Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9399092

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											
			,								
ITEM 3 - ISSUER NAME											
Provide the following informat						tment fu	ınd, abou	t the fund.			
Full le	egal name	True Le	af Bra	ands Inc).						
Previous full legal name											
If the issuer's name changed in the last 12 months, provide most recent previous legal name.											
Website https://ir.trueleafbrands.com (if applicable)											
If the issuer has a legal entity i	dentifier <u>,</u> pro	vide below	. Refer t	to Part B o	of the l	Instructio	ons for th	ne definition o	of "legal entit	ty identifier".	
Legal entity	identifier										
If two or more issuers distribut	ed a single s	ecurity, pro	vide the	e full lega	l name	e(s) of th	e co-issue	er(s) other th	an the issuer	named above	2.
Full legal name(s) of co	o-issuer(s)							(if applicable	e)		
ITEM 4 - UNDERWRITE	R INFORM	IATION									
If an underwriter is completing	the report, p	provide the	underw	riter's ful	l legal	name a	nd firm N	IRD number.			_
Full legal name											
Firm NRD number	Firm NRD number (if applicable)										
If the underwriter does not hav	If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.										
Street address											
Municipality							Provi	nce/State			Ī
Country						Pos	tal 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 1 1 1 1
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.
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 🗌 50 - 99 🗌 100 - 499 🗌 500 or more
c) SEDAR profile number
Does the issuer have a SEDAR profile?
No ✓ Yes If yes, provide SEDAR profile number 0 0 0 3 6 8 2 7
If the issuer does not have SEDAR profile complete item 5(d) - (h).
d) Head office address
Street address Province/State
Municipality Postal code/Zip code
Country Telephone number
e) Date of formation and financial year-end
Date of formation Financial year-end YYYY MM DD
f) Reporting issuer status
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.
AII AB BC MB NB NL NT
🗌 NS 🗌 NU 🗌 ON 🗌 PE 🗌 QC 🔲 SK 🗌 YT
g) Public listing status
If the issuer has a CUSIP number, provide below (first 6 digits only)
CUSIP number
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.
Exchange name
h) Size of issuer's assets
Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.

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

If the issue is an investment fund, provide the following information: a) Investment fund manager information Full legal name Furn NRD number If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State Guntry Postal code/Zip code Telephone number D Type of investment fund Tree of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Indicate whether one or both of the following apply to the investment fund. Investing in the investment fund issuers Is a UCIT's Fund's) Understaining for the Collective Investment of Transferable Securities funds (UCIT's Funds) are investment funds regulated by the European Union It of the collective Investment of the investment fund. YNYY Mu DD
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
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 County Postal code/Zip code County Telephone number Postal code/Zip code Do Type of investment fund Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Do Type of investment fund that most accurately identifies the issuer (select only one). Do Money market De Quity De County De C
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CUSIP number
name of an exchange and not a trading facility such as, for example, an automated trading system
Exchange name
f) Net asset value (NAV) of the investment fund
Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).
L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad \text{ to under \$\mathbf{S}M \qquad \text{to under \$\mathbf{S}M
\$0 to under \$5M \$5M to under \$25M \$25M to under \$100M \$100M to under \$500M \$500M to under \$1B \$1B or over Date of NAV calculation:

