Form 45-106F1 Report of Exempt Distribution

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

ITEM 1 - REPORT TYPE	TEM 1 - REPORT TYPE						
✓ New report	✓ New report						
☐ Amended report If amen	ided, provide filing date	of report that is being am	ended (YYYY-MM-DD)				
ITEM 2 - PARTY CERTIFYING THE	REPORT						
Indicate the party certifying the report (sele National Instrument 81-106 Investment Fui							
☐ Investment fund issuer							
✓ Issuer (other than an inves	stment fund)						
☐ Underwriter							
ITEM 3 - ISSUER NAME AND OTH	HER IDENTIFIERS						
Provide the following information about the	e issuer, or if the issuer is an in	vestment fund, about the fund.					
Full legal name	The Green Organic Du	he Green Organic Dutchman Holdings Ltd.					
Previous full legal name							
If the issuer's name changed in	the last 12 months, provide mo	ost recent previous legal name.					
Website		(if applicable)					
If the issuer has a legal entity identifier, pro	vide below. Refer to Part B of t	the Instructions for the definition	of "legal entity identifier".				
Legal entity identifier							
ITEM 4 - UNDERWRITER INFORM	ATION						
If an underwriter is completing the report, p	rovide the underwriter's full le	gal name and firm National Reg	istration Database (NRD) number.				
Full legal name							
Firm NRD number		(if applicable)					
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.							
Street address							
Municipality		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 5 5 1 1 1 3					
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 is 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:					
c) SEDAR profile number					
Does the issuer have a SEDAR profile?					
No Yes If yes, provide SEDAR profile number 0 0 0 4 0 6 4 4					
If the issuer does not have SEDAR profile complete item 5(d) - (h).					
d) Head office address					
Street address Province/State					
Municipality Postal code/Zip code					
Country Telephone number					
e) Date of formation and financial year-end					
Date of formation Financial year-end MM DD					
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 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 name(s):					
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	Item 6 - Investment Fund Issuer Information				
If the issuer is an invest	If the issuer is an investment fund, provide the following information.				
a) Investment fund ma	anager information				
Full legal name					
Firm NRD number	(if applicable)				
If the investment fund ma	nager does not have a firm NRD number, provide the head office contact information of the investment fund manager.				
Street address					
Municipality	Province/State Province/State				
Country	Postal code/Zip code				
Telephone number	Website (if applicable)				
b) Type of investment	fund				
Type of investment fund tha	t most accurately identifies the issuer (select only one) .				
☐ Money market	☐ Equity ☐ Fixed income				
☐ Balanced	Alternative strategies Other (describe)				
Indicate whether one or boti	h of the following apply to the investment fund .				
☐ Invests primarily in	other investment fund issuers				
☐ Is a UCITs Fund¹					
	ve Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) re 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 format					
d) Reporting issuer st	YYYY MM DD MM DD atus of the investment fund				
, 1					
	orting issuer in any jurisdication of Canada? No Yes of Canada in which the investment fund is a reporting issuer.				
All	AB BC MB NB NL NT				
□ NS □	NU ON PE QC SK TT				
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					
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 issuer has applied for and received a listing, which excludes, for example, automated trading systems.					
Exchange nam	es				
f) Net asset value (NA	f) Net asset value (NAV) of the investment fund				
Select the NAV range of the	Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$). \$\Boxed{\Pi}\$ \$0 to under \$5M \Boxed{\Pi}\$ \$5M to under \$25M \Boxed{\Pi}\$ \$25M to under \$100M				
\$100M to under \$500	DM \$500M to under \$1B \$1B or over Date of NAV calculation: YYYY MM DD				

