# 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 ame	ended (YYYY-MM-DD)			
ITEM 2 - PARTY CERTIFYING THE REPORT					
Indicate the party certifying the report (select only one). For guidance reg Instrument 81-106 Investment Fund Continuous Disclosure and the comp		restment fund, refer to section 1.1 of National			
☐ Investment fund issuer					
✓ Issuer (other than an investment fund)					
Underwriter					
ITEM 3 - ISSUER NAME AND OTHER IDENTIFIERS					
Provide the following information about the issuer, or if the issuer is an in	ovestment fund, about the fund.				
Full legal name Global Cannabis Appli	cations Corp.				
Previous full legal name					
If the issuer's name changed in the last 12 months, provide most	If the issuer's name changed in the last 12 months, provide most recent previous legal name.				
Website www.cannappscorp.co	om (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 549300DFCN73ZO9R	1423				
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)	co-issuer(s) (if applicable)				
ITEM 4 - UNDERWRITER INFORMATION					
If an underwriter is completing the report, provide the underwriter's full le	egal name and firm NRD number.				
Full legal name					
Firm NRD number	r (if applicable)				
If the underwriter does not have a firm NRD number, provide the head of	not have a firm NRD number, provide the head office contact information of the underwriter.				
Street address					
Municipality	Province/State				
Country	Postal code/Zip code				
Telephone number	Website	(if applicable)			

Primary industry	Item 5 - Issuer Information
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely carreagonds to the issuer is primary business activity.  NAICS industry code  5	If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
## If the issuer of employees    NalCs industry code	a) Primary industry
If the issuer is in the mining industry, indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.    Exploration   Development   Production   Development   Development	
mining industry. Select the category that best describes the issuer's stage of operations.    Exploration   Development   Production	NAICS industry code 5 4 1 9 9 0
Step	mining industry. Select the category that best describes the issuer's stage of operations.
Mortgages	
Cryptoassets  b) Number of employees:	
Number of employees:	
c) SEDAR profile number  Does the issuer have a SEDAR profile?  No Yes If yes, provide SEDAR profile number 0 0 0 0 3 6 3 0 9  If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Municipality  Country  Telephone number  e) Date of formation and financial year-end  Date of formation	b) Number of employees
Does the issuer have a SEDAR profile?  No Yes If yes, provide SEDAR profile number 0 0 0 3 6 3 0 9  If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Municipality  Country  Postal code/Zip code  Telephone number  e) Date of formation and financial year-end  Date of formation issuer status  Is the issuer a reporting issuer in any jurisdication of Canada? No Yes  If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.  All AB BC MB NB NB NL NT  NS NU ON PE QC SK YT  g) Public listing status  If the issuer has a CUSIP number, provide below (first 6 digits only)  CUSIP number  Exchange and not a trading facility such as, for example, an automated trading system.  Exchange name	Number of employees: ✓ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more
If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Municipality  Country  Date of formation and financial year-end  Date of formation issuer status  Is the issuer a reporting issuer in any jurisdication of Canada?  No Yes  If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.  All AB BC MB NB NB NL NT  NS NU ON PE QC SK YT  If the issuer 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	c) SEDAR profile number
If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Municipality  Country  Telephone number  e) Date of formation and financial year-end  Date of formation  Tyryy  MM  DD  Financial year-end  MM  DD  f) Reporting issuer status  Is the issuer a reporting issuer in any jurisdication of Canada?  No  Yes  If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.  All  AB  BC  MB  NB  NI  NI  NS  NU  ON  PE  QC  SK  YT   J Hubic listing status  If the issuer is publicly listed, 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	Does the issuer have a SEDAR profile?
d) Head office address  Street address  Municipality Country Postal code/Zip code Telephone number  e) Date of formation and financial year-end  Date of formation Financial year-end  Is the issuer a reporting issuer in any jurisdication of Canada? No Yes  If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.  All AB BC MB NB NB NL NT  NS NU ON PE QC SK YT  g) Public listing status  If the issuer has a CUSIP number, provide below (first 6 digits only)  CUSIP number As for example, an automated trading system.  Exchange name	No  ✓ Yes If yes, provide SEDAR profile number  0 0 0 3 6 3 0 9
Street address Province/State Municipality Postal code/Zip code Telephone number  e) Date of formation and financial year-end  Date of formation Financial year-end Date of formation Financial year-end MM DD  f) Reporting issuer status  Is the issuer a reporting issuer in any jurisdication of Canada? No Yes  If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.  All AB BC MB NB NB NL NT  NS NU ON PE QC SK YT  g) Public listing status  If the issuer has a CUSIP number, provide below (first 6 digits only)  CUSIP number Description 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	
Municipality  Country  Telephone number  Date of formation and financial year-end  Date of formation  YYYY MM DD  Financial year-end  MM DD  Financial year-end  MM DD  Telephone number  Financial year-end  MM DD  Financial year-end  MM DD  Telephone number  MM DD  Telephone number  Financial year-end  MM DD  Telephone number  NM DD  Telephone number  MM DD  Telephone number  No	d) Head office address
Country    Telephone number	Street address Province/State
e) Date of formation and financial year-end  Date of formation	Municipality Postal code/Zip code
Date of formation	Country Telephone number
f) Reporting issuer status  Is the issuer a reporting issuer in any jurisdication of Canada? No Yes  If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.  All AB BC MB NB NL NT NS NU ON PE QC SK YT  g) Public listing status  If the issuer has a CUSIP number GUSIP number CUSIP number Gustafus 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	e) Date of formation and financial year-end
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes  If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.  All AB BC MB NB NL NT  NS NU ON PE QC SK YT   g) Public listing status  If the issuer has a CUSIP number, provide below (first 6 digits only)  CUSIP number Suchange and not a trading facility such as, for example, an automated trading system.  Exchange name	
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.  All AB BC MB NB NL NT  NS NU ON PE QC SK YT   g) Public listing status  If the issuer has a CUSIP number, provide below (first 6 digits only)  CUSIP number Distributed 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	f) Reporting issuer status
All AB BC MB NB NL NT  NS NU ON PE QC SK YT   g) Public listing status  If the issuer has a CUSIP number, provide below (first 6 digits only)  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	Is the issuer a reporting issuer in any jurisdication of Canada? No Yes
NS NU ON PE QC SK YT  g) Public listing status  If the issuer has a CUSIP number, provide below (first 6 digits only)  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	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	AII AB BC MB NB NL NT
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	NS NU ON PE QC SK YT
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	g) Public listing status
exchange and not a trading facility such as, for example, an automated trading system.  Exchange name	
h) Size of issuer's assets	Exchange name
	h) Size of issuer's assets