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

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 i	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 26 End date 2021 02 26										
	YYYY MM DD		YYYY N	IM DD						
c) Detailed purchaser infor	mation									
Complete Schedule 1 of this	s form for each purchaser and at	ttach the schedule	to the complete	d report.						
d) Types of securities distr	ibuted									
-	n for all distributions reported on a per s SIP number, indicate the full 9-digit CU				ow to indicate the					
				Canadian \$						
Security cOUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount					
C M S 89785C	C M S 89785C 4,262,436.00 0.36									
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 /	Exercise price	Expiry date	-	curity.						
exchangeable Underlying security code security code	(Canadian \$)	(YYYY- MM-DD)	Conversion ratio Describe other items (if applicable)							
	Lowest Highest									
f) Summary of the distribut	tion by jurisdiction and exemption									
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				mount (Canadian \$)					
British Columbia	NI 45-106 2.3 [Accredited inve	estor]	2	8	1,049,916.96					
British Columbia	NI 45-106 2.5 [Family, friends associates]	and business		1	64,800.00					
Alberta	NI 45-106 2.3 [Accredited inve	estor]		1	72,000.00					
Ontario	NI 45-106 2.3 [Accredited inve	estor]		3	254,160.00					
United States	NI 45-106 2.5 [Family, friends associates]	and business		1	3,600.00					
Thailand	NI 45-106 2.3 [Accredited inve	estor]		1	90,000.00					
	Total	dollar amount of sec	curities distribute	d	1,534,476.96					
	Total number of u	inique purchasers ^{2b}	3	5						

^{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)

ITEM 8 - COMPENSATION I	NFORMATION			
Provide information for each person the distribution. Complete addition			•	any compensation in connection with ated .
Indicate whether any compensation	n was paid, or will be paid, in c	onnection with the distril	oution.	
🗌 No 🖌 Yes	If yes, indicate number of	f persons compensate	ed. 4	
a) Name of person compens	ated and registration status	3		
Indicate whether the person compe	nsated is a registrant.	No No	✓ Yes	
If the person compensated is an inc	ividual, provide the name of the	e individual.		
Full legal name of individu	al			
	Family name	Firs	t given name	Secondary given names
If the person compensated is not ar	individual, provide the followin	ng information.		
Full legal name of r	non-individual Canaccord	Genuity Corp.		
Firm	NRD number 9 0	0	(if app	plicable)
Indicate whether the person compe	nsated facilitated the distributio	n through a funding port	tal or an internet-based	portal. 🔽 No 🗌 Yes
b) Business contact informa				
If a firm NRD number is not provide	ed in Item 8 (a), provide the bus	iness contact information	n of the person being co	mpensated.
Street address				
Municipality			Province/State	
Country		F	ostal code/Zip code	
Email address			Telephone number	
c) Relationship to issuer or i	nvestment fund manager			
Indicate the person's relationship w the Instructions and the meaning o				eaning of "connected" in Part B(2) of n.
Connect with the issuer of	r investment fund manager		Insider of the issuer (of	ther than an investment fund)
Director or officer of the in	nvestment fund or investment f	und manager	Employee of the issue	r or investment fund manager
\checkmark None of the above				
d) Compensation details				
incidental to the distribution, such a allocation arrangements with the di	missions, securities-based comp s clerical, printing, legal or acco rectors, officers or employees of	ensation, gifts, discounts unting services. An issue	or other compensation. r is not required to ask f	istribution. Provide all amounts in Do not report payments for services for details about, or report on, internal
Cash commissions paid	36,460.80		Security code 1	Security code 2 Security code 3
Value of all securities distributed as compensation ⁴		Security codes		
Describe term	s of warrants, options or other	rights		
Other compensation ⁵	Des	scribe		
Total compensation paid	36,460.80			
Check box if the person	n will or may receive any deferr	red compensation (descr	ibe the terms below)	
⁴ Provide the aggregate value of al				
				<u>ıding</u> options, warrants or other

