Form 45-106F1 Report of Exempt Distribution

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

ITEM 1 – REPORT TYPE						
X New report						
Amended report If am	ended, provide filing d	ate 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						
X Issuer (other than an inve	stment fund)					
Underwriter						
ITEM 3 - ISSUER NAME AND	OTHER IDENTIFI	ERS				
Provide the following information about t	he issuer, or if the issuer i	s an investment fund, about th	he fund.			
Full legal name	PreveCeutical Medic	cal Inc.				
Previous full legal name	Carrara Exploration	Corp.				
If the issuer's name changed in	the last 12 months, provi	de most recent previous legal	name.			
Website		(if ap	oplicable)			
If the issuer has a legal entity identifier, p	rovide below. Refer to Par	t B of the Instructions for the c	definition of "legal entity identi	fier".		
Legal entity identifier						
ITEM 4 – UNDERWRITER INF						
If an underwriter is completing the report,	provide the underwriter's	s full legal name and firm Nati	ional Registration Database (N	RD) number. T		
Full legal name]		
Firm NRD number	Firm NRD number (if applicable)					
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.						
Street address						
Municipality		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 corresponds to the issuer's primary business activity. For more information on finding the NAICS industry code go to Statistics Canada's NAICS industry search tool .
NAICS industry code 3 2 5 4 1 0
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.
Mortgages Real estate Commercial/business debt Consumer debt Private companies
b) Number of employees
Number of employees: X 0 – 49 50 – 99 100 – 499 500 or more
c) SEDAR profile number
Does the issuer have a <u>SEDAR</u> profile? No X Yes If yes, provide SEDAR profile number 0 0 0 3 9 7 9 5 If the issuer does not have a SEDAR profile complete Item 5(d) – (h).
d) Head office address
Street address Province/State
Municipality Postal code/Zip code
Country Telephone number
e) Date of formation and financial year-end
Date of formation Financial year-end MM DD MM DD
f) Reporting issuer status
Is the issuer a reporting issuer in any jurisdiction of Canada? No Yes
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.
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 names of all exchanges on which its securities are listed. Include only the names of exchanges for which the issuer has applied for and received a listing, which excludes, for example, automated trading systems.
Exchange names
h) Size of issuer's assets
Select the size of the issuer's assets for its most recent financial year-end (Canadian \$). If the issuer has not existed for a full 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 manager does not have a firm NRD number, provide the head office contact information of the investment fund manager.					
Street Address	1				
Municipality Province/State]]				
Country Postal code/Zip code]]				
Telephone number Website (if applicable)]]				
b) Type of investment fund	<u> </u>				
Type of investment fund that most accurately identifies the issuer (select only one).					
Money market Equity Fixed income					
Balanced Alternative strategies Other (describe)					
Indicate whether one or both of the following apply to the investment fund.					
Invests primarily in other investment fund issuers					
Is a UCITs Fund ¹					
¹ Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.	,				
c) Date of formation and financial year-end of the investment fund					
Date of formation Financial year-end					
YYYY MM DD MM DD					
d) Reporting issuer status of the investment fund					
Is the investment fund a reporting issuer in any jurisdiction of Canada? No Yes					
If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.					
│ │ │ │ │ │ │ │ │ │ │ │ │ │ NB │ │ NL │ │ NT │ │ NS │ NU │ ON │ PE │ QC │ SK │ YT					
e) Public listing status of the investment fund					
If the investment fund has a CUSIP number, provide below (first 6 digits only).					
CUSIP number					
If the investment fund is publicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges					
for which the investment fund has applied for and received a listing, which excludes, for example, automated trading systems.	7				
Exchange names	<u> </u>				
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 \$). \$\int\{\text{SO}\}\\$ to under \\$5M to under \\$25M \text{SO}\\$ \$25M to under \\$100M					
\$100M to under \$500M \$500M to under \$1B \$18 or over Date of NAV calculation:	7				
\$100M to under \$500M \$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, which should 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	e currency or currencies in wh	nich the distri			e. All dollar amounts provided Euro Other (describe)		must be i	n Canad	ian dol	llars.	
b)	Distribution date(s)										
date as b	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	2017 YYYY	06 MM	29 DD	End date	2017 YYYY	06 MM	29 DD			
c)	Detailed purchaser infor	rmation									

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 that take place in a jurisdiction of Canada on a per security basis. Refer to Part A 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	\$
Security CUSIP number code (if applicable) Description of security		Description of security	Number of securities	Single or lowest price	Highest price	Total amount		
U	В	S		Each unit consists of one common share and one common share purchase warrant.	4,076,000	0.50	0.50	2,038,000

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.