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

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

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION
If the issuer is an inves	tment fund, provide the following information.
a) Investment fund ma	anager information
Full legal name	
Firm NRD number	(if applicable)
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.
Street address	
Municipality	Province/State
Country	Postal code/Zip code
Telephone number	Website (if applicable)
b) Type of investment	fund
Type of investment fund tha	nt most accurately identifies the issuer (select only one) .
Money market	☐ Equity ☐ Fixed income ☐ Balanced
Alternative strateg	gies Cryptoasset Other (describe)
Indicate whether one or bot	h of the following apply to the investment fund .
Invests primarily in	n other investment fund issuers
☐ Is a UCITs Fund¹	
<sup>1</sup> Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.
c) Date of formation a	and financial year-end of the investment fund
Date of forma	tion Financial year-end MM DD MM DD
d) Reporting issuer st	atus of the investment fund
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.
☐ AII ☐	AB BC MB NB NL NT
□ NS □	NU ON PE QC SK YT
e) Public listing status	s of the investment fund
If the investment fund has a	CUSIP number, provide below (first 6 digits only)
	CUSIP number
	blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the not a trading facility such as, for example, an automated trading system.
Exchange on an exchange and h	
-	AV) of the investment fund
	investment fund as of the date of the most recent NAV calculation (Canadian \$).
\$0 to under \$5M	s5M to under \$25M s25M to under \$100M
\$100M to under \$500	DM \$500M to under \$1B \$1B or over Date of NAV calculation:  YYYY MM DD

# **ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION**

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

a) C	urrency
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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 2021 02 22