a) Name of person comp	ensated and regist	ration status						
Indicate whether the person con	npensated is a registro	ant.	No No	✓ Ye	s			
If the person compensated is an	individual, provide th	e name of the indiv	idual.					
Full legal name of indivi	dual							
	F	amily name	Firs	t given name	!	Secondar	y given names	;
If the person compensated is no	t an individual, provic	le the following info	rmation.					
Full legal name	of non-individual	Leede Jones Gab	le Inc.					
Fi	rm NRD number	5 7 7	0		(if app	licable)		
Indicate whether the person con	npensated facilitated	the distribution thro	ugh a funding por	tal or an inte	ernet-based µ	portal.	✓ No 🗌	Yes
b) Business contact inform	mation							
If a firm NRD number is not pro	vided in Item 8 (a), pr	ovide the business c	ontact informatior	n of the pers	on being con	npensated.		
Street address								
Municipality				Prov	ince/State			
Country			F	Postal code	e/Zip code			
Email address				Telephon	ne number			
c) Relationship to issuer of	or investment fund	manager	<u> </u>					
Indicate the person's relationshi the Instructions and the meanin						ning of "conne	cted" in Part	B(2) of
Connect with the issue	-		□ · · · <i>,</i> · <i>,</i> · <i>,</i> · · · · ,			ner than an inve	stment fund)
Director or officer of th	ne investment fund or	r investment fund m	anager	Employee o	of the issuer	or investment f	und manage	r
None of the above							-	
d) Compensation details								
Provide details of all compensati Canadian dollars. Include cash co incidental to the distribution, suc allocation arrangements with the	ommissions, securities h as clerical, printing,	s-based compensation legal or accounting	on, gifts, discounts services. An issue	or other cor r is not requ	mpensation. I ired to ask fo	Do not report po	yments for s	ervices
Cash commissions pa	id 43	2.00		Sec	urity code 1	Security code 2	Security c	ode 3
Value of all securitie distributed as compensation	-		Security codes					
	erms of warrants, opt	ions or other rights						
Other compensatior	5	Describe						
Total compensation pai	d 43	2.00]
Check box if the per	son will or may recei	ve any deferred cor	npensation (desc	ribe the tern	ns below)			
⁴ Provide the aggregate value o additional securities of the issu rights exercisable to acquire ac ⁵ Do not include deferred compo- ⁵ Do not include deferred compo- ⁵ Do not include deferred compo- action of the security of the sec	er. Indicate the secui Iditional securities of	rity codes for all sec						

a) Name of person com	pensated and registra	ation status								
Indicate whether the person co	ompensated is a registra	nt.	✓ No		Yes					
If the person compensated is a	n individual, provide the	name of the indivi	dual.							
Full legal name of indi	vidual									
	Fai	mily name	Fire	st given n	ame	I	Secor	ndary given	names	
If the person compensated is n		-								
Full legal name of non-individual Homa Consulting Inc.										
Firm NRD number (if applicable)										
Indicate whether the person co	ompensated facilitated th	e distribution throu	igh a funding poi	rtal or an	interne	t-based p	ortal.	✓ N	0	Yes
b) Business contact info	rmation									
If a firm NRD number is not pr	ovided in Item 8 (a), pro	vide the business co	ontact informatio	n of the p	person b	eing com	pensated.			
Street address	1590 - 1100 Melville	Street								
Municipality	Vancouver			Р	rovince	/State	British C	olumbia		
Country	Canada]	Postal c	ode/Zip	o code	V6E 4A6	6		\exists
Email address	henry.j.yong@gmail	.com]	Telep	hone n	umber	6046262	2266		
c) Relationship to issuer	r or investment fund r	nanager]							
 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. Connect with the issuer or 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 compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with t	tion paid, or to be paid, commissions, securities- ich as clerical, printing, (he directors, officers or e	based compensatic legal or accounting mployees of a non-	n, gifts, discounts services. An issue	s or other er is not r	r comper required	nsation. D to ask for	o not repor	rt payment	ts for serv	∕ices
Cash commissions p	,	.90		_	Security	code 1	Security co	de 2 Se	curity code	э З
Value of all securiti distributed as compensation		:	Security codes							
	terms of warrants, optic	bins or other rights								
Other compensation	on ⁵	Describe								
Total compensation p	aid 58,891	.98]
Check box if the p	erson will or may receiv	e any deferred con	npensation (desc	ribe the	terms be	elow)				
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com	uer. Indicate the securit additional securities of th	y codes for all sect								

