Form 45-106F1 Report of Exempt Distribution

ITEM 1 - REPORT TYPE		
✓ New report		
☐ Amended report If amended, provide filing date	of report that is being amo	ended (YYYY-MM-DD)
ITEM 2 - PARTY CERTIFYING THE REPORT		
Indicate the party certifying the report (select only one). For guidance reg Instrument 81-106 Investment Fund Continuous Disclosure and the comp	-	vestment fund, refer to section 1.1 of National
☐ Investment fund issuer		
✓ Issuer (other than an investment fund)		
☐ Underwriter		
ITEM 3 - ISSUER NAME AND OTHER IDENTIFIERS		
Provide the following information about the issuer, or if the issuer is an in	evestment fund, about the fund.	
Full legal name Ionic Brands Corp.		
Previous full legal name		
If the issuer's name changed in the last 12 months, provide most	recent previous legal name.	
Website www.ionicbrands.com	(if applicabl	e)
If the issuer has a legal entity identifier_ provide below. Refer to Part B of	the Instructions for the definition	of "legal entity identifier".
Legal entity identifier		
If two or more issuers distributed a single security, provide the full legal n	ame(s) of the co-issuer(s) other th	an the issuer named above.
Full legal name(s) of co-issuer(s)	(if applicabl	e)
ITEM 4 - UNDERWRITER INFORMATION		
If an underwriter is completing the report, provide the underwriter's full le	eaal name and firm NRD number.	
Full legal name	<u>, </u>	
Firm NRD number	(if applicable)	
If the underwriter does not have a firm NRD number, provide the head of	fice contact information of the un	derwriter.
Street address		
Municipality	Province/State	
Country	Postal code/Zip code	
Telephone number	Website	(if applicable)

Primary industry	Item 5 - Issuer Information
Provide the issuer's North American Industry Classification Standard (NAiCS) code (6 digits only) that in your reasonable judgment most closely carresponds to the issuer's primary business activity. NAICS industry code	If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
If the issuer is in the insuer's primary business activity	a) Primary industry
If the issuer is in the mining industry, indicate the stage of operations. This does not apply to issuers that provide services to issuers aperating in the mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production	
mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production	NAICS industry code 5 5 1 1 1 4
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	mining industry. Select the category that best describes the issuer's stage of operations.
Mortgages Real estate Commercial/business debt Consumer debt Private companies Cryptoassets	
Cryptoassets b) Number of employees Number of employees:	
Number of employees:	
c) SEDAR profile number Does the issuer have a SEDAR profile? No Yes If yes, provide SEDAR profile number 0 0 0 3 3 9 5 0 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation Financial year-end 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. All AB BC MB NB NB NL NT NS NU ON PE QC SK YT If the issuer has a CUSIP number, provide below (first 6 digits only)	b) Number of employees
Does the issuer have a SEDAR profile? No Yes If yes, provide SEDAR profile number 0 0 0 3 3 9 5 0 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Country Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation Financial year-end 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. All AB BC MB NB 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)	Number of employees: ✓ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more
No Yes If yes, provide SEDAR profile number 0	c) SEDAR profile number
If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Province/State Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation Financial year-end 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. All AB BC MB NB 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)	Does the issuer have a SEDAR profile?
All AB BC MB NB NL NT NS NU ON PE QC SK YT Street address Province/State Postal code/Zip code Postal code/Zip code Telephone number Postal code/Zip code Telephone number Postal code/Zip code Telephone number Financial year-end MM DD Financial year-end MM DD DD DD DD DD DD D	No ✓ Yes If yes, provide SEDAR profile number 0 0 0 3 3 9 5 0
Street address	
Municipality Country Postal code/Zip code Telephone number Postal code/Zip code Telephone number Date of formation and financial year-end Date of formation YYYY MM DD Financial year-end 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. All AB 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)	d) Head office address
Country Telephone number Pate of formation and financial year-end Date of formation Financial year-end No Yes 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. All AB BC MB NB 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)	Street address Province/State
e) Date of formation and financial year-end Date of formation Financial year-end 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. All AB 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)	Municipality Postal code/Zip code
Date of formation	Country Telephone number
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. All AB 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)	e) Date of formation and financial year-end
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. All AB BC MB NB NL NT NS NU ON PE QC SK YT If the issuer has a CUSIP number, provide below (first 6 digits only)	
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB 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)	f) Reporting issuer status
All AB 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)	Is the issuer a reporting issuer in any jurisdication of Canada? No Yes
NS NU ON PE QC SK YT g) Public listing status If the issuer has a CUSIP number, provide below (first 6 digits only)	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)	AII AB BC MB NB NL NT
If the issuer has a CUSIP number, provide below (first 6 digits only)	□ NS □ NU □ ON □ PE □ QC □ SK □ YT
	g) Public listing status
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	Exchange name
h) Size of issuer's assets	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	nt most accurately identifies the issuer (select only one) .
Money market	☐ Equity ☐ Fixed income ☐ Balanced
Alternative strateg	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	
¹ Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.
c) Date of formation a	and financial year-end of the investment fund
Date of forma	tion Financial year-end MM DD 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 YT
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
	blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the not a trading facility such as, for example, an automated trading system.
Exchange on an exchange and h	
-	AV) of the investment fund
	investment fund as of the date of the most recent NAV calculation (Canadian \$).
\$0 to under \$5M	s5M to under \$25M s25M to under \$100M
\$100M to under \$500	DM \$500M to under \$1B \$1B 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.