Sed	curity c	ode	Underlying security code		Exercise price (Canadian \$)		Expiry date	Conversion	Describe other terms (if applicable)	
			sec	unity c	ode	Lowest	Highest	(YYYY-MM-DD)	ratio	· · · · /
W	N	Т	U	В	S	1.00	1.00	2018-06-29	1:1	Each common share purchase warrant entitles the holder thereto to acquire one common share at \$1.00 per share for a term of 12 months from the date of issuance. The expiration date of exercise of the warrants can be accelerated if the closing price of the Corporation's common shares is at least \$1.50 or greater for 10 consecutive business days and 14 days' notice is given to the warrant holders.

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 purchasers	Total amount (Canadian \$)
Alberta	2.3 of NI [Accredited Investor]	15	280,000
Alberta	Investment Dealer Exemption	6	45,000
British Columbia	2.3 of NI 45-106 [Accredited Investor]	46	1,214,500
British Columbia	2.5 of NI 45-106 [Friend, family, business associate]	5	192,000
British Columbia	Investment Dealer Exemption	17	185,000
Manitoba	2.3 of NI [Accredited Investor]	1	15,000

Ontario	2.3 of NI [Accredited Investor]	2	20,000
Switzerland	2.3 of NI [Accredited Investor]	3	75,000
Liechtenstein	2.3 of NI [Accredited Investor]	1	10,000
United Kingdom	2.3 of NI [Accredited Investor]	1	1,500
Total dollar amount of securities distributed		2,038,000	
	Total number of unique purchasers ²	96	

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

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides.³ If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

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

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

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

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

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

	Description	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)
1.				
2.				
3.				

ITEM 8 – COMPENSATION INFORMATION					
Provide information for each person (as defined in NI 45-106) to whom with the distribution. Complete additional copies of this page if mor	the issuer directly provides, or will provide, any compensation in connection e than one person was, or will be, compensated.				
Indicate whether any compensation was paid, or will be paid, in connect	ion with the distribution.				
No X Yes If yes, indicate number	of persons compensated. 4				
a) Name of person compensated and registration sta	atus				
Indicate whether the person compensated is a registrant. No X Yes					
If the person compensated is an individual, provide the name of the indi	vidual.				
Full legal name of individual					
Family name	First given name Secondary given names				
If the person compensated is not an individual, provide the following info Full legal name of non-individual Canaccord Gen					
Firm NRD number 9 0 0 Indicate whether the person compensated facilitated the distribution thro	(if applicable)				
X No Yes	ough a funding portat of an internet-based portal.				
b) Business contact information					
If a firm NRD number is not provided in Item 8(a), provide the business of	contact information of the person being compensated.				
Street address	. , , , , , , , , , , , , , , , , , , ,				
Municipality	Province/State				
Country	Postal code/Zip code				
Email address	Telephone number				
	relephone number				
c) Relationship to issuer or investment fund manager Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connected with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager X None of the above					
d) Compensation details					
Provide details of all compensation paid, or to be paid, to the person ide in Canadian dollars. Include cash commissions, securities-based compensatives incidental to the distribution, such as clerical, printing, legal or conference on internal allocation arrangements with the directors, officers or Cash commissions paid					
	136,000 broker warrants, each exercisable for one common				
Describe terms of warrants, options or other rights	share of the Issuer at \$1.00 per share for a period of 12 months after closing, subject to acceleration provisions.				
Other compensation ⁵ Describe					
Total compensation paid \$68,000					
Check box if the person will or may receive any deferred co	mpensation (describe the terms below)				
	options, warrants or other rights exercisable to acquire additional securities of the issuer. tions, warrants or other rights exercisable to acquire additional securities of the issuer.				

ITEM 8 – COMPENSATION INFORMATION
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 X Yes If yes, indicate number of persons compensated. 4
a) Name of person compensated and registration status
Indicate whether the person compensated is a registrant. No X Yes
If the person compensated is an individual, provide the name of the individual.
Full legal name of individual
Family name First given name Secondary given names
If the person compensated is not an individual, provide the following information.
Full legal name of non-individual Leede Jones Gable Inc.
Firm NRD number 5 7 7 0 (if applicable)
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. X No Yes
b) Business contact information
If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated.
Street address
Municipality Province/State
Country Postal code/Zip code
Email address Telephone number
c) Relationship to issuer or investment fund manager
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connected with the issuer or investment fund manager
Insider of the issuer (other than an investment fund)
Director or officer of the investment fund or investment fund manager
Employee of the issuer or investment fund manager
X None of the above
d) Compensation details
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer. Cash commissions paid Value of all securities distributed Security code 1 Security code 2 Security code 3
as compensation ⁴ \$4,000 Security codes U B S
Describe terms of warrants, options or other rights 8,000 broker warrants, each exercisable for one common share of the Issuer at \$1.00 per share for a period of 12 months after closing, subject to acceleration provisions.
Other compensation ⁵ Describe
Total compensation paid \$4,000
Check box if the person will or may receive any deferred compensation (describe the terms below)
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer.
⁵ Do not include deferred compensation.