YYYYY MM DD

End date 2021 02 22

#### 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 \$	
	Securit code	,	CUSIP number (if applicable)	Description of security  Number of securities		Single or lowest price	Highest price	Total amount
ι	JВ	8	37956B	Units, each consisting of one common share and one common share purchase warrant.	7,272,108.00	0.1050	0.1050	763,571.34

#### e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

	exch	angea	ertible / ngeable Underlying rity code security code		geable Underlying Exercise price (Capadian \$)		Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)		
							Lowest	Highest			
. [	W	N	Т	С	М	S	0.1700	0.1700	2024-02-22	1:1	

### 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 <sup>2</sup> purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	11	214,940.99
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	3	16,000.01
British Columbia	NI 45-106 2.14 [Securities for debt]	2	54,199.95
Alberta	NI 45-106 2.3 [Accredited investor]	4	78,750.00
Ontario	NI 45-106 2.3 [Accredited investor]	4	108,748.50
Ontario	NI 45-106 2.5 [Family, friends and business associates]	4	92,400.00
Québec	NI 45-106 2.3 [Accredited investor]	1	39,900.00

	Total number of unique purchasers <sup>2b</sup>	36	
	Total dollar amount of se	curities distributed	763,571.35
Australia	NI 45-106 2.5 [Family, friends and business associates]	2	19,999.98
Australia	NI 45-106 2.3 [Accredited investor]	3	47,131.98
United States	NI 45-106 2.14 [Securities for debt]	1	59,999.94
Saskatchewan	NI 45-106 2.3 [Accredited investor]	1	31,500.00

<sup>&</sup>lt;sup>2a</sup> 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	

<sup>&</sup>lt;sup>3</sup>"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)

<sup>&</sup>lt;sup>2b</sup> In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution.  Complete additional copies of this page if more than one person was, or will be, compensated.  Indicate whether any compensation was paid, or will be paid, in connection with the distribution.  No Yes If yes, indicate number of persons compensated.	ITEM 8 - COMPENSATION INFORMATION
No ✓ Yes If yes, indicate number of persons compensated.	Indicate whether any compensation was paid, or will be paid, in connection with the distribution.
	No ✓ Yes If yes, indicate number of persons compensated. 6

a) Name of person comp	pensated and reg	istration status								
Indicate whether the person co	ompensated is a regi	strant.	✓ No		Yes					
If the person compensated is a	n individual, provide	the name of the indiv	idual.							
Full legal name of indi	vidual									
		Family name	Firs	st given nar	me		Secondary g	iven names		
If the person compensated is n	ot an individual, pro	vide the following info	rmation.							
Full legal name	e of non-individua	Carmit Harnik Sa	ar TR UA 12/22	/2016 CI	HS Discret	onary T	rust			
F	Firm NRD number	-			(if a	pplicable	e)			
Indicate whether the person co	ompensated facilitate	ed the distribution thro	ugh a funding por	tal or an i	internet-base	d portal.	$\checkmark$	No [	Yes	
b) Business contact info	rmation									
If a firm NRD number is not pr	rovided in Item 8 (a),	provide the business o	ontact information	n of the pe	erson being (	ompensa	ited.			
Street address	3/17 Bellevue Pa	ark Road								
Municipality	Bellevue Hill			Pro	ovince/Stat	e NS	W			
Country	Australia		F	Postal co	de/Zip cod	e 202	23			
Email address				Teleph	one numbe	er 610	)41665608	4		
c) Relationship to issuer	r or investment fu	nd manager								
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.  Connect with the issuer or investment fund manager  Insider of the issuer (other than an investment fund)										
<u> </u>		•						ŕ		
Director or officer of	the investment fund	I or investment fund m	anager	Employe	e of the issu	er or inve	estment fund	d manager		
✓ None of the above										
d) Compensation details	3									
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with the	commissions, securi uch as clerical, printi he directors, officers	ties-based compensati ng, legal or accounting	on, gifts, discounts services. An issue	or other o	compensatio quired to asi	n. Do not	report payn	nents for se	ervices	
Cash commissions p	laid			S	Security code	Secu	rity code 2	Security co	ode 3	
Value of all securiti distributed as compensation	3 1	699.25	Security codes	L	J B S					
Describe	terms of warrants, of	options or other rights	35,231 Finder common shar exercisable at	e and or	ne commor	share p	ourchase v			
Other compensation	on <sup>5</sup>	Describe								
Total compensation pa	aid 3,6	699.25								
Check box if the pe	erson will or may re	ceive any deferred co	mpensation (desc	ribe the te	erms below)					
<sup>4</sup> Provide the aggregate value additional securities of the iss rights exercisable to acquire a <sup>5</sup> Do not include deferred comp	suer. Indicate the se additional securities	curity codes for all sec	ion, <u>excluding</u> opti curities distributed	ions, warr as compe	rants or othe ensation, <u>inc</u>	r rights e luding op	xercisable to otions, warra	ว acquire ants or othe	ər	

