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 amended. 	(YYYY-MM-DD

ITEM 2 - PARTY CERTIFYING THE REPORT

Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.

Investment fund issuer

- Issuer (other than an investment fund)
- Underwriter

ITEM 3 - ISSUER NAME AND OTHER IDENTIFIERS

Provide the following information about the issue	r, or if the issuer is an investment fund, about the fund.
Full legal name	Revive Therapeutics Ltd.
Previous full legal name	
If the issuer's name changed in the last 12 month	s, provide most recent previous legal name.
Website	(if applicable)
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 securit	y, provide the full legal name(s) of the co-issuer(s) other than the issuer named above.
Full legal name(s) of co-	(if applicable)
issuer(s)	

ITEM 4 - UNDERWRITER INFORMATION								
If an underwriter is completing the report, provide the underwriter's full legal name and firm NRD number.								
Full legal name								
Firm NRD number	(if applicable)							
If the underwriter does not have a	firm NRD number, provide the head office contact information of the underwriter.							
Street address								
Municipality	lity Province/State							
Country	Postal code/Zip code							
Telephone number	Website	(if applicable)						

Item 5 - Issuer Information							
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.							
a) Primary industry							
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that 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							
Cryptoassets N/A							
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 <u>SEDAR</u> profile?							
No Yes If yes, provide SEDAR profile number 0 0 0 3 4 4 6 0							
If the issuer does not have a SEDAR profile complete Item 5(d) – (h).							
d) Head office address							
Street address Province/State							
Municipality Postal code/Zip code							
Country Telephone number							
e) Date of formation and financial year-end							
Date of formation							
f) Reporting issuer status							
Is the issuer a reporting issuer in any jurisdiction of Canada? No Yes							
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.							
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □							
g) Public listing status							
If the issuer has a CUSIP number, provide below (first 6 digits only).							
CUSIP number							
If the issuer is publicly listed, provide the 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 annu financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.	al
□ \$0 to under \$5M	
S100M to under \$500M S500M to under \$1B \$1B or over	
Item 6 - Investment Fund Issuer Information	
If the issuer is an investment fund, provide the following information.	
a) Investment fund manager information	
Full legal name	
Firm NRD Number (if applicable)	
If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager.	-
Street Address	
Municipality Province/State	
Country Postal code/Zip code	
Telephone number Website (if applicable)	
b) Type of investment fund	
Type of investment fund that most accurately identifies the issuer (select only one).	
Money market Equity Fixed income Balanced	
Alternative strategies 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 ¹	
¹ Undertaking for the Collective Investment of Transferable 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.	
c) Date of formation and financial year-end of the investment fund	
Date of formation Financial year-end	
YYYY MM DD MM DD	
d) Reporting issuer status of the investment fund	
Is the investment fund a reporting issuer in any jurisdiction of No Yes Canada?	
If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.	
ΠΝΣ ΠΝυ ΠΟΝ ΠΡΕ ΠΩC ΠSK ΠΥΤ	
e) Public listing status of the investment fund	<u> </u>
If the investment fund has a CUSIP number, provide below (first 6 digits only). CUSIP number N/A 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.	ę
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	S500M to under \$1B	\$1B or over Date of NAV calculation:						
				YYYY	MM	DD		

Item 7 -	INFORMAT	TION AB	OUT THE DISTRIE	BUTION					
purchasers re	sident in that j ith the distribu	jurisdiction o	ompletes a distribution of Canada only. Do not a must be disclosed in Ite	include in Item 7 secu	ities issued as payn	nent of commissio	ons or finder	's fees in	
a) Cu	urrency								
Select the cur	rency or curre	ncies in whic	h the distribution was i	made. All dollar amou	nts provided in the i	eport must be in	Canadian do	ollars.	
	Canadian dollar US dollar Euro Other (describe)								
b) Di	stribution c	date(s)							
as both the st		ates. If the ro by the repor	23 01 12						
c) De	etailed purc	haser info	ormation						
Complete :	Schedule 1	of this for	m for each purcha	ser and attach th	e schedule to th	e completed	report.		
d) Ty	pes of secu	irities dist	ributed						
-	5,	-	distributions reported nber, indicate the full 9					o indicate the	
				-	-		Canadian	\$	
Security co		IP number pplicable)	Descriptic	Description of security		Number of Single or securities lowest price		Total amount	
U B S	5		Each unit consists share and one (1) purchase warrant	of one (1) common common share	28,676,064	0.15	0.15	\$4,301,409	
e) De	etails of righ	nts and co	nvertible/exchange	eable securities					
			re distributed, provide t conversion ratio and de					angeable	
Convertible exchangeal security co	ble	ving security code		se price idian \$) Highest	Expiry date (YYYY-MM-DD)	Conversion ratio		e other terms (if oplicable)	
W N 1	С	M S	0.20	0.20	2026-01-12	1:1	N/A		
f) Su	ummary of t	the distrib	ution by jurisdictio	n 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 purchasers ^{2a}	Total amount (Canadian \$)			
Ontario	NI 45-106 5A.2 [Listed issuer financing exemption]	27	\$2,667,389.70			
British Columbia	NI 45-106 5A.2 [Listed issuer financing exemption]	5	\$282,000.00			
Quebec	NI 45-106 5A.2 [Listed issuer financing exemption]	5	\$212,019.90			
Germany	NI 45-106 5A.2 [Listed issuer financing exemption]	3	\$450,000.00			
United States	NI 45-106 5A.2 [Listed issuer financing exemption]	1	\$540,000.00			
Bahamas	NI 45-106 5A.2 [Listed issuer financing exemption]	\$150,000.00				
	Total dollar amount of securities distributed					
	Total number of unique purchasers ^{2b} 34					