ITEM 8 – COMPENSATION INFORMATION							
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 X Yes If yes, indicate number of persons compensated. 4							
a) Name of person compensated and registration status							
Indicate whether the person compensated is a registrant. No X Yes							
If the person compensated is an individual, provide the name of the individual.							
Full legal name of individual							
Family name First given name Secondary given names							
If the person compensated is not an individual, provide the following information.							
Full legal name of non-individual Haywood Securities Inc.							
Firm NRD number 1 6 3 0 (if applicable)							
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. X No Yes							
b) Business contact information							
If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address							
Municipality Province/State							
Country Postal code/Zip code							
Email address Telephone number							
c) Relationship to issuer or investment fund manager							
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connected with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager X None of the above							
d) Compensation details							
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer. Cash commissions paid \$18,400							
Value of all securities distributed as compensation ⁴ Security code 1 Security code 2 Security code 3 Security code 3 Security code 1 Security code 3 Securi							
Describe terms of warrants, options or other rights							
Other compensation ⁵ Describe							
Total compensation paid \$18,400							
Check box if the person will or may receive any deferred compensation (describe the terms below)							
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. ⁵ Do not include deferred compensation.							

ITEM 8 – COMPENSATION INFORMATION									
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 X Yes If yes, indicate number of persons compensated. 4									
a) Name of person compensated and registration status									
Indicate whether the person compensated is a registrant. No X Yes									
If the person compensated is an individual, provide the name of the individual.									
Full legal name of individual									
Family name First given name Secondary given names									
If the person compensated is not an individual, provide the following information.									
Full legal name of non-individual Mackie Research Capital Corporation									
Firm NRD number 3 0 7 0 (if applicable)									
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. X No Yes									
b) Business contact information									
If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated.									
Street address									
Municipality Province/State									
Country Postal code/Zip code									
Email address Telephone number									
c) Relationship to issuer or investment fund manager									
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connected with the issuer or investment fund manager Insider of the issuer (other than an investment fund)									
Director or officer of the investment fund or investment fund manager									
Employee of the issuer or investment fund manager									
X None of the above									
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer. Cash commissions paid Value of all securities distributed Security codes Security codes									
as compensation									
Describe terms of warrants, options or other rights 51,200 broker warrants, each exercisable for one common share of the Issuer at \$1.00 per share for a period of 12 months after closing, subject to acceleration provisions.									
Other compensation ⁵ Describe									
Total compensation paid \$25,600									
Check box if the person will or may receive any deferred compensation (describe the terms below)									
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer.									
⁵ Do not include deferred compensation.									

ITEM 9 – DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER										
If	the issuer is an investment fund,	do not complete Ite	em 9. Proceed t	o Item 10.						
Indicate whether the issuer is any of the following (select all that apply). X 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 Provide name of foreign public issuer Issuer distributing eligible foreign securities only to permitted clients ⁷ If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10. 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. 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).										
	Organization or company name				Business non-indiresidess indivined indiv		s location of dividual or idential diction of lividual		Relationsh issuer select all apply)	ip to
	b) Promoter information								L	
lo	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 individual Relationship to promoter (select one or both if applicable)									
			Tidiffo	names	Province or country		D		0	

c) Residential address of each individual

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

ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer or director 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 not be delegated to an agent or other individual preparing the report on behalf of the issuer or underwriter. If the individual completing and filing the report is different from the individual certifying the report, provide their name and contact details 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.

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

By completing the information below, I certify to the securities regulatory authority or regulator that:

- I have read and understand this report; and
- all of the information provided in this report is true.

Full legal name	Rajan	Shabira					
	Family name	First given name	Seconda		ven names		
Title	Chief Financial Officer and Controller						
Name of issuer/underwriter/ investment fund manager	Prevel entical Medical Inc						
Telephone number	6044167777 ex 6239	Email address	shabii	shabira@preveceutical.com			
Signature	"Shabira Rajan"	Date	2017 07 0		06		
		·	YYYY	MM	DD		

ITEM 11		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

Same as ind	ividual certifying the rep	JOH				
Full legal name	Lotz	Jonathan	Christoph	er Title	Solicitor	
	Family name	First given name	Secondary given names	ven		
Name of company	Lotz & Company					
Telephone number	604-699-0110		Email address	jlotz@lotzandco	o.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 Schedule 1 or 2, that this information is being collected by the securities regulatory authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.