a) Name of person com	pensated and regis	stration statu	S									
Indicate whether the person co	mpensated is a regis	trant.		✓ No			Yes					
If the person compensated is a	n individual, provide	the name of th	e indivi	dual.								
Full legal name of indi	vidual											
		Family name			Firs	t given	name		5	Secondary of	given names	
If the person compensated is n	•		-									
Full legal name	of non-individual	Genie Innov	ative \$	Solutions	Pty Lt	d.						
F	Firm NRD number							(if ap	plicable)			
Indicate whether the person co	mpensated facilitated	d the distribution	on throu	igh a fundi	ng port	tal or a	n inter	net-based	portal.	$\checkmark$	No [	Yes
b) Business contact info	rmation											
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the bus	siness co	ntact info	rmation	n of the	persoi	n being co	mpensat	ed.		
Street address	2 Nolan Court											
Municipality	Ashwood					ſ	Provin	ce/State	Victo	oria		
Country	Australia				P	Postal	code/	Zip code	3147	7		
Email address						Tele	phone	number	6104	12993923	<del></del> 31	
c) Relationship to issuer	or investment fun	d manager										
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.  Connect with the issuer or investment fund manager  Insider of the issuer (other than an investment fund)  Director or officer of the investment fund or investment fund manager  Employee of the issuer or investment fund manager												
✓ None of the above												
d) Compensation details												
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, so allocation arrangements with to Cash commissions p	commissions, securiti uch as clerical, printin he directors, officers o	ies-based comp g, legal or acco	ensatio ounting	n, gifts, dis services. A	counts n issuei	or othe r is not	er comp require by the	pensation. ed to ask f issuer.	Do not i for detail:	report payr s about, or	ments for so report on,	ervices internal
очен очени постопо р							Secur	ity code 1	Securi	ty code 2	Security of	ode 3
Value of all securiti distributed as compensation	1 1 1 1	00.02	9	Security co	des		U	B S				
Describe	terms of warrants, o	otions or other	rights		nd one	comr	mon s	hare pur			f one com kercisable	
Other compensation	on <sup>5</sup>	De	scribe									
Total compensation pa	1,0	00.02										
Check box if the po	erson will or may rec	eive any defer	red com	npensation	(descr	ribe the	e terms	below)				
<sup>4</sup> Provide the aggregate value additional securities of the iss rights exercisable to acquire a <sup>5</sup> Do not include deferred com	uer. Indicate the sec additional securities o	urity codes for										er