	•									
a)	Currency									
Sele	ct the currency or currencies in	which the di	stribution	was mad	e. All dollar amounts provided	in the repor	t must be	in Canad	lian dollars.	
√	Canadian dollar U	S dollar		Euro	Other (describe)					
b)	Distribution date(s)									
as b	e the distribution start and end oth the start and end dates. If t ribution period covered by the r	he report is b		J .	•	,				ate
	Start date	2021	03	02	End date	2021	03	02		
		YYYY	MM	DD	,	YYYY	MM	DD		

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 B S		Each unit consists of one share and one warrant. Each warrant will entitle the holder to purchase one share at a price of \$0.30 per share for a period of five years.	77,695,502.00	0.1900		14,762,145.38

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.

exch	nvertib nangea urity c	able		nderlyi curity c	•		se price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
						Lowest	Highest			
W	Ν	Т	С	М	S	0.3000		2026-03-02		

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	Exemption relied on	Number of unique ²⁸ purchasers	Total amount (Canadian \$)
Alberta	NI 45-106 2.3 [Accredited investor]	23	560,289.86
British Columbia	NI 45-106 2.3 [Accredited investor]	98	3,046,752.03
Manitoba	NI 45-106 2.3 [Accredited investor]	2	30,020.00
Ontario	NI 45-106 2.3 [Accredited investor]	79	4,685,970.00
Québec	NI 45-106 2.3 [Accredited investor]	20	559,849.06
Saskatchewan	NI 45-106 2.3 [Accredited investor]	2	26,030.00

Australia	NI 45-106 2.3 [Accredited investor]	3	649,610.00
Cayman Islands	NI 45-106 2.3 [Accredited investor]	4	2,316,499.95
China	NI 45-106 2.3 [Accredited investor]	1	47,500.00
Hong Kong	NI 45-106 2.3 [Accredited investor]	2	290,035.00
Latvia	NI 45-106 2.3 [Accredited investor]	1	342,000.00
Poland	NI 45-106 2.3 [Accredited investor]	1	59,850.00
Panama	NI 45-106 2.3 [Accredited investor]	1	19,000.00
Thailand	NI 45-106 2.3 [Accredited investor]	1	152,000.00
United States	NI 45-106 2.3 [Accredited investor]	9	1,976,739.48
	Total dollar amount of se	curities distributed	14,762,145.38
	Total number of unique purchasers ^{2b}	247	

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one 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)

^{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.

