Form 45-106F1 Report of Exempt Distribution

This is system-generated preview of your report. Do not submit this document.

ITEM 1 - REPORT TYPE										
✓ New report										
Amended report If amended, provide filing date	Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD)									
TEM 2 - PARTY CERTIFYING THE REPORT										
Indicate the party certifying the report (select only one). For guidance reg	_	restment fund, refer to section 1.1 of National								
Investment fund issuer	Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.									
✓ Issuer (other than an investment fund)										
☐ Underwriter										
ITEM 2 ICCUED NAME AND OTHER IDENTIFIEDS										
ITEM 3 - ISSUER NAME AND OTHER IDENTIFIERS Provide the following information about the issuer, or if the issuer is an ir	westment fund, about the fund									
Full legal name LeanLife Health Inc.	vestment juna, about the juna.									
Previous full legal name										
If the issuer's name changed in the last 12 months, provide most	recent previous legal name.									
Website	(if applicabl	e)								
If the issuer has a legal entity identifier, provide below. Refer to Part B of	the Instructions for the definition	of "legal entity identifier".								
Legal entity identifier										
If two or more issuers distributed a single security, provide the full legal n	ame(s) of the co-issuer(s) other th	an the issuer named above.								
Full legal name(s) of co-issuer(s)	(if applicabl	e)								
Item 4 - Underwriter Information										
If an underwriter is completing the report, provide the underwriter's full le	gal 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 of	fice contact information of the un	derwriter.								
Street address										
Municipality	Province/State									
Country	Postal code/Zip code									
Telephone number	Website	(if applicable)								

Item 5 - Issuer Information
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
a) Primary industry
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.
NAICS industry code 4 1 4 5 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
b) Number of employees
Number of employees: ✓ 0 - 49
c) SEDAR profile number
Does the issuer have a SEDAR profile?
No Yes If yes, provide SEDAR profile number 0 0 0 3 6 0 1 8
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 MM DD 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 and not a trading facility such as, for example, an automated trading system. Exchange name
h) Size of issuer's assets
, 5.25 355461 5 466616

Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.

☐ \$0 to under \$5M	☐ \$5M to under \$25M	☐ \$25M to under \$100M
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT FUND ISSUER INFORMATION								
If the issuer is an investment fund, provide the following information.								
a) Investment fund manager information								
Full legal name								
Firm NRD number	(if applicable)							
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.							
Street address								
Municipality	Province/State Province/State							
Country	Postal code/Zip code							
Telephone number	Website (if applicable)							
b) Type of investment	fund							
Type of investment fund tha	nt most accurately identifies the issuer (select only one) .							
Money market	☐ Equity ☐ Fixed income ☐ Balanced							
Alternative strateg	gies Cryptoasset Other (describe)							
	h of the following apply to the investment fund .							
	n other investment fund issuers							
☐ Is a UCITs Fund¹								
¹ Undertaking for the Collec (EU) directives that allow co	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union ollective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.							
c) Date of formation a	nd financial year-end of the investment fund							
Date of format	tion Financial year-end MM DD							
d) Reporting issuer st	atus of the investment fund							
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes							
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.							
AII	AB BC MB NB NL NT							
□ NS □	NU ON PE QC SK T							
e) Public listing status	s of the investment fund							
If the investment fund has a	CUSIP number, provide below (first 6 digits only)							
	CUSIP number							
	blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the oot a trading facility such as, for example, an automated trading system.							
Exchange n								
f) Net asset value (NA	AV) 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 \$500	DM S500M to under \$1B S1B or over Date of NAV calculation: YYYY MM DD							

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.

	· · · · · · · · · · · · · · · · · · ·									
a)	Currency									
Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.										
✓ Canadian dollar US dollar Euro Other (describe)										
b)	Distribution date(s)									
State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report.										
	Start date	2018	09	27	End date	2018	09	27		
		YYYY	MM	DD	-	YYYY	MM	DD	•	

c) Detailed purchaser information

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

d) Types of securities distributed

Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

					Canadian \$		
8	Security CUSIP number (if applicable)		Description of security	Number of securities	Single or lowest price	Highest price	Total amount
L	ВЅ		\$0.05 per unit (one common share and one common share purchase warrant at \$0.075)	11,400,000.00	0.0500	0.0500	650,000.00

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		hangeable		hangeable		xchangeable		derlyi urity c			se price dian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
							Lowest	Highest							
,	W	N	Т	С	M	S	0.0750		2021-09-27		Each Warrant shall entitle the holder to purchase one common share in the capital of the Corporation at a price of \$0.075 per Warrant Share for a period of 3 years following the Closing Date				

f) Summary of the distribution by jurisdiction and exemption

State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only.

This table requires a separate line item for: (i) each jurisdiction where a purchaser resides, (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign jurisdiction.

