Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9091989

ITEM 1 - REPORT TYPE											
✓ New report											
Amended report	lf amen	ded, pro	vide fi	ling date	e of r	eport	that is I	being ame	ended		(YYYY-MM-DD)
ITEM 2 - PARTY CERTIF	YING THE	REPORT	-								
Indicate the party certifying th Instrument 81-106 Investment									estment fund	, refer to secti	on 1.1 of National
Investment fund i						. ,					
✓ Issuer (other thar	n an invest	ment fur	nd)								
			,								
ITEM 3 - ISSUER NAME											
Provide the following informat		1				ment fu	nd, abou	it the fund.]
	egal name	Revive	Ihera	peutics	Ltd.						
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 i	identifier <u>,</u> pro	tifier, provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".									
Legal entity	/ identifier										
If two or more issuers distribut	listributed a single security, provide the full legal name(s) of the co-issuer(s) other than the issuer named above.										
Full legal name(s) of co	o-issuer(s)							(if applicable	e)		
	_										
ITEM 4 - UNDERWRITE	r Inform	ATION									
If an underwriter is completing	g the report, p	rovide the	underw	riter's full	legal ı	name ai	nd firm N	NRD number.			7
Full legal name											
Firm NRD number		(if applicable)									
If the underwriter does not hav	ve a firm NRD number, provide the head office contact information of the underwriter.										
Street address]
Municipality		Province/State									
Country					Ī	Post	tal code	e/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 in your reasonable judgment most closely corresponds to the issuer's primary business activity.
NAICS industry code 3 1 2 3 1 0
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.
Exploration Development Production
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.
Mortgages Real estate Commercial/business debt Consumer debt Private companies
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 Ves If yes, provide SEDAR profile number 0 0 0 3 4 4 6 0
If the issuer does not have SEDAR profile complete item 5(d) - (h).
d) Head office address
Street address Province/State
Municipality Postal code/Zip code
Country Telephone number
e) Date of formation and financial year-end
Date of formation Financial year-end YYYY MM DD
f) Reporting issuer status
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.
AII 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)
CUSIP number
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.
Exchange name
h) Size of issuer's assets
Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.

\$0 to under \$5M	\$5M to under \$25M	□ \$25M to under \$100M
S100M to under \$500M	S500M to under \$1B	S1B or over

ib close is an investment fund, provide the following information: iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
Full legal name
Firm NRD number
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 Municipality Country Postal code/Zjp code Telephone number Website (if applicable) D Type of investment fund Type of investment fund fund that most accurately identifies the issuer (select only one). Money market Country Postal code/Zjp code Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Country Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment fund Date of formation and financial year-end of the investment fund YYYY MM DD MM DD
Street address Municipality Province/State Country Postal code/Zip code Telephone number Website (if applicable) b Type of investment fund b Type of investment fund b Type of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset 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 b Type of formation and financial year-end of the investment funds is on authorization from one member state. c Date of formation and financial year-end of the investment fund is a reporting issuer. c All All All All All All All All All Al
Municipality Province/State Country Postal code/Zip code Telephone number Website (if applicable) b) Type of investment fund Website (if applicable) The of investment fund that most accurately identifies the issuer (select only one). Municipality Fixed income Alternative strategies Cryptoasset 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 Undicate whether one collective investment fund issuers Is a UCITs Fund Undersking for the Collective investment of Transforable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state. O bate of formation and financial year-end of the investment fund is a reporting issuer status of the investment fund a reporting issuer status of the investment fund is o reporting issuer. If yes, select the jurisdictions of Canada in which the investment fund is or eporting issuer. If will all all B BC MB NB NC YES If the investment fund as a CUSP number, provide below (first 6 digits only) CUSIP number CUSIP number USIP number On the other of the investment fund is or point only On the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number On the investment fund is or epoint is or epoint is only On the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number Output Output Output Output Output Output Output Output Output
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YYYY MM DD <
d) Reporting issuer status of the investment fund Is the investment fund a reporting issuer in any jurisdication of Canada? No If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. All AB BC MB NB NL NT NS NU ON PE QC SK YT e) Public listing status of the investment fund If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number USIP number
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CUSIP number
If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the
name of an exchange and not a trading facility such as, for example, an automated trading system.
Exchange name
f) Net asset value (NAV) of the investment fund
Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).
\$0 to under \$5M \$5M to under \$25M \$25M to under \$100M \$100M to under \$500M \$500M to under \$1B \$1B or over Date of NAV calculation:

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

purchasers re	sident in that ith the distribi	jurisdic	ction of Canado	a only. Do	o not include i	sdiction of Canada, in in Item 7 securities iss information providec	ued c	as payment of	сотт	nissions or fi			
a) Currei	псу												
Select the cu	rency or curre	ncies ir	n which the dis	tribution	was made. Ai	l dollar amounts prov	ided	in the report r	nust b	e in Canadi	an dollars.		
🖌 Canadia	an dollar	<u> </u>	US dollar] Euro	Other (descri	be)						
b) Distrib	oution date(s)											
as both the s	tart and end a period covered	ates. If by the	the report is b report.			distributed on a conti	nuou	is basis, inclua			e the distribution date d dates for the		
	Si	art dat	2020	04	14	End c	late	2020	04	14			
			YYYY	MM	DD			YYYY	MM	DD			
	ed purchase			- laa				<u> </u>	4 a d				
Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. d) Types of securities distributed													
 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 													
											ow to indicate the		
security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed. Canadian \$ Single or													
Security code	CUSIP number (if applicable)		Descriptio	on of secur	rity	Hig	hest price	Total amount					
UBS		com	n unit consis mon share mon share	and one	e (1)		0.0500	820,000.00					
common share purchase warrant e) Details of rights and convertible/exchangeable securities													
If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.													
Convertible / exchangeable security code	e Underlyir			cise price nadian \$) Hi	ghest	Expiry date (YYYY- MM-DD)	Co	onversion ratio	De	tems (if applicable)			
W N ⁻	Image: Normal State Image: Lowest Highest Highest N T C M S 0.0700 2023-04-14 1:1												
f) Summ	ary of the dis	stributi	ion by jurisdi	ction and	d exemptior	ו							
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.													
Р	Province or country Exemption relied on Number of unique ²⁸ purchasers									Total a	mount (Canadian \$)		
ŀ	Alberta		NI 45-106 2	2.3 [Acc	credited inv	/estor]			7		135,000.00		
Britisl	n Columbia		NI 45-106 2	2.3 [Acc	credited inv	vestor]			5		57,000.00		
(Ontario		NI 45-106 2	2.3 [Acc	credited inv	vestor]			18		518,000.00		
G)uébec		NI 45-106 2	2.3 [Acc	credited inv	vestor]			8		110,000.00		
					Tota	al dollar amount of s	ecu	rities distribu	Ited		820,000.00		
				Tota	I number of	unique purchasers ²	ь		38				
^{2a} In calculat	ing the numbe	er of ur	nique purchase	rs per rov	v, count each	purchaser only once	loint	purchasers m	ay be c	counted as a	one purchaser.		

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.³ 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.

|--|

ITEM 8 - COMPENSATION	NFORMATION							
Provide information for each perso the distribution. Complete additi					•	•	sation in co	nnection with
Indicate whether any compensation	on was paid, or will be	paid, in connecti	on with the distr	ribution.				
🗌 No 🗹 Yes	If yes, indicate n	umber of perso	ons compensa	ted.	5			
a) Name of person compen	sated and registration	on status						
Indicate whether the person compe	ensated is a registrant.		No No	\checkmark	Yes			
If the person compensated is an inc	dividual, provide the no	ame of the individ	lual.					
Full legal name of individu	Jal							
	Family	y name	Fi	rst given na	ame	Seco	ondary given	names
If the person compensated is not a	n individual, provide th	ne following infor	mation.					
Full legal name of	non-individual BM	O Capital Mark	ets Limited					
Firm	NRD number 3	3 5	7 0		(if ap	plicable)		
Indicate whether the person compe	ensated facilitated the o	distribution throu	gh a funding po	ortal or an	internet-based	l portal.	✓ N	o 🗌 Yes
b) Business contact informa								
If a firm NRD number is not provia	led in Item 8 (a), provid	le the business co	ntact informatio	on of the p	person being co	mpensated.]
Street address								
Municipality				Pi	rovince/State			
Country				Postal c	ode/Zip code	•		
Email address				Telep	hone numbe	r		
c) Relationship to issuer or	investment fund ma	inager						
Indicate the person's relationship w the Instructions and the meaning c							onnected" ir	Part B(2) of
Connect with the issuer of				-	of the issuer (c		investmen	t fund)
Director or officer of the	investment fund or inv	estment fund ma	inager	Employe	ee of the issue	r or investme	ent fund ma	anager
None of the above								
d) Compensation details								
Provide details of all compensation Canadian dollars. Include cash com incidental to the distribution, such allocation arrangements with the d Cash commissions paid	amissions, securities-ba as clerical, printing, leg	sed compensatio al or accounting ployees of a non-	n, gifts, discount services. An issu	rs or other er is not r	compensation equired to ask	. Do not repo	rt payment	s for services
	700.00			:	Security code 1	Security co	ode 2 Sec	curity code 3
Value of all securities distributed as compensation ⁴		Ś	Security codes					
Describe term	ns of warrants, options	or other rights						
Other compensation ⁵		Describe						
Total compensation paid								
Check box if the perso	n will or may receive a	any deferred com	pensation (des	cribe the t	terms below)			
⁴ Provide the aggregate value of a additional securities of the issuer. rights exercisable to acquire addit ⁵ Do not include deferred compension ⁵ Do not include deferred compension.	Indicate the security of tional securities of the	codes for all secu						