^{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.

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.

	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)
1.				
2.				
3.				

ITEM 8 - COMPENSATION INFORMATION (1 OF 9)								
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 Xes If yes, indicate number of persons compensated. 9								
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 name First given name Secondary given names								
If the person compensated is not an individual, provide the following information.								
Full legal name of non-individual EMD Financial Inc.								
Firm NRD number 3 6 4 8 0 (if applicable)								
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.								
No Yes								
b) Business contact information								
If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated.								
Street address								
Municipality Province/State								
Country Postal code/Zip code								
Email address Telephone number								
c) Relationship to issuer or investment fund manager								
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). 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.								
Connected with the issuer or investment fund manager								
Insider of the issuer (other than an investment fund ar investment fund manager								
 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 compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.

Cash commissions paid	\$178,205.74											
Value of all securities distributed as compensation ⁴		Securit	y codes	Secu W	urity co N	de 1 T	Secu	rity coo	de 2	Secu	rity co	de 3
Describe terms of w	arrants, options	s or other rights	1,454,7 which e commo per con	entitle on sha	es the are of	e hold [:] the l	ler to ssuer	acqui for th	re on ne pri	ne (1) ice of		
Other compensation ⁵		Describe										
Total compensation paid	\$178,205.74											
Check box if the perso	n will or may re	eceive any deferr	ed comp	ensat	tion (descr	ibe th	e terr	ns be	low)		
Provide the aggregate value of all securities		• • • • • • • • • • • • • • • • • • • •	<u>q</u> options, v	warran	nts or c	ther rig	ghts ex	ercisab	ole to a	acquire	e addit	ional

⁴Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer.

⁵Do not include deferred compensation.

Item 8 - Compensation Information (2 of 9)				
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection w the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.	vith			
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.				
No Xes If yes, indicate number of persons compensated. 9				
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 name First given name Secondary given names				
If the person compensated is not an individual, provide the following information.				
Full legal name of non-individual PI Financial Corp.				
Firm NRD number 5 2 9 0 (if applicable)				
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.				
🛛 No 🗌 Yes				
b) Business contact information				
If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated.				
Street address				
Municipality Province/State				
Country Postal code/Zip code				
Email address Telephone number				
c) Relationship to issuer or investment fund manager				

Indicate the person's relationship with the issuer or investment fund manager (select all that apply). 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.

Connected with the issuer or investment fund man	agei
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- 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 compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.

Cash commissions paid	\$19,350						
Value of all securities distributed as compensation ⁴		Securit	y codes	Secur W	ity code 1 N T	Security code 2	Security code 3
Describe terms of wa	arrants, options	s or other rights	which e	entitles on shar	s the hold e of the l	ble finder warra er to acquire of ssuer for the pr il January 12, 2	ne (1) ice of \$0.15
Other compensation ⁵		Describe					
Total compensation paid	\$19,350						
Check box if the perso	n will or may re	eceive any deferr	ed comp	ensati	on (descri	be the terms b	elow)
⁴ Provide the aggregate value of all securities securities of the issuer. Indicate the security to acquire additional securities of the issuer.	codes for all securi						

⁵Do not include deferred compensation.