a) Name of person com	pensated and registration	on status								
Indicate whether the person co	ompensated is a registrant.		✓ No		Yes					
If the person compensated is a	n individual, provide the no	me of the individ	dual.							
Full legal name of indi	vidual									
	Family	/ name	Fir	st given na	ame		Seco	ndary g	iven na	mes
If the person compensated is n	-	-	mation.							
Full legal name	e of non-individual D.R	.R. Capital								
Firm NRD number (if applicable)										
Indicate whether the person cc	ompensated facilitated the c	listribution throu	igh a funding poi	rtal or an	internet-b	pased p	ortal.	\checkmark] No	Yes
b) Business contact info	rmation									
If a firm NRD number is not pr	ovided in Item 8 (a), provid	e the business co	ontact informatio	n of the p	person bei	ng com	pensated.			
Street address	113 Laval Avenue SW									
Municipality	Calgary			Р	rovince/S	State	Alberta			
Country	Canada			Postal c	ode/Zip o	code	T2T 1L2	2		
Email address	drrhorizon@gmail.com	I		Telepl	hone nur	nber	403399	9047		
c) Relationship to issuer	r or investment fund ma	nager	<u></u>				<u> </u>			
Indicate the person's relationsh the Instructions and the meani Connect with the iss		4 of NI 45-106 f		of comple	ting this se	ection.	ning of "co er than an			
Director or officer of	the investment fund or inve	estment fund ma	anager 🗌	Employ	ee of the i	ssuer c	or investme	ent fund	d mana	ager
✓ 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 t	commissions, securities-ba uch as clerical, printing, leg he directors, officers or emp	sed compensatio al or accounting ployees of a non-	n, gifts, discounts services. An issue	s or other er is not r	compensor equired to	ation. D ask for	o not repo	rt payn	nents f	or services
Cash commissions p	aid 9,115.20)			Security co	de 1	Security co	de 2	Secur	ity code 3
Value of all securiti distributed as compensation] :	Security codes							
	terms of warrants, options	_ or other rights								
Other compensation	on ⁵	Describe								
Total compensation p	aid 9,115.20	ן א								
Check box if the p	erson will or may receive a	」 ny deferred con	npensation (desc	ribe the	terms belo	ow)				
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com	uer. Indicate the security c additional securities of the l	odes for all secu								

ITEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER							
If the issuer is an investment fund	l, do not complete	Item 9. Procced to	Item 10.								
Indicate whether the issuer is any o	f the following (seled	t the one that appli	es - if more than one	applies, select onl	y one).						
 Reporting issuer in any juris 	diction of Canada										
Foreign public issuer											
Wholly owned subsidiary of	a reporting issuer i	n any jurisdiction of	Canada ⁶								
Provide name of reporting issuer											
Wholly owned subsidiary of a foreign public issuer ⁶											
Provide name of	foreign public issue	er									
Issuer distributing only eligi	ble foreign securitie	s and the distributio	n is to permitted clie	ents only ⁷				_			
If the issuer is at least one of the	above, do not com	plete Item 9(a) – (d	:). Proceed to Item	10.							
⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.											
a) Directors, executive officers and promoters of the issuer											
Provide the following information for territory; otherwise state the country.						tate the	province	or			
Organization or company name	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 residentail jurisdiction of individual Relationship to issuer (select all that apply)										
				Province or	country	D	0	Р			
b) Promoter information											
If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.											
Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual	Rela (select o	itionship one or bo	to promo oth if appl	oter licable)			
				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	True Leaf Brands Inc.					
Full legal name	Bomford	Darcy				
	Family name	First given name		Secondary given names		
Title	Chief Executive Officer					
Telephone number	2502600676	Email address	darcy@trueleafbrands.com			
Signature	"Darcy Bomford"	Date	2021	03	08	
			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	Vettoretti	Melissa			Title	Paralegal
	Family name	First given name	Secondary	given names		
Name of company	True Leaf Brands Inc.					
Telephone number	7789262658		Email address	melissa@tru	ueleafbra	nds.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.