a) Name of person compe	ensated and regis	stration status	;									
Indicate whether the person com	ppensated is a regist	trant.		🗌 No	[✓ Yes						
If the person compensated is an	e person compensated is an individual, provide the name of the individual. Full legal name of individual											
Full legal name of indivi	dual											
		Family name			First give	en name	I	Secon	dary give	en names		
If the person compensated is not	an individual, prov	ide the followin	g infor	mation.								
Full legal name of	of non-individual	Industrial All	iance	Securitie	s Inc.							
Fir	m NRD number	1 5	4	0	0		(if app	licable)				
Indicate whether the person com	pensated facilitated	the distribution	n throu	ıgh a fundi	ing portal o	r an interr	net-based	portal.	\checkmark	No 🗌	Yes	
b) Business contact inforr	nation											
If a firm NRD number is not prov	vided in Item 8 (a), p	provide the busi	ness co	ontact info	rmation of t	the person	being con	npensated.				
Street address												
Municipality						Provin	ce/State					
Country		Postal code/Zip code										
Email address					Te	elephone	number					
c) Relationship to issuer of	or investment fun	d manager										
Indicate the person's relationship the Instructions and the meaning Connect with the issue Director or officer of th	g of "control" in sect er or investment fun	tion 1.4 of NI 45 Id manager	5-106 f	or the purp	poses of con	<i>npleting th</i> der of the	his section. issuer (otl		vestme	ent fund))	
✓ None of the above												
d) Compensation details												
Provide details of all compensation Canadian dollars. Include cash co incidental to the distribution, suc allocation arrangements with the	ommissions, securiti h as clerical, printin	es-based compe g, legal or acco	ensatio unting	n, gifts, dis services. A	counts or o n issuer is r	ther comp not require	ensation. ed to ask fo	Do not report	рауте	nts for s	ervices	
Cash commissions pai	d 43,6	10.00				Securi	ty code 1	Security coc	e2 5	Security c	ode 3	
Value of all securities	S		c	Security co	doc		M S	U B	_	N N	т	
distributed as compensatior	l ⁴				Jues							
Describe te	Describe terms of warrants, options or other rights B72,200 compensation warrants were issued. Each compensation warrant entitles the holder thereof to acquire one unit of the issuer at a price of \$0.05 per unit at any time until April 14, 2022. Each unit is comprised of one common share and one warrant.											
Other compensation	5	Des	cribe									
Total compensation pai	d											
Check box if the per	son will or may rec	eive any deferre	ed con	npensatior	(describe	the terms	below)					
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire ad ⁵ Do not include deferred compe	er. Indicate the secu ditional securities d	urity codes for a									er	