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.
No ✓ Yes If yes, indicate number of persons compensated. 8

a) Name of person comp	ensated and re	gistration status						
Indicate whether the person cor	mpensated is a reg	gistrant.	☐ No	✓ Ye	es			
If the person compensated is an	n individual, provid	de the name of the indiv	vidual.					
Full legal name of indiv	ridual							
		Family name	Firs	st given name		Secondary g	jiven names	
If the person compensated is no	-	_						
Full legal name	of non-individu	Canaccord Genu	ity Corp					
F	irm NRD numbe	er 9 0 0)		(if app	licable)		
Indicate whether the person cor	mpensated facilita	ted the distribution thro	ough a funding por	tal or an inte	ernet-based _l	portal. 🗸	No 🗌 Ye	es
b) Business contact infor	mation							
If a firm NRD number is not pro	ovided in Item 8 (d	n), provide the business	contact information	n of the perso	on being con	npensated.		
Street address]
Municipality				Provi	ince/State			Ī
Country			F	Postal code	e/Zip code			Í
Email address			1	Telephon	ne number			i
c) Relationship to issuer	or investment f	und manager						
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager Those of the issuer or investment fund manager None of the above								
d) Compensation details								
Provide details of all compensate Canadian dollars. Include cash coincidental to the distribution, surallocation arrangements with the Cash commissions page	commissions, secu ch as clerical, prin ne directors, office	rities-based compensati ting, legal or accounting	ion, gifts, discounts g services. An issue	or other con r is not requi nsated by th	mpensation. ired to ask fo ne issuer.	Do not report payr or details about, or	ments for services report on, intern	nal
Value of all securitie				W	urity code 1	Security code 2	Security code 3	1
distributed as compensatio			Security codes		., .			J
Describe t	erms of warrants	options or other rights	1 . , ,	n additiona	al share of	inder's warrant i the Issuer at a p		
Other compensation	n ⁵	Describe						
Total compensation pa	id 266	,790.40						
Check box if the pe	rson will or may r	eceive any deferred co	mpensation (desc	ribe the term	ns below)			
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire at ⁵ Do not include deferred comp	ier. Indicate the s dditional securitie	ecurity codes for all sed	tion, <u>excluding</u> optr curities distributed	ions, warran as compens	nts or other ri sation, <u>includ</u>	ghts exercisable t ling options, warra	o acquire ants or other	

a) Name of person comp	ensate	ed and regis	tration	status										
Indicate whether the person cor	npensa	ted is a registi	rant.			☐ No		√	Yes					
If the person compensated is an	individ	lual, provide t	he nam	e of the	indivi	dual.								
Full legal name of indiv	idual													
	L	F	amily na	ame			First	given n	name		Secon	dary g	iven name	es
If the person compensated is no		-		_										
Full legal name	of non	-individual	PI Fina	ancial (Corp.									
F	rm NR	D number	5	2	9	0				(if ap	plicable)			
Indicate whether the person cor	npensa	ted facilitated	the dist	tribution	throu	ıgh a fundi	ng port	al or ar	n intern	et-based	portal.	√	No [Yes
b) Business contact infor	mation	1												
If a firm NRD number is not pro	vided ii	n Item 8 (a), p	rovide t	he busin	ess co	ontact info	mation	of the	person	being co	mpensated.			
Street address														
Municipality								P	Provinc	e/State				
Country							Р	ostal o	code/Z	ip code				
Email address						ĺ		Telep	hone i	number				
c) Relationship to issuer	or inve	estment fund	d mana	ıger										
Indicate the person's relationshing the Instructions and the meaning Connect with the issue.	g of "co	ontrol" in sect	ion 1.4 d	of NI 45-			oses of	comple	eting th	is sectior				
Director or officer of the	ne inve	stment fund c	r invest	ment fu	nd ma	anager		Employ	ee of tl	ne issue	r or investmer	nt fund	d manage	er
None of the above							_							
d) Compensation details														
Provide details of all compensate Canadian dollars. Include cash concidental to the distribution, surallocation arrangements with the Cash commissions pa	ommiss ch as cle e direct	sions, securitie erical, printing ors, officers o	es-basea g, legal (l compei or accou	nsatio nting	n, gifts, dis services. A	counts o n issuer	or othe is not i	r compe required by the is	ensation. d to ask f ssuer.	Do not report for details abo	t payn ut, or	nents for report on	services n, internal
Value of all securitie										code 1	Security cod	ie 2	Security	code 3
distributed as compensatio	-				,	Security co	des	L	VV 1	<u> </u>				
Describe t	erms of	f warrants, op	tions or	other ri	ghts		e an a	dditior	nal sha	re of th	nder's warra e Issuer at a			
Other compensation	n ⁵			Desc	ribe									
Total compensation pa	id	52,95	57.00											
Check box if the pe	of all sec	curities distrit	buted as	s compe	nsatio	on, <u>excludi</u>	ng optic	ons, wa	arrants (or other i				
rights exercisable to acquire an 5Do not include deferred comp	dditiona	al securities o						·	-		÷ ,			