TEM 7 - INFORMATION ABO	JT THE D	ISTRIB	UTION						
If an issuer located outside of Canada of purchasers resident in that jurisdiction should be disclosed in Item 8. The information of the control of the cont	of Canada o	nly. Do n	ot include	e in Item 7 securities issued as pay	yment of a	commissi	ons or find	der's fees, wh	
a) Currency									
Select the currency or currencies in whi	ch the distril	bution wo	ıs made. I	All dollar amounts provided in the	e report m	ust be in	Canadian	dollars.	
✓ Canadian dollar US	6 dollar] Euro	Other (describe)					
b) Distribution date(s)									
State the distribution start and end da as both the start and end dates. If the distribution period covered by the rep	report is bei	-	-	-			-		
Start date	2017	03	24	End date	2017	03	24		
	YYYY	MM	DD	_	YYYY	MM	DD		
c) Detailed purchaser informati	on								
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 Instructions for how to indicate the se			-	-	-	-			

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. The information included in item 7d must reconcile to item 7f. For examples on how to report convertible securities, see our Frequently Asked Questions.

Canadian \$

						Carladian 4	
	Security code	CUSIP number (if applicable) Description of security		Number of securities	Single or lowest price	Highest price	Total amount
Į	JBS		Units consisting of one common share and one warrant. Each warrant is exercisable at \$2.15 until the earlier of March 24, 2019 and thirty days following the date of the Acceleration Notice.	19,088,403.54	1.1500		21,951,664.10

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.

Security code				Underlying security code		Exercise price (Canadian \$)		Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
						Lowest	Highest			
W	Z	Т	С	М	S	2.1500		2019-03-24		Expiry date is earlier of March 24, 2019 and thirty days following the date of Acceleration Notice.

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.

Fc	Province or country	Exemption relied on	Number of purchasers	Total amount (Canadian \$)
	British Columbia	NI 45-106 2.5 [Family, friends and business associates]	42	432,164.25
	British Columbia	NI 45-106 2.3 [Accredited investor]	153	2,710,311.95
	Alberta NI 45-106 2.3 [Accredited investor]		86	3,568,565.00
	Alberta	NI 45-106 2.5 [Family, friends and business associates]	1	34,500.00
	Manitoba NI 45-106 2.3 [Accredited investor]		4	70,150.00

Ontario	NI 45-106 2.3 [Accredited investor]	225	5,732,890.30
Ontario	NI 45-106 2.5 [Family, friends and business associates]	56	824,441.90
Ontario	Other	2	23,000.00
Saskatchewan	NI 45-106 2.3 [Accredited investor]	6	45,770.00
Nova Scotia	NI 45-106 2.3 [Accredited investor]	14	346,150.00
New Brunswick	NI 45-106 2.3 [Accredited investor]	27	1,534,799.20
Newfoundland and Labrador	NI 45-106 2.3 [Accredited investor]	2	11,500.00
Prince Edward Island	NI 45-106 2.3 [Accredited investor]	7	210,450.00
Québec	NI 45-106 2.3 [Accredited investor]	20	826,200.25
Québec	NI 45-106 2.5 [Family, friends and business associates]	4	149,350.01
United States	NI 45-106 2.3 [Accredited investor]	116	3,591,262.55
United States	NI 45-106 2.5 [Family, friends and business associates]	2	26,007.25
Curaçao	NI 45-106 2.3 [Accredited investor]	1	11,500.00
Netherlands	NI 45-106 2.3 [Accredited investor]	4	74,750.00
Ireland	NI 45-106 2.3 [Accredited investor]	1	12,650.00
United Arab Emirates	NI 45-106 2.3 [Accredited investor]	1	11,526.45
New Zealand	NI 45-106 2.3 [Accredited investor]	1	11,500.00
Japan	NI 45-106 2.3 [Accredited investor]	1	5,750.00
Australia	NI 45-106 2.3 [Accredited investor]	3	48,875.00
Barbados	NI 45-106 2.3 [Accredited investor]	1	80,500.00
Aruba	NI 45-106 2.3 [Accredited investor]	1	5,750.00
Belgium	NI 45-106 2.3 [Accredited investor]	2	40,250.00
Spain	NI 45-106 2.3 [Accredited investor]	1	51,750.00
Singapore	NI 45-106 2.3 [Accredited investor]	1	11,500.00
Thailand	NI 45-106 2.3 [Accredited investor]	1	26,450.00
Panama	NI 45-106 2.3 [Accredited investor]	2	80,500.00
Luxembourg	NI 45-106 2.3 [Accredited investor]	1	26,450.00
United Kingdom	NI 45-106 2.3 [Accredited investor]	1	17,250.00
Switzerland	NI 45-106 2.3 [Accredited investor]	6	133,400.00
Sweden	NI 45-106 2.3 [Accredited investor]	11	449,075.00
Norway	NI 45-106 2.3 [Accredited investor]	1	11,500.00
Germany	NI 45-106 2.3 [Accredited investor]	99	645,725.00
Austria	NI 45-106 2.3 [Accredited investor]	9	57,500.00
	Total dollar amount of sec	urities distributed	21,951,664.11
	Total number of unique purchasers ²	916	