ITEM 8 - COMPENSATION INFORMATION (3 OF 9) 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 \boxtimes Yes If yes, indicate number of persons compensated. 9 a) Name of person compensated and registration status Indicate whether the person compensated is a registrant. \boxtimes No Yes If the person compensated is an individual, provide the name of the individual. Full legal name of individual Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. Full legal name of non-individual | First Republic Capital Corporation Firm NRD number 2 7 2 7 0 (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. \boxtimes No Yes b) Business contact information

If a firm NRD number is not provided	in Item 8(a), provide the business contac	t information of the person being compensated.			
Street address					
Municipality		Province/State			
Country		Postal code/Zip code			
Email address		Telephone number			
c) Relationship to issuer or i	nvestment fund manager				
Indicate the person's relationship with the the Instructions and the meaning of "contro		ct all that apply). Refer to the meaning of "connected" in Part B(2) of			
	ssuer or investment fund manag				
	other than an investment fund)				
	the investment fund or investme	nt fund manager			
	er or investment fund manager	C C			
None of the above					
d) Compensation details					
		em 8(a) in connection with the distribution. Provide all amounts in			
		discounts or other compensation. Do not report payments for services An issuer is not required to ask for details about, or report on,			
internal allocation arrangements with the					
Cash commissions paid	\$10,800				
Value of all securities		Security code 1 Security code 2 Security code 3			
distributed as compensation ⁴	Securi	ty codes W N T			
	varrants, options or other rights	72,000 non-transferable finder warrants, each of			
		which entitles the holder to acquire one (1)			
		common share of the Issuer for the price of \$0.15			
		per common share until January 12, 2026			
Other compensation ⁵	Describe				
Total compensation paid \$10,800					
Check box if the person will or may receive any deferred compensation (describe the terms below)					
		<u>a</u> options, warrants or other rights exercisable to acquire additional			
to acquire additional securities of the issue		ompensation, <u>including</u> options, warrants or other rights exercisable			
⁵ Do not include deferred compensation.					
ITEM 8 - COMPENSATION INFO	DRMATION (4 OF 9)				
Provide information for each person (as de	fined in NI 45-106) to whom the issuer d	irectly provides, or will provide, any compensation in connection with			
the distribution. Complete additional copie	es of this page if more than one person	was, or will be, compensated.			
Indicate whether any compensation was pa	id, or will be paid, in connection with the	distribution.			

No X Yes If yes, indicate number of persons compensated. 9

a) Name of person compensated and registration status

Indicate whether the person compensated is a registrant.			
\square No \square Yes			
If the person compensated is an individual, provide the name	of the individual		
Full legal name of			
individual			
Family	name	First given name	Secondary given names
If the person compensated is not an individual, provide the fol	lowing information.		
Full legal name of non-individual iA P	rivate Wealth Inc		
Firm NRD number 1	5 4 0	0 (if a	oplicable)
Indicate whether the person compensated facilitated the distr			
No Ves	ization through a jun		
,			
If a firm NRD number is not provided in Item 8(a), provid	e the business contac	t information of the person	being compensatea.
Street address			
Municipality		Province/S	State
Country		Postal code/Zip	code
Email address		Telephone nur	nber
c) Relationship to issuer or investment func	l manager		
Indicate the person's relationship with the issuer or investmen			
the Instructions and the meaning of "control" in section 1.4 of			ction.
Connected with the issuer or investm	-	er	
Insider of the issuer (other than an in		at fund menses	
Director or officer of the investment		nt fund manager	
Employee of the issuer or investmen	t fund manager		
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 o		-	
internal allocation arrangements with the directors, officers of	-	-	
Cash commissions paid \$20,700]		
Value of all securities		Security code	1 Security code 2 Security code 3
distributed as	Securi	ty codes W N T	
compensation ⁴			
Describe terms of warrants, option	is or other rights		rable finder warrants, each of
			older to acquire one (1)
			e Issuer for the price of \$0.15 Intil January 12, 2026
	-	per common share u	
Other compensation $\overset{\circ}{}$	Describe		
Total compensation paid \$20,700]		
Check box if the person will or may r	eceive any defer	red compensation (des	cribe the terms below)
⁴ Provide the aggregate value of all securities distributed as co securities of the issuer. Indicate the security codes for all securi			-
to acquire additional securities of the issuer.			
⁵ Do not include deferred compensation.			