a) Name of person comp	ensated and regis	stration	status											
Indicate whether the person con	npensated is a regist	rant.			🗌 No		\checkmark	Yes						
If the person compensated is an	individual, provide i	the nam	e of the	individ	dual.									
Full legal name of indivi	dual													
		Family n	ame			Firs	t given	name		Seco	ndary (given na	ames	
If the person compensated is no	t an individual, prov	ide the j	following	g infori	mation.									
Full legal name	of non-individual	EMD	Financi	ial Inc										
Fi	rm NRD number	3	6	4	8	0			(if app	licable)				
Indicate whether the person con	npensated facilitated	l the dis	ı tributior	n throu	igh a fundi	ng port	tal or o	an intern	⊐ et-based	portal.	\checkmark] No		Yes
b) Business contact inform	mation													
If a firm NRD number is not pro	vided in Item 8 (a), p	provide	the busii	ness co	ontact info	rmation	n of th	e person	being cor	npensated.				
Street address														
Municipality								Provinc	e/State					
Country		Postal code/Zip code												
Email address	Telephone number													
c) Relationship to issuer of	ationship to issuer or investment fund manager													
Indicate the person's relationshi the Instructions and the meanin											nnecte	ed" in I	Part B	(2) of
Connect with the issue	er or investment fun	d mana	ger				Inside	er of the i	ssuer (ot	her than an	invest	ment f	und)	
Director or officer of the	e investment fund o	or inves	tment fu	ind ma	anager		Emple	oyee of th	ne issuer	or investme	ent fun	d man	ager	
✓ None of the above														
d) Compensation details														
Provide details of all compensati Canadian dollars. Include cash co incidental to the distribution, suc allocation arrangements with the	ommissions, securiti h as clerical, printin	es-base g, legal	d compe or accou	nsatio Inting	n, gifts, dis services. A	counts n issuer	or oth r is no	er compe t required	ensation. I to ask fo	Do not repo	rt payı	ments	for ser	rvices
Cash commissions pa	id 3,6	75.00						Security	code 1	Security co	ode 2	Secu	rity coo	de 3
Value of all securitie	s			c	Sociurity or	doo			л s	U B	s	W	N	T
distributed as compensation	۱ ⁴			c	Security co	lues								
Describe te	erms of warrants, op	otions o	r other r	ights	compen unit of t	sation ne issu , 2022	warr uer at . Eac	ant entit a price	les the l of \$0.05	re issued. holder ther 5 per unit a sed of one	eof to t any	time	until	ne
Other compensatior) ⁵		Des	cribe										
Total compensation pa	id													
Check box if the per	son will or may rec	eive any	/ deferre	ed com	npensatior	(descr	ribe th	e terms l	pelow)					
⁴ Provide the aggregate value o additional securities of the issu rights exercisable to acquire ac ⁵ Do not include deferred compo- action of the security of the securit	er. Indicate the secu Iditional securities c	urity cod	les for a											r

a) Name of person compe	ensated and regis	stration	status							
Indicate whether the person com	pensated is a regist	rant.			No		\checkmark	Yes		
If the person compensated is an	individual, provide	the nam	e of the ind	ividual.						
Full legal name of indivi	dual									
		Family na	ame			First g	given n	ame		Secondary given names
If the person compensated is not	an individual, prov	ide the f	ollowing in	formatio	on.					
Full legal name of	of non-individual	Haywo	ood Secur	ities Ind	с.					
Fir	m NRD number	1	6	3	0				(if app	licable)
Indicate whether the person com	pensated facilitated	l the dist	tribution th	rough a	funding	porta	l or an	interne	t-based	portal. 🗸 No 🗌 Yes
b) Business contact inform	nation									
If a firm NRD number is not prov	vided in Item 8 (a), p	provide t	he business	contact	t inform	ation c	of the p	person b	peing con	npensated.
Street address										
Municipality							Ρ	rovince	e/State	
Country						Po	ostal c	ode/Zi	p code	
Email address						-	Telep	hone r	umber	
c) Relationship to issuer c	or investment fun	d mana	iger							
Indicate the person's relationship the Instructions and the meaning										aning of "connected" in Part B(2) of
Connect with the issue]		-	-		her than an investment fund)
Director or officer of th	e investment fund	or invest	ment fund	manage	er [ΠE	mploy	ee of th	e issuer	or investment fund manager
None of the above					_					
d) Compensation details										
Provide details of all compensation Canadian dollars. Include cash co	ommissions, securiti h as clerical, printin	es-based g, legal (l compensa or accountii	tion, gift ng servic	ts, discou ces. An i	unts oi ssuer i	r other is not r	r compe required	nsation. to ask fo	stribution. Provide all amounts in Do not report payments for services or details about, or report on, internal
Cash commissions pair		40.00					_	Security		Security code 2 Security code 3
Value of all securities distributed as compensation				Secur	ity code	s		C N		U B S W N T
	rms of warrants, op	otions or	other right	war issu	rant er Jer at a	ntitles price	the h e of \$0	older t 0.05 pe	hereof t er unit a	e issued. Each compensation o acquire one unit of the t any time until April 14, 2022. mon share and one warrant.
Other compensation	5		Describ	e						
Total compensation pair	d									
Check box if the pers	son will or may rec	eive any	deferred c	ompens	ation (d	lescrib	be the	terms b	elow)	
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire ad ⁵ Do not include deferred compe	er. Indicate the sec ditional securities d	urity coa	les for all se							

