	the distribution through	a funding	portal or an internet-base	d portal.		
b) Business contact information							
If a firm NRD number is not provided in It	əm 8(a), pr	ovide the business cont	act inforn	ation of the person being	compensated.		
Street address	Municipa		ovince/St	•	ostal/ZIP code		
Country	Telephor	ne number Er	mail addre	ess	.		
c) Relationship to issuer or investme	t fund ma	nager					
Value of all securities	ning of "cor at fund mar stment fund d or investr or to be par sisions, sec- such as cle	ntrol" in section 1.4 of Ni nager d) ment fund manager id, to the person identificurities-based compensalerical, printing, legal or a	✓ A5-106 f	or the purposes of complete player of the issuer or investe of the above 8(a) in connection with the discounts or other comparts or services. An issuer is no	ting this section. estment fund manage e distribution. Provensation. Do not re t required to ask for	ger vide all amou port paymer or details	
distributed as compensation ⁴		Describe terms of warra 3,000 Broker Warrants			J L		
Other compensation ⁵		Describe					
Total compensation Paid	,050.0000						
Check box if the person will or may re	,	, ,		,			
⁴ Provide the aggregate value of all secur securities of the issuer. Indicate the secu- to acquire additional securities of the issue ⁵ Do not include deferred compensation.	rity codes f						

ITEM 9 – D	IRECTORS, EXECUTIVE OFFICERS	AND PROMOTERS OF	THE ISSUER			
Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one).						
Reporting	Reporting issuer in any jurisdiction of Canada					
☐ Foreign p	Foreign public issuer					
•	Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶ Provide name of reporting issuer					
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	If the issuer is at least one of the above, do not complete Item 9(a) – (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 iss	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				
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. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.						
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)		
□Y □N				□D □O □P		
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	Family name First given name Secondary given name	Residential jurisdiction of individual	Relationship to promoter (select one or both if applicable)		
	_			□ D □ O		
c) Residential 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.

to the oxion required, complete.						
Name of issuer/underwriter/agent	APPIA ENERGY CORP.					
Full legal name - Family name First given n		name			Secondary given names	
Johnstone William					R.	
Title		Telephone number Em		Em	ail address	
Assistant Secretary		416 865 6605 bjol		bjoł	nnstone @grllp.com	
Signature /s/ William R. Johnstone		Date	2020-11-06			
ITEM 11 - CONTACT PERS	SON					

· ·	ntact information for the individual th of this report, if different than the inc	9 ,	ity or regulator may contact with any n 10.
✓ Same as individual certifying th	e report		
Full legal name - Family name	First given name	Secondary given names	Title
Name of company		Telephone number En	nail 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.

EDR1604331877-161	2020-11-06 09:30:59.144
Submission ID	Date