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. Indicate whether any compensated and registration status Indicate whether the person compensated is a registrant. Indicate whether the person compensated is a registrant. Indicate whether the person compensated is a registrant. Individual Yes If the person compensated is a registrant. Individual Family name Full legal name of non-individual, provide the name of the individual. Full legal name of non-individual provide the following information. Firm NRD number 9 No Yes b) Business contact information If of irm NRD number is not provide the distribution through a funding portal or an internet-based portal. Street address Municipality Province/State Country Postal code/Zip code Email address Telephone number 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 compl	Item 8 - Compensation Information (5 of 9)					
No Yes If yes, indicate number of persons compensated. 9 a) Name of person compensated and registration status Indicate whether the person compensated is a registront. No Yes Indicate whether the person compensated is a registront. No Yes If the person compensated is an individual, provide the name of the individual. Full legal name of individual, provide the following information. Full legal name of non-individual Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. Full legal name of non-individual Canaccord Genuity Corp. Firm NRD number 9 0 (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No Yes b) Business contact information If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address						
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No Yes If the person compensated is an individual, provide the name of the individual. Full legal name of individual Family name Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. Full legal name of non-individual Canaccord Genuity Corp. Firm NRD number 9 0 Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No Yes b) Business contact information If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address	a) Name of person compensated and registration status					
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Full legal name of individual Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. Full legal name of non-individual Canaccord Genuity Corp. Furn NRD number 9 0 0 (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No Yes b) Business contact information If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address	🗌 No 🔀 Yes					
individual Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. Full legal name of non-individual Canaccord Genuity Corp. Firm NRD number 9 0 0 (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No Yes b) Business contact information If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address Municipality Country Postal code/Zip code Telephone number () Relationship to 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 "connected" in Val 45-106 for the purposes of completing this section. Connected with the issuer or investment fund manager	If the person compensated is an individual, provide the name of the individual.					
If the person compensated is not an individual, provide the following information. Full legal name of non-individual Canaccord Genuity Corp. Firm NRD number 9 0 0 Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No Yes b) Business contact information If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address Municipality Country Email address 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.						
Full legal name of non-individual Canaccord Genuity Corp. Firm NRD number 9 0 0 (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Image: Comparison of the person based portal. Image: Comparison of the person based portal. b) Business contact information If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address Image: Country Province/State Municipality Province/State Image: Country Email address Telephone number Telephone number 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.						
Firm NRD number 9 0 0 (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No Yes b) Business contact information If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address Municipality Country Email address 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 "connected" in Yes 106 for the purposes of completing this section.						
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No Yes b) Business contact information If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address Municipality Province/State Country Email address Indicate the person's relationship to 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.	Full legal name of non-individual Canaccord Genuity Corp.					
No Yes b) Business contact information If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address Municipality Province/State Country Postal code/Zip code Email address 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.	Firm NRD number 9 0 0 (if applicable)					
b) Business contact information If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address Municipality Province/State Country Postal code/Zip code Email address C) Relationship to issuer or investment fund 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. Connected with the issuer or investment fund manager	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.					
If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address Municipality Province/State Country Postal code/Zip code Email address Telephone number c) Relationship to issuer or investment fund manager Indicate the person's relationship with the issuer or investment fund manager (select all that apply). 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. Connected with the issuer or investment fund manager	No Ses					
Street address	b) Business contact information					
Municipality Province/State Country Postal code/Zip code Email address Telephone number c) Relationship to issuer or investment fund manager Indicate the person's relationship with the issuer or investment fund manager (select all that apply). 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. Connected with the issuer or investment fund manager	If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated.					
Country Postal code/Zip code Email address Telephone number c) Relationship to issuer or investment fund manager Indicate the person's relationship with the issuer or investment fund manager (select all that apply). 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. Connected with the issuer or investment fund manager	Street address					
Email address Telephone number c) Relationship to issuer or investment fund manager Indicate the person's relationship with the issuer or investment fund manager (select all that apply). 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. Connected with the issuer or investment fund manager	Municipality Province/State					
 c) Relationship to issuer or investment fund 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. Connected with the issuer or investment fund manager 	Country Postal code/Zip code					
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. Connected with the issuer or investment fund manager	Email address Telephone number					
the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connected with the issuer or investment fund manager	c) Relationship to issuer or investment fund manager					
Connected with the issuer or investment fund 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					
I I 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	d) Compensation details					

Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.

Cash commissions paid	\$27,717											
Value of all securities distributed as compensation ⁴		Securit	y codes	Secu W	urity co N	ode 1 T	Secu	rity coo	de 2	Secu	rity co	de 3
Describe terms of wa	irrants, options	or other rights	184,780 which e commo per con	entitle on sha	es the are of	e hold f the I	ler to ssuer	acqui for th	re on 1e pri	ne (1) ice of		
Other compensation ⁵		Describe										
Total compensation paid	\$27,717											
Check box if the perso	n will or may re	eceive any deferr	ed comp	ensat	tion (descr	ibe th	e terr	ns be	low)		
Provide the aggregate value of all securities							-					

⁴Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer.

⁵Do not include deferred compensation.

ITEM 8 - COMPENSATION INFORMATION (6 OF 9)					
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection we the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.	with				
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.					
No Xes If yes, indicate number of persons compensated. 9					
a) Name of person compensated and registration status					
Indicate whether the person compensated is a registrant.					
No Xes					
If the person compensated is an individual, provide the name of the individual.					
Full legal name of individual					
Family name First given name Secondary given names	1				
If the person compensated is not an individual, provide the following information.					
Full legal name of non-individual BMO Nesbitt Burns Inc.					
Firm NRD number 2 5 8 0 (if applicable)					
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.					
🛛 No 🗌 Yes					
b) Business contact information					
If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated.					
Street address					
Municipality Province/State					
Country Postal code/Zip code					
Email address Telephone number					
c) Relationship to issuer or investment fund manager					

Indicate the person's relationship with the issuer or investment fund manager (select all that apply). 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.	