a) Name of person comp	ensated and reg	istration status						
Indicate whether the person co	mpensated is a regi	strant.	☐ No	\checkmark	Yes			
If the person compensated is ar	n individual, provide	the name of the indiv	vidual.					
Full legal name of indiv	ridual							
		Family name	· ·	First given n	name	Secondary (given names	
If the person compensated is no	-	_						
Full legal name	of non-individual	Leede Jones Ga	ble Inc.					
F	irm NRD number	5 7 7	0		(if app	plicable)		
Indicate whether the person co	mpensated facilitate	ed the distribution thro	ough a funding	g portal or ar	n internet-based	l portal. ✓	No Yes	
b) Business contact infor	mation							
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business	contact inform	nation of the	person being co	mpensated.		
Street address								
Municipality				F	Province/State			
Country				Postal o	code/Zip code			
Email address				Telep	hone number			
c) Relationship to issuer	or investment fur	nd manager						
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager								
None of the above								
d) Compensation details Provide details of all compensat Canadian dollars. Include cash of incidental to the distribution, su allocation arrangements with the Cash commissions pa	ion paid, or to be po commissions, securi ch as clerical, printi ne directors, officers	ties-based compensati ng, legal or accountin	ion, gifts, disco g services. An	ounts or othe issuer is not	r compensation. required to ask f	Do not report payi	ments for services r report on, internal	
·		000.00		-	Security code 1	Security code 2	Security code 3	
Value of all securitie distributed as compensatio			Security code	es	WNT			
Describe t	erms of warrants, o	options or other rights	purchase		nal share of th	der's warrant is e e Issuer at a pric		
Other compensatio	n ⁵	Describe						
Total compensation pa	15,8	308.00						
Check box if the pe	erson will or may re	ceive any deferred co	mpensation (describe the	terms below)			
⁴ Provide the aggregate value of additional securities of the issurights exercisable to acquire as ⁵ Do not include deferred comp	uer. Indicate the sed dditional securities	curity codes for all se						