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. 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)

TTEM 8 - COMPENSATION INFORM	MATION				
Provide information for each person (as def with the distribution. Complete additional			or will provide, any compensation in connection will be, compensated.		
Indicate whether any compensation was pa	id, or will be paid, in connection	on with the distribution.			
☐ No ☑ Yes If yes	, indicate number of perso	ons compensated.	26		
a) Name of person compensated ar	nd registration status				
Indicate whether the person compensate	ed is a registrant.	□ No ☑ Y	⁄es		
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 indiv					
Full legal name of non-indi	vidual Mackie Research	Capital Corp.			
Firm NRD nu	ımber 3 0 7	0	(if applicable)		
Indicate whether the person compensated	d facilitated the distribution th	rough a funding portal or a	an internet-based portal. No Yes		
b) Business contact information					
If a firm NRD number is not provided in It	em 8 (a), provide the business	contact information of the	person being compensated.		
Street address					
Municipality		Pro	ovince/State		
Country		Postal co	de/Zip code		
Email address		Telepho	one number		
c) Relationship to issuer or investment	ent fund manager				
Indicate the person's relationship with the B(2) of the Instructions and the meaning of Connect with the issuer or investing Director or officer of the investment	f "control" in section 1.4 of NI nent fund manager	45-106 for the purposes of Insider of	Refer to the meaning of "connected" in Part completing this section. the issuer (other than an investment fund) e of the issuer or investment fund manager		
✓ None of the above					
d) Compensation details					
Canadian dollars. Include cash commission	rs, securities-based compensat as clerical, printing, legal or a	ion, gifts, discounts or other ccounting services. An issue	ction with the distribution. Provide all amounts in recompensation. Do not report payments for er is not required to ask for details about, or report mpensated by the issuer.		
Cash commissions paid		Security codes Se	ecurity code 1 Security code 2 Security code 3		
Value of all securities distributed as compensation ⁴	Value of all securities distributed as				
Describe terms of warrants, options or other rights 35,718 Units consisting of 35,718 common shares and 35,718 warrants. Each warrant is exercisable at \$2.15 until the earlier of March 24, 2019 and thirty days following the date of the Acceleration Notice.					
Other compensation ⁵	Describe				
Total compensation paid					
Check box if the person will or n	nay receive any deferred com	npensation (describe the te	erms below)		
⁴ Provide the aggregate value of all	ition distributed as some	tion avaluding antions	nrants or other rights exercisable to acquire		
	e the security codes for all se		pensation, <u>including</u> options, warrants or other		