Connected with the issuer or investment fund man	agei
--	------

- 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 compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.

Cash commissions paid \$3,000					
Value of all securities distributed as compensation ⁴	Securit	y codes	Security code 1WNT	Security code 2	Security code 3
Describe terms of warrants, options or other rights Which entitles the holder to acquire one (1) common share of the Issuer for the price of \$0. per common share until January 12, 2026					ne (1) rice of \$0.15
Other compensation ⁵	Describe				
Total compensation paid \$3,000					
Check box if the person will o	may receive any deferr	ed comp	ensation (des	cribe the terms b	elow)
⁴ Provide the aggregate value of all securities distribut securities of the issuer. Indicate the security codes for					

⁵Do not include deferred compensation.

ITEM 8 - COMPENSATION INFORMATION (7 OF 9) 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 \boxtimes Yes If yes, indicate number of persons compensated. 9 a) Name of person compensated and registration status Indicate whether the person compensated is a registrant. \boxtimes No Yes If the person compensated is an individual, provide the name of the individual. Full legal name of individual Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. Full legal name of non-individual | Hampton Securities Limited Firm NRD number 2 8 9 0 (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. \boxtimes No Yes b) Business contact information

If a firm NRD number is not provi	led in Item 8(a), provide	e the business contac	t informat	ion of i	the pei	rson be	ing co	mpens	ated.			
Street address												
Municipality				Pi	rovino	ce/Sta	ate					
Country			Ро	stal c	ode/2	Zip co	de					
Email address			Т	elepl	none	numt	ber					
c) Relationship to issuer	or investment fund	manager										
Indicate the person's relationship with		-	ct all that i	annly)	Refer	to the	meanii	na of "i	connec	rted" ir	n Part I	B(2) of
the Instructions and the meaning of "co								ig of t	connee	icu m	in un t E	/2/0]
	ne issuer or investm	-	er									
	er (other than an inv	•										
	of the investment f		nt fund n	nanag	ger							
	suer or investment	fund manager										
None of the above	1											
d) Compensation details												
Provide details of all compensation pai Canadian dollars. Include cash commis. incidental to the distribution, such as c internal allocation arrangements with	sions, securities-based c erical, printing, legal or	ompensation, gifts, o accounting services.	liscounts o An issuer	r othe is not i	r comp require	ensati d to as	on. Do sk for a	not rep letails d	port po	ayment	s for se	
Cash commissions p	aid \$18,120											
Value of all securit				Sec	urity co	ode 1	Secu	urity co	ode 2	Secu	rity co	de 3
distributed compensatio		Securit	y codes	W	Ν	Т						
	of warrants, options	s or other rights	129,00	0 nor	n-trar	nsfera	ble fi	nder	warra	ants. e	each (of
	<i>2</i>	Ū	which									-
			commo	on sh	are o	f the I	Issuer	r for t	he pr	ice of	\$0.1	5
			per cor	mmoi	n sha	re un	til Jan	uary	12, 2	026		
Other compensation	5)n	Describe										
Total compensation pa	aid \$18,120											
Check box if the p	erson will or may re	- - ceive anv deferr	ed comr	ensa	tion (descr	ihe tł	he ter	ms he	elow)		
	,											
⁴ Provide the aggregate value of all sect	urities distributed as cor	npensation. excludin	a options.	warrai	nts or a	other ri	iahts e	xercisa	ble to	acauire	e addit	ional
securities of the issuer. Indicate the sec	urity codes for all securi	•										
to acquire additional securities of the is ⁵ Do not include deferred compensation												
bo not include dejerred compensation	<u>د</u>											

Item 8 - Compensation Information (8 of 9)
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 Xes If yes, indicate number of persons compensated. 9
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 name First given name Secondary given names
If the person compensated is not an individual, provide the following information.
Full legal name of non-individual Research Capital Corporation
Firm NRD number 3 0 7 0 (if applicable)
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.
🛛 No 🗌 Yes
b) Business contact information
If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated.
Street address
Municipality Province/State
Country Postal code/Zip code
Email address Telephone number
c) Relationship to issuer or investment fund manager
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) og
the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.
Connected with the issuer or investment fund manager
Insider of the issuer (other than an investment fund ar investment fund manager
 Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager
\square None of the above
d) Compensation details

Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.