a) Name of person comp	ensated and regis	stration	status											
Indicate whether the person con	npensated is a regist	rant.			🗌 No		\checkmark	Yes						
If the person compensated is an	individual, provide t	the nam	e of the	individ	dual.									
Full legal name of indivi	dual													
		Family n	ame			Firs	t given	name		Seco	ndary (given na	ames	
If the person compensated is no	t an individual, prov	ide the j	following	g infor	mation.									
Full legal name	of non-individual	Hamp	ton Se	curitie	s Limited	ł								
Fi	rm NRD number	2	8	9	0				(if app	olicable)				
Indicate whether the person con	npensated facilitated	l the dis	ı tributior	n throu	gh a fund	ing port	tal or o	an intern	_ et-based	portal.	\checkmark] No		Yes
b) Business contact inform	mation													
If a firm NRD number is not pro	vided in Item 8 (a), p	provide	the busi	ness co	ontact info	rmation	n of th	e person	being coi	mpensated.				
Street address														
Municipality								Provinc	e/State					
Country		Postal code/Zip code												
Email address							Tele	phone	number					
c) Relationship to issuer of	Relationship to issuer or investment fund manager													
Indicate the person's relationship the Instructions and the meanin Connect with the issue Director or officer of th	g of "control" in sect er or investment fun	tion 1.4 Id mana	of NI 45 iger	-106 f	or the purp	poses of	f comp Inside	<i>eleting th</i> of the	<i>is section</i> issuer (ot		invest	ment f	und)	(2) of
✓ None of the above														
d) Compensation details														
Provide details of all compensati Canadian dollars. Include cash co incidental to the distribution, suc allocation arrangements with the	ommissions, securitie h as clerical, printing	es-base g, legal	d compe or accou	ensatio unting	n, gifts, dis services. A	counts n issuer	or oth r is no	er comp t require	ensation. d to ask f	Do not repo	rt payı	ments †	for sei	rvices
Cash commissions pa	id 25,6	75.00						Securit	y code 1	Security co	nde 2	Secur	rity coo	de 3
Value of all securitie	s				Na a				M S	U B	s	w	N	T
distributed as compensation	1 ⁴			3	Security co	aes								
Describe te	erms of warrants, op	otions o	r other r	ights	comper unit of t	he issu , 2022	warr uer at . Eac	ant enti a price	tles the of \$0.0	ere issued holder ther 5 per unit a sed of one	eof to t any	acqu time ι	until	ne
Other compensation	1 ⁵		Des	cribe										
Total compensation pa	id													
Check box if the per	son will or may rece	eive any	/ deferre	ed com	pensatior	ı (descr	ribe th	e terms	below)					
⁴ Provide the aggregate value o additional securities of the issu rights exercisable to acquire ac ⁵ Do not include deferred compo- ⁵ Do not include deferred compo- action of the security of the secur	er. Indicate the secu Iditional securities o	urity cod	des for a											r

ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER									
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.									
Indicate whether the issuer is any o	f the following (seled	t the one that appli	es - if more than one	e applies, select onl	y one).				
✓ Reporting issuer in any jurisdiction of Canada									
Foreign public issuer									
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶									
Provide name of reporting issuer									
Wholly owned subsidiary of	a foreign public iss	uer ⁶						_	
Provide name of	foreign public issue	er]	
Issuer distributing only eligible foreign securities and the distribution is to permitted clients only ⁷									
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.									
a) Directors, executive officers and promoters of the issuer									
Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.									
Organization or company name	Family name	First given name	Secondary given names	non-individ resident jurisdictio	Business location of non-individual or residentail jurisdiction of individual		elationship to issuer select all that apply)		
				Province or	country	D	0	Р	
b) Promoter information									
If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.									
Organization or company name	Family name First give	First given name	Secondary given names	Residential jurisdiction of individual	jurisdiction of individual (select o		tionship to promoter one or both if applicable)		
				Province or country	D		С)	
c) Residential address of each individual									

Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.

ITEM 10 - CERTIFICATION

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

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

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

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

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of exemt distribution.

By completing the information below, I certify, on behalf of the issuer/underwriter/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.

Name of issuer/underwriter/ investment fund manager/agent	Revive Therapeutics Ltd.						
Full legal name	Frank Michael						
	Family name	First given name		Secondary given names			
Title	Chief Executive Officer						
Telephone number	8889010036	Email address	mfrank@revivethera.com				
Signature	Michael Frank	Date	2020	04	16		
			YYYY	MM	DD		

ITEM 11- CONTACT PERSON

Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.

Same as individual certifying the report

Full legal name				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.