a) Name of person comp	ensated and regis	stration	status								
Indicate whether the person co	mpensated is a regist	rant.		☐ No		\checkmark	Yes				
If the person compensated is a	n individual, provide	the nam	e of the indi	vidual.							
Full legal name of indiv	vidual										
		Family na	ame		Firs	t given r	name		Secondary	given names	3
If the person compensated is no	ot an individual, prov	ide the f	ollowing inf	ormation.							
Full legal name	of non-individual	EMD I	Financial Ir	nc.							
F	irm NRD number	3	6 4	8	0			(if app	licable)		
Indicate whether the person co.	mpensated facilitated	the dist	ribution thr	ough a fund	ing port	tal or a	n interne	t-based _l	portal.	No [Yes
b) Business contact info	rmation										
If a firm NRD number is not pro	ovided in Item 8 (a), _I	orovide t	he business	contact info	rmation	of the	person b	eing con	npensated.		
Street address											
Municipality						F	Province	e/State			
Country					P	ostal o	code/Zi _l	o code			
Email address						Telep	hone n	umber			
c) Relationship to issuer	or investment fun	d mana	ger								
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager None of the above											
d) Compensation details											
Provide details of all compensations of all compensations of all compensations. Include cash concidental to the distribution, sure allocation arrangements with the Cash commissions parts.	commissions, securiti ch as clerical, printin ne directors, officers c	es-based g, legal d	l compensat or accountin	ion, gifts, di: g services. A	scounts In issuei	or othe	r compei required	nsation. I to ask fo suer.	Do not report pay	ments for s	ervices internal
Value of all securities	es			Security co	odoc		WN				
distributed as compensation	on⁴				oues	L					
Describe t	terms of warrants, o	otions or	other rights		se an a	dditior	nal shar	e of the	der's warrant is Issuer at a pri		
Other compensation	n⁵		Describe	•							
Total compensation pa	29,2	05.96									
Check box if the pe	erson will or may rec	eive any	deferred co	ompensation	n (descr	ibe the	terms b	elow)			
⁴ Provide the aggregate value additional securities of the issinghts exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec dditional securities o	urity coa	les for all se	tion, <u>exclud</u> curities dist	i <u>ng</u> optio	ons, wa as com	arrants o	r other ri _i on, <u>includ</u>	ights exercisable ding options, war	to acquire rants or oth	ner

a) Name of person comp	ensated and reg	istration status						
Indicate whether the person co	mpensated is a regi	strant.	☐ No	✓ Ye	es			
If the person compensated is ar	n individual, provide	e the name of the indiv	idual.					
Full legal name of indiv	vidual							
		Family name	Fire	st given name		Secondary of	jiven names	_
If the person compensated is no	ot an individual, pro	ovide the following info	rmation.					
Full legal name	of non-individua	Clarus Securities	Inc.					
F	irm NRD numbe	1 3 1	6 0		(if app	licable)		
Indicate whether the person co	mpensated facilitate	ed the distribution thro	ugh a funding por	tal or an inte	ernet-based μ	portal.	No Yes	3
b) Business contact infor	rmation							
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business o	contact informatio	n of the pers	on being con	npensated.		
Street address								l
Municipality				Provi	ince/State			
Country			اً ا	Postal code	e/Zip code			
Email address				Telephon	ne number			
c) Relationship to issuer	or investment fu	nd manager						
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager The purpose of the issuer or investment fund manager The purpose of the issuer or investment fund manager The purpose of the issuer or investment fund manager The purpose of the issuer or investment fund manager The purpose of the issuer or investment fund manager The purpose of the issuer or investment fund manager The purpose of the issuer or investment fund manager								
d) Compensation details								
Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with the Cash commissions page	tion paid, or to be p commissions, securi ch as clerical, printi ne directors, officers	ties-based compensati ng, legal or accounting	on, gifts, discounts g services. An issue	or other con er is not requ ensated by th	mpensation. I ired to ask fo	Do not report payr	ments for services	
Value of all securities	es		0 " 1	W	N T	Security code 2	Security code 3	
distributed as compensation			Security codes		.			
Describe t	terms of warrants,	options or other rights		n additiona	al share of t	inder's warrant i the Issuer at a p		
Other compensatio	n ⁵	Describe						ı
Total compensation pa	686,	975.22						
Check box if the pe	erson will or may re	ceive any deferred co	mpensation (desc	ribe the term	ns below)			
⁴ Provide the aggregate value of additional securities of the issurights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the se dditional securities	curity codes for all sec	ion, <u>excluding</u> opt curities distributea	ions, warran as compens	nts or other ri _e sation, <u>includ</u>	ghts exercisable t <u>ding</u> options, warra	o acquire ants or other	