Cash commissions paid	\$3,600										
Value of all securities distributed as compensation ⁴		Securit	y codes	Secu W	urity co N	ode 1 T	Secu	rity cod	le 2	Security	y code 3
Describe terms of wa	arrants, options	s or other rights	24,000 which e commo per con	entitle on sha	es the are of	e hold the l	er to ssuer	acqui for th	re or ie pri	ne (1) ice of \$(
Other compensation ⁵		Describe									
Total compensation paid	\$3,600]									
Check box if the perso	n will or may re	eceive any deferr	ed comp	ensat	tion (descri	ibe th	e tern	ns be	low)	
⁴ Provide the aggregate value of all securities securities of the issuer. Indicate the security to acquire additional securities of the issuer.	codes for all securi					-	-				

⁵Do not include deferred compensation.

ITEM 8 - COMPENSATION INFORMATION (9 OF 9)	
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.	connection with
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.	
No Xes If yes, indicate number of persons compensated. 9	
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 name First given name Secondary given r If the person compensated is not an individual, provide the following information.	iames
Full legal name of non-individual Aligned Capital Partners Inc.	
Firm NRD number 2 3 4 0 (if applicable)	
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.	
🛛 No 🗌 Yes	
b) Business contact information	
If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated.	
Street address	
Municipality Province/State	
Country Postal code/Zip code	
Email address Telephone number	
c) Relationship to issuer or investment fund manager	

Indicate the person's relationship with the issuer or investment fund manager (select all that apply). 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.

Connected	with the	issuer o	or investment	fund	manage

- 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 compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.

Cash commissions paid	\$10,980					
Value of all securities distributed as compensation ⁴		Securit	y codes	Security code 1WNT	Security code 2	Security code 3
Describe terms of w	arrants, options	s or other rights	which e	non-transferab entitles the hold on share of the I nmon share unt	ler to acquire or ssuer for the pr	ne (1) ice of \$0.15
Other compensation ⁵		Describe				
Total compensation paid Check box if the perso	\$10,980 on will or may re	eceive any deferr	ed comp	ensation (descr	ibe the terms be	elow)
⁴ Provide the aggregate value of all securities securities of the issuer. Indicate the security to acquire additional securities of the issuer. ⁵ Do not include deferred compensation.	codes for all securi					

ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER

If the issuer is an investment fund, do not complete Item 9. Proceed to Item 10.

Indicate whether the issuer is any of the following (select the one that applies – if more than one applies, select only one).

\boxtimes	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 issuer ⁶
	Provide name of foreign public issuer
	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.
	wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively.
	if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. finitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.

If the issuer is none of the above, check this box and complete Item 9(a) - (c).

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	Business location of non-individual or residential jurisdiction of individual	(sel	tionshi issuer ect all apply)	that
				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 given name	Secondary given names	Residential jurisdiction of individual	Relation prom (select one applic	oter or both if
				Province or country	D	0

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 exempt 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	Mich	ael			
	Family name	First given name		Se	econdary give	n names
Title	CEO					
Telephone number	888 901-0036			mfrank@	revivethera	a.com
Signature	(s) Michael Frank		Date	2023 YYYY	01 MM	23

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		Jean-Philippe		Title	Attorney				
	Family name	First given name	Secondary given names						
Name of company	Fasken Martineau Du	Fasken Martineau DuMoulin LLP							
Telephone number	514-397-5178		Email address	jpcote@	ofasken.com				

Notice - Collection and use of personal information

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

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

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

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.

Schedule 1 To Form 45 - 106 F1 (Confidential Purchaser Information)

Schedule 1 must be filed in the format of an Excel spreadsheet in a form acceptable to the securities regulatory authority or regulator.

The information in this schedule 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.

(a) General information (provide only once)

- 1. Name of issuer
- 2. Certification date (YYYY-MM-DD)

Provide the following information for each purchaser that participated in the distribution. For each purchaser, create separate entries for each distribution date, security type and exemption relied on for the distribution.

(b) Legal name of purchaser

If two or more individuals have purchased a security as joint purchasers, provide information for each purchaser under the columns for family name, first given name and secondary given names, if applicable, and separate the individuals' names with an ampersand. For example, if Jane Jones and Robert Smith are joint purchasers, indicate "Jones & Smith" in the family name column.

- 1. Family name
- 2. First given name
- 3. Secondary given names (*if applicable*)
- 4. Full legal name of non-individual *(if applicable)*

(c) Contact information of purchaser

- 1. Residential street address
- 2. Municipality
- 3. Province/State
- 4. Postal code/Zip code
- 5. Country
- 6. Telephone number
- 7. Email address (*if available*)

(d) Details of securities purchased

- 1. Date of distribution (YYYY-MM-DD)
- 2. Number of securities
- 3. Security code
- 4. Amount paid (Canadian \$)

(e) Details of exemption relied on

- 1. Rule, section and subsection number
- 2. If relying on section 2.3 [*Accredited investor*] of NI 45-106, provide the paragraph number in the definition of "accredited investor" in section 1.1 of NI 45-106 that applies to the purchaser. (select only one if the purchaser is a permitted client that is not an individual, "NIPC" can be selected instead of the paragraph number)