a) Name of person compe	ensated and registration	on status								
Indicate whether the person com	npensated is a registrant.		☐ No	$\checkmark$	Yes					
If the person compensated is an	individual, provide the no	ame of the indivi	dual.							
Full legal name of indivi	idual									
	Famil	y name	Firs	t given na	ame	Secon	ndary given names	s		
If the person compensated is not	t an individual, provide th	ne following infor	mation.							
Full legal name	of non-individual Lee	de Jones Gab	le Inc.							
Fi	rm NRD number 5	7 7	0		(if ap	plicable)				
Indicate whether the person com	npensated facilitated the	distribution throu	igh a funding port	tal or an	internet-based	portal.	✓ No [	Yes		
b) Business contact inform	mation									
If a firm NRD number is not pro	vided in Item 8 (a), provid	le the business co	ontact information	of the p	erson being co	mpensated.				
Street address										
Municipality				Pr	rovince/State					
Country			F	Postal co	ode/Zip code					
Email address				Teleph	none number					
c) Relationship to issuer of	or investment fund ma	nager								
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.										
	er or investment fund ma		· · · <u>—</u>	-	-		investment fund	i)		
Director or officer of the	ne investment fund or inv	estment fund ma	anager $\square$	Employe	ee of the issue	r or investmer	nt fund manage	ùr		
_	ie investment fund of inv	comon rana me		Linploy	00 01 1110 10000		nt rana manage	"		
✓ None of the above										
d) Compensation details										
Provide details of all compensations and compensations and control con	ommissions, securities-ba h as clerical, printing, leg	sed compensatio al or accounting	n, gifts, discounts services. An issue	or other r is not re	compensation. equired to ask j	Do not report	t payments for s	services		
Cash commissions pai	7,360.08	8			Security code 1	Security cod	de 2 Security of	code 3		
Value of all securities distributed as compensation	-		Security codes	\	W N T					
Describe te	erms of warrants, options	or other rights	70,096 Finder 2024.	's Warra	ants exercisa	ble at \$0.17	until Februar	y 22,		
Other compensation	n <sup>5</sup>	Describe								
Total compensation pai	7,360.08	3								
Check box if the per	son will or may receive a	⊐ any deferred con	npensation (desci	ribe the t	erms below)					
<sup>4</sup> Provide the aggregate value o additional securities of the issu- rights exercisable to acquire ad <sup>5</sup> Do not include deferred compe	er. Indicate the security of Iditional securities of the	codes for all secu						ner		

a) Name of person compen	sated and regis	tration sta	tus												
Indicate whether the person comp	ensated is a registi	rant.		☐ No		$\checkmark$	Yes								
If the person compensated is an in	dividual, provide t	he name of	the indivi	dual.											
Full legal name of individu	ual														
	F	amily name			First	given r	name			Sec	ondary	given n	ames		J
If the person compensated is not a	n individual, provi	de the follo	wing infor	mation.											
Full legal name of	non-individual	Mackie R	esearch	Capital C	orpora	ition									
Firm	NRD number	3 (	0 7	0				(if a	applica	able)					
Indicate whether the person comp	ensated facilitated	the distribu	ıtion throu	ıgh a fund	ing port	al or a	n inter	 net-base	ed por	tal.	<b>✓</b>	✓ No	· [	Yes	
b) Business contact informa	ation														
If a firm NRD number is not provid	ded in Item 8 (a), p	rovide the b	ousiness co	ntact info	rmation	of the	persor	being	сотре	ensated.					
Street address															
Municipality						F	Provin	ce/Sta	te						
Country					Р	ostal	code/2	Zip cod	de [						
Email address						Telep	hone	numb	er						
c) Relationship to issuer or	investment fund	d manager													
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.															
Connect with the issuer			, 13 1001	or the purp		•	-			than ar	າ inves	stment	fund)		
Director or officer of the			nt fund ma	anager						investm			·		
None of the above				ago.	ш.		, 55 5.						.age.		
d) Compensation details	• 1 • 1 •		• 1	C 1: "	0( ) :				1:		D : 1				
Provide details of all compensation Canadian dollars. Include cash con incidental to the distribution, such allocation arrangements with the d	nmissions, securitie as clerical, printing	es-based cor g, legal or a	mpensatio ccounting	n, gifts, dis services. A	scounts o n issuer	or othe is not	r comp require	oensatio ed to as	n. Do	not rep	ort pay	/ments	for se	ervices	
Cash commissions paid	2,39	99.88					Socur	ty code	1 C	Security of	odo 2	Soci	urity co	odo 3	
Value of all securities			9	Security co	odes	ı	W	N 7		becurity c	Jule 2	0000	inty co		
distributed as compensation <sup>4</sup>		4:				- 10/				-1 00	47			.00	
Describe terr	ns of warrants, op	tions or oth	er rights	22,856 2024.	Finder	s war	rants	exercis	sable	at \$0.	17 unt	.II Febi	ruary	/ 22,	
Other compensation <sup>5</sup>			Describe												
Total compensation paid	2,39	9.88													
Check box if the person	on will or may rece	eive any def	erred con	npensation	ı (descri	ibe the	terms	below)							
<sup>4</sup> Provide the aggregate value of a	Il securities distrib	outed as con	mpensatio	on, <u>excludi</u>	ing optic	ons, wa	arrants	or othe	er right	ts exerc	isable	to acq	uire		
additional securities of the issuer rights exercisable to acquire addi	Indicate the secu	rity codes f	for all secu											er	
<sup>5</sup> Do not include deferred compen-															