For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Exemption relied on	Number of unique ²⁸ purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	3	220,000.00
Poland	NI 45-106 2.5 [Family, friends and business associates]	2	15,000.00

Germany	NI 45-106 2.5 [Family, friends and business associates]	1	125,000.00		
Ontario	NI 45-106 2.3 [Accredited investor]	1	100,000.00		
Marshall Islands	NI 45-106 2.3 [Accredited investor]	1	40,000.00		
Newfoundland and Labrador	NI 45-106 2.3 [Accredited investor]	1	25,000.00		
Germany	NI 45-106 2.3 [Accredited investor]	4	50,000.00		
Switzerland	NI 45-106 2.3 [Accredited investor]	1	50,000.00		
Paraguay	Paraguay NI 45-106 2.3 [Accredited investor]				
	650,000.00				
	Total number of unique purchasers ² b	15			

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

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides. If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Net proceeds (Canadian \$)
Total net proceeds to the investment fund	

³"Net proceeds" means the gross proceeds realized in the jurisdiction from the distributions for which the report is being filed, less the gross redemptions that occurred during the distribution period covered by the report.

h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia.

If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in those jurisdictions.

In Ontario, if the offering materials listed in the table are required to be filed with or delivered to the Ontario Securities Commission (OSC), attach an electronic version of the offering materials that have not been previously filed with or delivered to the OSC.

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

^{2b} In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

ITEM 8 - COMPENSATION	I I NFORMATIO	N								
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 compensa	Indicate whether any compensation was paid, or will be paid, in connection with the distribution.									
No ✓ Yes	If yes, indica	te number of pe	rsons comper	nsated.	1					
a) Name of person compe	nsated and regis	tration status								
Indicate whether the person comp	pensated is a registr	rant.	☐ No	√	Yes					
If the person compensated is an i	ndividual, provide ti	he name of the ind	ividual.							
Full legal name of individ	dual									
	F	amily name		First given n	name		Secondar	y given names	 S	
If the person compensated is not	an individual, provi	de the following in	formation.							
Full legal name o	f non-individual	ALPHANORTH	ASSET MAN	AGEMENT	Γ					
Firr	m NRD number	2 6	3 3	0		(if app	licable)			
Indicate whether the person comp	l pensated facilitated	the distribution th		ļ	n internet-	based _i	portal. [✓ No [Yes	
b) Business contact inform	nation									
If a firm NRD number is not provi	ided in Item 8 (a), p	rovide the busines:	contact inform	ation of the	person bei	ng cor	npensated.			
Street address										
Municipality				P	Province/S	State				
Country				Postal o	code/Zip	code				
Email address				Telep	hone nui	mber			$\overline{}$	
c) Relationship to issuer of	r investment fund	d manager								
Indicate the person's relationship the Instructions and the meaning								cted" in Part	B(2) of	
Connect with the issuer	r or investment fund	d manager	[Insider	of the issu	uer (otl	her than an inve	estment fund	1)	
Director or officer of the	e investment fund o	or investment fund	manager [Employ	ee of the	issuer	or investment f	und manage	·r	
✓ None of the above										
d) Compensation details										
Provide details of all compensatio Canadian dollars. Include cash co- incidental to the distribution, such allocation arrangements with the	mmissions, securitie n as clerical, printing	es-based compenso g, legal or accounti	tion, gifts, disco ng services. An i	unts or othe	r compens required to	ation. ask fo	Do not report po	ayments for s	services	
Cash commissions paid	10,00	00.00			Security co	ode 1	Security code 2	Security of	code 3	
Value of all securities distributed as compensation			Security code	es						
•	rms of warrants, op	tions or other right	s							
Other compensation ⁵	_	Describ								
Total compensation paid	10,00	00.00								
Check box if the pers			ompensation (d	describe the	terms bel	ow)				
						_				
⁴ Provide the aggregate value of	all securities distrib	outed as compens	ation, excludina	options. wa	arrants or d	other ri	ights exercisable	e to acquire	_ _	
additional securities of the issue rights exercisable to acquire add	r. Indicate the secu	rity codes for all s	ecurities distribi	uted as com	pensation	includ	ding options, wa	arrants or oth	ier	

⁵Do not include deferred compensation.

tem 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE I SS	SUER					
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.									
Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only 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 issuer ⁶									
Provide name of foreign public issuer									
Issuer distributing only eligi	ble foreign securities	and the distributio	n is to permitted clie	ents only ⁷				_	
Issuer distributing only eligible foreign securities and the distribution is to permitted clients only If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10.									
⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions. ☐ If the 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	ization or company name Family name First give		Secondary given names				Relationship to issuer (select all that apply)		
				Province or	nce or country		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	urisdiction of (select one or both		to promoter th if applicable)		
				Province or country	D		C)	
c) Residential address of eac	h 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	LeanLife Health Inc.							
Full legal name	Forward							
	Family name	First given name	'	Seconda	ary given names			
Title	CFO							
Telephone number		Email address						
Signature	Casey Forward	Date	2018	11	06			
		•	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	Faris	Monita				Title	Corporate Admin	
	Family name	First given name		Secondary given names		•		
Name of company	Pacific Blue Holdings							
Telephone number	7789964483		Em	ail address	monita.faris	@gmail.c	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 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.