- 3. If relying on section 2.5 [*Family, friends and business associates*] of NI 45-106, provide:
 - a. the paragraph number in subsection 2.5(1) that applies to the purchaser (select only one); and
 - b. if relying on paragraphs 2.5(1)(b) to (i), provide:
 - i. the name of the director, executive officer, control person, or founder of the issuer or affiliate of the issuer claiming a relationship to the purchaser. (*Note: if Item 9(a) has been completed, the name of the director, executive officer or control person must be consistent with the name provided in Item 9 and Schedule 2.*)
 - ii. the position of the director, executive officer, control person, or founder of the issuer or affiliate of the issuer claiming a relationship to the purchaser.
- 4. If relying on subsection 2.9(2) or, in Alberta, New Brunswick, Nova Scotia, Ontario, Québec, or Saskatchewan, subsection 2.9(2.1) [*Offering memorandum*] of NI 45-106 and the purchaser is an eligible investor, provide the paragraph number in the definition of "eligible investor" in section 1.1 of NI 45-106 that applies to the purchaser. (*select only one*)

(f) Other information

Paragraphs f)1. and f)2. do not apply if any of the following apply:

- (a) the issuer is a foreign public issuer;
- (b) the issuer is a wholly owned subsidiary of a foreign public issuer;
- (c) the issuer is distributing only eligible foreign securities and the distribution is to permitted clients only.¹
 - 1. Is the purchaser a registrant? (Y/N)
 - 2. Is the purchaser an insider of the issuer? (Y/N) (not applicable if the issuer is an investment fund)
 - 3. Full legal name of person compensated for distribution to purchaser. *If a person compensated is a registered firm, provide the firm NRD number only. (Note: the names must be consistent with the names of the persons compensated as provided in Item 8.)*

INSTRUCTIONS FOR SCHEDULE 1

Any securities issued as payment for commissions or finder's fees must be disclosed in Item 8 of the report, not in Schedule 1.

Details of exemption relied on – When identifying the exemption the issuer relied on for the distribution to each purchaser, refer to the rule, statute or instrument in which the exemption is provided and identify the specific section and, if applicable, subsection or paragraph. For example, if the issuer is relying on an exemption in a National Instrument, refer to the number of the National Instrument, and the subsection or paragraph number of the specific provision. If the issuer is relying on an exemption in a local blanket order, refer to the blanket order by number.

For exemptions that require the purchaser to meet certain characteristics, such as the exemption in section 2.3 [*Accredited investor*], section 2.5 [*Family, friends and business associates*] or subsection 2.9(2) or, in Alberta, New Brunswick, Nova Scotia, Ontario, Québec, or Saskatchewan, subsection 2.9(2.1) [*Offering memorandum*] of NI 45-106, provide the specific paragraph in the definition of those terms that applies to each purchaser.

Reports filed under paragraph 6.1(1)(j) [*TSX Venture Exchange offering*] of NI 45-106 – For reports filed under paragraph 6.1(1)(j) [*TSX Venture Exchange offering*] of NI 45-106, Schedule 1 must list the total number of purchasers by jurisdiction only, and is not required to include the name, residential address, telephone number or email address of the purchasers.

¹ In Ontario, the substance of the blacklined italicized text was already incorporated in an Ontario-only amendment that came into force on July 29, 2016. The relief reflected in this italicized text was also previously provided in other CSA jurisdictions through blanket orders. Identical relief is now proposed for all CSA jurisdictions.

SCHEDULE 2 TO FORM 45-106F1 (CONFIDENTIAL DIRECTOR, EXECUTIVE OFFICER, PROMOTER AND CONTROL PERSON INFORMATION)

Schedule 2 must be filed in the format of an Excel spreadsheet in a form acceptable to the securities regulatory authority or regulator.

Complete the following only if Item 9(a) is required to be completed. This schedule also requires information to be provided about control persons of the issuer at the time of the distribution.

The information in this schedule 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.

a) General information (provide only once)

- 1. Name of issuer
- 2. Certification date (YYYY-MM-DD)
- b) Business contact information of Chief Executive Officer (if not provided in Item 10 or 11 of report)
 - 1. Email address
 - 2. Telephone number

c) Residential address of directors, executive officers, promoters and control persons of the issuer

Provide the following information for each individual who is a director, executive officer, promoter or control person of the issuer at the time of the distribution. If the promoter or control person is not an individual, provide the following information for each director and executive officer of the promoter and control person. (Note: names of directors, executive officers and promoters must be consistent with the information in Item 9 of the report, if required to be provided.)