a) Name of person compe	nsated and regis	stration statu	IS											
Indicate whether the person com	pensated is a regist	rant.		☐ No		✓	Yes	3						
If the person compensated is an i	ndividual, provide i	the name of th	ne indivi	dual.										
Full legal name of individ	dual													
		Family name			First	given	name			Sec	condary	given na	ames	
If the person compensated is not	an individual, prov	ide the followi	ing infor	mation.										
Full legal name o	f non-individual	Canaccord	Genui	ty Corp.										
Fin	m NRD number	9 0	0						(if appl	icable)				
Indicate whether the person com	pensated facilitated	the distributi	on thro	ugh a fund	ing port	al or a	n inte	rnet-l	based p	ortal.	<b>✓</b>	No		] Yes
b) Business contact inform	nation													
If a firm NRD number is not prov	ided in Item 8 (a), ¡	provide the bu	siness c	ontact info	rmation	of the	perso	n bei	ng com	pensated				
Street address														
Municipality						F	Provi	nce/S	State					
Country					Р	ostal	code	/Zip d	code					
Email address						Telep	ohone	e nur	nber					
c) Relationship to issuer o	r investment fun	d manager												
Indicate the person's relationship the Instructions and the meaning				-						ning of "o	connect	ed" in I	Part E	3(2) of
Connect with the issue			•	, ,		-	_			er than a	n inves	tment f	und)	
Director or officer of the	e investment fund o	or investment	fund ma	anager		Emplo	yee o	f the i	ssuer	or investr	nent fur	nd man	ager	
✓ None of the above					_									
d) Compensation details														
Provide details of all compensation Canadian dollars. Include cash co- incidental to the distribution, such allocation arrangements with the	mmissions, securiti as clerical, printin	es-based comp g, legal or acc	pensatio ounting	on, gifts, di: services. A	scounts ( In issuer	or other	er com requi	npenso red to	ation. E ask fo	Do not rep	ort pay	ments	for se	ervices
Cash commissions paid	4,2	00.00					Secu	rity co	de 1	Security	code 2	Secu	rity co	ode 3
Value of all securities distributed as compensation			;	Security co	odes		W	N	Т					
Describe ter	rms of warrants, op	otions or other	rights	40,000 2024.	Finder'	s Waı	rrants	s exe	rcisab	le at \$0.	17 unt	il Febr	uary	22,
Other compensation <sup>5</sup>	5	De	escribe	202 1.										
Total compensation paid	4,20	00.00												
Check box if the pers	son will or may reco	eive any defer	rred cor	npensation	n (descri	ibe the	e term	s belo	ow)					
<sup>4</sup> Provide the aggregate value of additional securities of the issue rights exercisable to acquire add <sup>5</sup> Do not include deferred compet	r. Indicate the secu ditional securities o	urity codes for												er