a) Name of person comp	ensated and reg	istration status							
Indicate whether the person co	mpensated is a regi	strant.	☐ No	\checkmark	Yes				
If the person compensated is ar	n individual, provide	the name of the indiv	idual.						
Full legal name of indiv	ridual								
		Family name		First given n	ame	Secondary (given names		
If the person compensated is no	•	_							
Full legal name	of non-individua	Haywood Securit	ies Inc.						
F	irm NRD number	1 6 3	0		(if ap	plicable)			
Indicate whether the person co	mpensated facilitate	ed the distribution thro	ugh a funding	portal or an	internet-based	portal.	No Yes		
b) Business contact infor	mation								
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business o	contact inform	ation of the	person being co	mpensated.			
Street address									
Municipality				Р	rovince/State				
Country			Ī	Postal o	code/Zip code				
Email address			1	Telep	hone number				
c) Relationship to issuer	or investment fu	nd manager							
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager Find that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "connected" in Part B(2) of the Instructions and the meaning of "connected" in Part B(2) of the Instructions and the meaning of "connected" in Part B(2) of the Instructions and the meaning of "connected" in Part B(2) of the Instructions and the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Employee of the issuer or investment fund manager None of the above									
d) Compensation details									
Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, surallocation arrangements with the Cash commissions page 1.5.	ion paid, or to be po commissions, securi ch as clerical, printi ne directors, officers	ties-based compensati ng, legal or accounting	on, gifts, discou g services. An is	unts or othei ssuer is not i	r compensation. required to ask f by the issuer.	Do not report payı for details about, or	ments for services report on, internal		
·					Security code 1 W N T	Security code 2	Security code 3		
Value of all securitie distributed as compensation			Security code	s	VV IN I				
Describe t	erms of warrants, o	options or other rights		an addition	nal share of th	nder's warrant is e Issuer at a pric			
Other compensatio	n ⁵	Describe							
Total compensation pa	39,9	938.00							
Check box if the pe	erson will or may re	ceive any deferred co	mpensation (d	lescribe the	terms below)				
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the se dditional securities	curity codes for all sec							

a) Name of person comp	ensated and reg	istration status						
Indicate whether the person co	mpensated is a regi	istrant.	☐ No	\checkmark	Yes			
If the person compensated is an	n individual, provide	e the name of the indiv	ridual.					
Full legal name of indiv	vidual							
		Family name	F	irst given n	ame	Secondar	y given names	
If the person compensated is no	ot an individual, pro	ovide the following info	ormation.					
Full legal name	of non-individua	Echelon Wealth F	Partners Inc.					
F	irm NRD numbe	r 3 2 4	2 0		(if	applicable)		
Indicate whether the person co	mpensated facilitate	ed the distribution thro	ough a funding p	ortal or an	internet-ba	sed portal. [✓ No ☐ Yes	
b) Business contact info	rmation							
If a firm NRD number is not pro	ovided in Item 8 (a),	, provide the business (contact informati	ion of the	person being	compensated.		
Street address								
Municipality				Р	rovince/Sta	ate		
Country			7	Postal o	code/Zip co	de		
Email address			Ī	Telep	hone numb	per		
c) Relationship to issuer	or investment fu	nd manager						
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager None of the above								
d) Compensation details								
Provide details of all compensate Canadian dollars. Include cash a incidental to the distribution, sur allocation arrangements with the Cash commissions page	tion paid, or to be p commissions, securi ch as clerical, printi ne directors, officers	ities-based compensati ing, legal or accounting	on, gifts, discoun g services. An issi	its or othei uer is not i	r compensat required to a by the issuer.	ion. Do not report pa sk for details about,	nyments for services or report on, internal	
·					Security code	Security code 2	Security code 3	
Value of all securitie distributed as compensation			Security codes		VV IN			
Describe t	erms of warrants,	options or other rights		addition	nal share of	finder's warrant is the Issuer at a pr		
Other compensatio	n ⁵	Describe						
Total compensation pa	8,:	360.00						
Check box if the pe	erson will or may re	eceive any deferred co	mpensation (des	scribe the	terms below	()		
40						.,		
⁴ Provide the aggregate value of additional securities of the issuinghts exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the se dditional securities	curity codes for all sec						