- 1. Family name
- 2. First given name
- 3. Secondary given names
- 4. Residential street address
- 5. Municipality
- 6. Province/State
- 7. Postal code/Zip code
- 8. Country
- 9. Indicate whether the individual is a control person, or a director and/or executive officer of a control person (*if applicable*)

d) Non-individual control persons (*if applicable*)

If the control person is not an individual, provide the following information. For locations within Canada, state the province or territory, otherwise state the country.

- 1. Organization or company name
- 2. Province or country of business location

Questions:

Refer any questions to:

Alberta Securities Commission

Suite 600, 250 – 5th Street SW Calgary, Alberta T2P 0R4 Telephone: 403-297-6454 Toll free in Canada: 1-877-355-0585 Facsimile: 403-297-2082 Public official contact regarding indirect collection of information: FOIP Coordinator

British Columbia Securities Commission

P.O. Box 10142, Pacific Centre 701 West Georgia Street Vancouver, British Columbia V7Y 1L2 Inquiries: 604-899-6854 Toll free in Canada: 1-800-373-6393 Facsimile: 604-899-6581 Email: FOI-privacy@bcsc.bc.ca Public official contact regarding indirect collection of information: FOI Inquiries

The Manitoba Securities Commission

500 – 400 St. Mary Avenue Winnipeg, Manitoba R3C 4K5 Telephone: 204-945-2561 Toll free in Manitoba: 1-800-655-5244 Facsimile: 204-945-0330 Public official contact regarding indirect collection of information: Director

Financial and Consumer Services Commission (New Brunswick)

85 Charlotte Street, Suite 300 Saint John, New Brunswick E2L 2J2 Telephone: 506-658-3060 Toll free in Canada: 1-866-933-2222 Facsimile: 506-658-3059 Email: info@fcnb.ca Public official contact regarding indirect collection of information: Chief Executive Officer and Privacy Officer

Government of Newfoundland and Labrador

Financial Services Regulation Division P.O. Box 8700 Confederation Building 2nd Floor, West Block Prince Philip Drive St. John's, Newfoundland and Labrador A1B 4J6 Attention: Director of Securities Telephone: 709-729-4189 Facsimile: 709-729-6187 Public official contact regarding indirect collection of information: Superintendent of Securities

Government of the Northwest Territories

Office of the Superintendent of Securities P.O. Box 1320 Yellowknife, Northwest Territories X1A 2L9 Telephone: 867-767-9305 Facsimile: 867-873-0243 Public official contact regarding indirect collection of information: Superintendent of Securities

Nova Scotia Securities Commission

Suite 400, 5251 Duke Street Duke Tower P.O. Box 458 Halifax, Nova Scotia B3J 2P8 Telephone: 902-424-7768 Facsimile: 902-424-4625 Public official contact regarding indirect collection of information: Executive Director

Government of Nunavut

Department of Justice Legal Registries Division P.O. Box 1000, Station 570 1st Floor, Brown Building Iqaluit, Nunavut XOA 0H0 Telephone: 867-975-6590 Facsimile: 867-975-6594 Public official contact regarding indirect collection of information: Superintendent of Securities

Ontario Securities Commission

20 Queen Street West, 22nd Floor Toronto, Ontario M5H 3S8 Telephone: 416-593-8314 Toll free in Canada: 1-877-785-1555 Facsimile: 416-593-8122 Email: exemptmarketfilings@osc.gov.on.ca Public official contact regarding indirect collection of information: Inquiries Officer

Prince Edward Island Securities Office

95 Rochford Street, 4th Floor Shaw Building P.O. Box 2000 Charlottetown, Prince Edward Island C1A 7N8 Telephone: 902-368-4569 Facsimile: 902-368-5283 Public official contact regarding indirect collection of information: Superintendent of Securities

Autorité des marchés financiers

800, rue du Square-Victoria, 22e étage C.P. 246, tour de la Bourse Montréal, Québec H4Z 1G3 Telephone: 514-395-0337 or 1-877-525-0337 Facsimile: 514-873-6155 (For filing purposes only) Facsimile: 514-864-6381 (For privacy requests only) Email: financementdessocietes@lautorite.qc.ca (For corporate finance issuers); fonds_dinvestissement@lautorite.qc.ca (For investment fund issuers) Public official contact regarding indirect collection of information: Corporate Secretary

Financial and Consumer Affairs Authority of Saskatchewan

Suite 601 - 1919 Saskatchewan Drive Regina, Saskatchewan S4P 4H2 Telephone: 306-787-5842 Facsimile: 306-787-5899 Public official contact regarding indirect collection of information: Director

Office of the Superintendent of Securities Government of Yukon

Department of Community Services 307 Black Street, 1st Floor P.O. Box 2703, C-6 Whitehorse, Yukon Y1A 2C6 Telephone: 867-667-5466 Facsimile: 867-393-6251 Email: securities@gov.yk.ca Public official contact regarding indirect collection of information: Superintendent of Securities