a) Name of person compensa	ated and registratio	n status								
Indicate whether the person compen	sated is a registrant.		☐ No	$\checkmark$	Yes					
If the person compensated is an indi	vidual, provide the nai	me of the indivi	dual.							
Full legal name of individua	ıl 💮									
	Family	name	· ·	First given	name		Seco	ndary given	names	
If the person compensated is not an	individual, provide the	e following infor	mation.							
Full legal name of n	on-individual PI Fi	nancial Corp.								
Firm N	NRD number 5	2 9	0			(if appli	cable)			
Indicate whether the person compen	sated facilitated the d	istribution throu	ıgh a funding	portal or a	n internet-l	based po	ortal.	✓ N	o	] Yes
b) Business contact informati	ion									
If a firm NRD number is not provide	d in Item 8 (a), provide	the business co	ontact inform	ation of the	person bei	ng comp	oensated.			
Street address										
Municipality				ſ	Province/S	State				
Country				Postal	code/Zip	code				
Email address				Tele	ohone nur	mber				
c) Relationship to issuer or in	vestment fund mar	nager								_
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.										
Connect with the issuer or			о <i>г иле рагроз</i> г Г				er than an	investmen	t fund)	
Director or officer of the in			anager F			,		ent fund ma	·	
✓ None of the above					, , , , , , , , , , , , , , , , , , , ,				age.	
d) Compensation details	aid onto be naid to t	ha navsan idanti	ified in Itams O	(a) in some	astion with	the dist	ibution D	mavida all a		a in
Provide details of all compensation p Canadian dollars. Include cash comm incidental to the distribution, such as	nissions, securities-bas clerical, printing, lega	ed compensation	n, gifts, discou services. An is	unts or othe ssuer is not	er compens required to	ation. Do ask for	o not repo	rt payment	s for se	ervices
allocation arrangements with the direction Cash commissions paid		7	ınaıvıauai coi	mpensatea _	by the issue	er.				
·	9,895.20			-	Security co		Security co	ode 2 Sed	curity co	ode 3
Value of all securities distributed as compensation <sup>4</sup>			Security code	s	W N	Т				
Describe terms	of warrants, options	or other rights	94,240 Fin 2024.	nder's Wa	rrants exe	rcisabl	e at \$0.1	7 until Fel	oruary	22,
Other compensation <sup>5</sup>		Describe								
Total compensation paid	9,895.20									
Check box if the person	will or may receive ar	ny deferred con	npensation (d	escribe the	terms belo	ow)				
<sup>4</sup> Provide the aggregate value of all	securities distributed	as compensatio	on, excludina	options. w	arrants or c	other ria	hts exerci:	sable to ac	quire	
additional securities of the issuer. In rights exercisable to acquire addition	ndicate the security co	odes for all secu								er
<sup>5</sup> Do not include deferred compensa										

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER								
If the issuer is an investment fund	d, do not complete l	Item 9. Procced to	Item 10.									
Indicate whether the issuer is any o	f the following (select	t the one that appli	es - if more than one	applies, select onl	y one).							
✓ Reporting issuer in any juris	sdiction of Canada											
Foreign public issuer												
Wholly owned subsidiary of	a reporting issuer in	any jurisdiction of	Canada <sup>6</sup>									
Provide nan	ne of reporting issue	r						7				
Wholly owned subsidiary of	a foreign public issu	uer <sup>6</sup>						_				
Provide name of	foreign public issue	r						7				
Issuer distributing only eligil	ble foreign securities	and the distribution	n is to permitted clie	ents only <sup>7</sup>				_				
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item	10.								
<sup>6</sup> An issuer is a wholly owned subside securities that are required by law to respectively. <sup>7</sup> Check this box if it applies to the collients. Refer to the definitions of "e.	o be owned by its dir urrent distribution evo	rectors, are benefic en if the issuer mad	ially owned by the re de previous distribut	eporting issuer or ti tions of other types	the foreign	public is	ssuer,					
If the issuer is none of the	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 officer	s and promoters of	of the issuer										
Provide the following information for	•		moter of the issuer T	or locations within	Canada s	tate the	nrovince	or				
territory; otherwise state the country.							province					
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individe resident jurisdictio individu	ual or ail n of		onship to					
				Province or	country	D	0	Р				
b) Promoter information												
If the promoter listed above is not an within Canada, state the province or												
Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual			to promo					
				Province or country	D		C	)				
c) Residential address of eac	h individual											
Complete Schedule 2 of this form completed report. Schedule 2 also					(a) and (b)	and at	tach to t	he				

# ITEM 10 - CERTIFICATION

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

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

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

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

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

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

Name of issuer/underwriter/ investment fund manager/agent	Global Cannabis Applications	lobal Cannabis Applications Corp.									
Full legal name	Helmel										
	Family name	'	Secondary given names								
Title	Chief Financial Officer										
Telephone number	6045378198	6045378198 Email address rec									
Signature	Signed: "Alexander Helmel"	2021	03	03							
			YYYY	MM	DD						

ITEM 11- CONTACT F	PERSON				
. 3		r the individual that the secu the individual certifying the	3 , ,	regulator m	ay contact with any questions
Same as individua	al certifying the report				
Full legal name				Title	
	Family name	First given name	Secondary given names		
Name of company					
Telephone number		Er	mail address		

## Notice - Collection and use of personal information

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

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

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

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information pertaining to the individual as set out in Schedules 1 or 2, that this information is being collected by the securities regulatory authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.