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					
Family na	me	First giv	ven name	Seconda	y given names
If the person compensated is not an individual, provide the fo	ollowing informatio	n.			
Full legal name of non-individual Beacon	n Securities Limi	ted			
Firm NRD number 1	5 5	4 0	(if	applicable)	
Indicate whether the person compensated facilitated the dist	ribution through a	funding portal	or an internet-bo	sed portal.	✓ No ☐ Yes
b) Business contact information					
If a firm NRD number is not provided in Item 8 (a), provide the	ne business contact	information of	the person being	g compensated.	
Street address					
Municipality			Province/St	ate	
Country		Pos	stal code/Zip co	ode	
Email address		T	elephone num	ber	
c) Relationship to issuer or investment fund manage	ger				
Indicate the person's relationship with the issuer or investment the Instructions and the meaning of "control" in section 1.4 o					cted" in Part B(2) of
Connect with the issuer or investment fund manage		· ·		r (other than an inve	estment fund)
<u> </u>					
Director or officer of the investment fund or investi	nent iuna manage	'	ipioyee or the is:	suer or investment f	und manager
✓ None of the above					
d) Compensation details					
Provide details of all compensation paid, or to be paid, to the					
Canadian dollars. Include cash commissions, securities-based incidental to the distribution, such as clerical, printing, legal of					
allocation arrangements with the directors, officers or employ	rees of a non-indivi	dual compensa	ited by the issuer		
Cash commissions paid 3,237.50			Security code	e 1 Security code 2	Security code 3
Value of all securities	Securi	ty codes			
distributed as compensation ⁴ Describe terms of warrants, options or	other rights				
	Describe				
Other compensation ⁵	Describe				
Total compensation paid 3,237.50					
Check box if the person will or may receive any	deferred compens	ation (describe	the terms below	v)	
⁴ Provide the aggregate value of all securities distributed as					
additional securities of the issuer. Indicate the security code rights exercisable to acquire additional securities of the issuer.		distributed as	compensation, <u>i</u>	ncluding options, wa	arrants or other
⁵ Do not include deferred compensation.					

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER				
If the issuer is an investment fund	d, do not complete l	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 nan	ne of reporting issue	r						7
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 subside securities that are required by law to respectively. ⁷ Check this box if it applies to the collients. Refer to the definitions of "e.	o be owned by its dir urrent distribution evo	rectors, are benefic en if the issuer mad	ially owned by the re de previous distribut	eporting issuer or ti tions of other types	the foreign	public is	ssuer,	
If the issuer is none of the	above, check this b	oox and complete	Item 9(a) - (c).					
a) Directors, executive officer	s and promoters of	of the issuer						
Provide the following information for	•		moter of the issuer T	or locations within	Canada s	tate the	nrovince	or
territory; otherwise state the country.							province	
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individe resident jurisdictio individu	ual or ail n of		onship to	
				Province or	country	D	0	Р
b) Promoter information								
If the promoter listed above is not an within Canada, state the province or								
Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual			to promo	
				Province or country	D		C)
c) Residential address of eac	h individual							
Complete Schedule 2 of this form completed report. Schedule 2 also					(a) and (b)	and at	tach to t	he

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	Ionic Brands Corp.					
Full legal name	Gorst	John				
	Family name	First given name	'	Seconda	ary given na	ames
Title	CEO					
Telephone number	2532487927	Email address	john.gors	t@ionicb	rands.co	om
Signature	"John Gorst"	Date	2021	03	09	
			YYYY	MM	DD	•

ITEM 11- CONTACT F	PERSON				
. 3	ness contact information for this report, if different than t		3 ,	regulator ma	ay contact with any questions
Same as individua	al certifying the report				
Full legal name				Title	
•	Family name	First given name	Secondary given names		_
Name of company					
Telephone number		Er	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 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.