a) Name of person compensated and registration status				
Indicate whether the person compensated is a registrant.	☐ No ✓ Yes			
If the person compensated is an individual, provide the name of the individual.				
Full legal name of individual				
Family name	First given name Secondary given names			
If the person compensated is not an individual, provide the follow	ing information.			
Full legal name of non-individual Haywood Sec	urities Inc.			
Firm NRD number 1 6	3 0 (if applicable)			
Indicate whether the person compensated facilitated the distribut	on through a funding portal or an internet-based portal. 📝 No 🗌 Yes			
b) Business contact information				
If a firm NRD number is not provided in Item 8 (a), provide the bus	iness 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				
	d 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 fur	d manager Employee of the issuer or investment fund manager			
✓ None of the above				
d) Compensation details				
	identified in Item 8(a) in connection with the distribution. Provide all amounts in			
•	ensation, gifts, discounts or other compensation. Do not report payments for I or accounting services. An issuer is not required to ask for details about, or report			
on, internal allocation arrangements with the directors, officers or e	· · · · · · · · · · · · · · · · · · ·			
Cash commissions paid	Security codes Security code 1 Security code 2 Security code 3			
Value of all securities	U B S			
distributed as compensation ⁴				
Describe terms of warrants, options or other rig	thts 15,960 Units consisting of 15,960 common shares and 15,960			
	warrants. Each warrant is exercisable at \$2.15 until the earlier			
	of March 24, 2019 and thirty days following the date of the Acceleration Notice.			
Other compensation ⁵ Desc	ribe			
Total compensation paid				
Check box if the person will or may receive any deferred	d compensation (describe the terms below)			
	ensation, excluding options, warrants or other rights exercisable to acquire			
additional securities of the issuer. Indicate the security codes for rights exercisable to acquire additional securities of the issuer.	all securities distributed as compensation, <u>including</u> options, warrants or other			
⁵ Do not include deferred compensation.				

a) Name of person compensated and registration status	
Indicate whether the person compensated is a registrant.	☐ No ✓ Yes
If the person compensated is an individual, provide the name of the	e individual.
Full legal name of individual	
Family name	First given name Secondary given names
If the person compensated is not an individual, provide the follow	ing information.
Full legal name of non-individual Leede Jones	Gable
Firm NRD number 5 7	7 0 (if applicable)
Indicate whether the person compensated facilitated the distribut	on through a funding portal or an internet-based portal. 📝 No 🔲 Yes
b) Business contact information	
If a firm NRD number is not provided in Item 8 (a), provide the bus	iness 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	
<u> </u>	d 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	
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 fur	d manager Employee of the issuer or investment fund manager
✓ None of the above	
d) Compensation details	
	n identified in Item 8(a) in connection with the distribution. Provide all amounts in
·	ensation, gifts, discounts or other compensation. Do not report payments for I or accounting services. An issuer is not required to ask for details about, or report
on, internal allocation arrangements with the directors, officers or e	· · · · · · · · · · · · · · · · · · ·
Cash commissions paid	Security codes Security code 1 Security code 2 Security code 3
Value of all securities	U B S
distributed as compensation ⁴	
Describe terms of warrants, options or other rig	thts 4,000 Units consisting of 4,000 common shares and 4,000
	warrants. Each warrant is exercisable at \$2.15 until the earlier
	of March 24, 2019 and thirty days following the date of the Acceleration Notice.
Other compensation ⁵ Desc	ribe
Total compensation paid	
Check box if the person will or may receive any deferred	d compensation (describe the terms below)
	ensation, excluding options, warrants or other rights exercisable to acquire
	all securities distributed as compensation, including options, warrants or other
⁵ Do not include deferred compensation.	

a) Name of person compensated and registration status	
Indicate whether the person compensated is a registrant.	☐ No ✓ Yes
If the person compensated is an individual, provide the name of the	individual.
Full legal name of individual	
Family name	First given name Secondary given names
If the person compensated is not an individual, provide the followir	g information.
Full legal name of non-individual Beacon Securi	ies Limited
Firm NRD number 1 5	5 4 0 (if applicable)
Indicate whether the person compensated facilitated the distributio	n through a funding portal or an internet-based portal. Ves No Yes
b) Business contact information	
If a firm NRD number is not provided in Item 8 (a), provide the busin	ess 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	
•	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 o	f 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	
	identified in Item 8(a) in connection with the distribution. Provide all amounts in
•	nsation, gifts, discounts or other compensation. Do not report payments for or accounting services. An issuer is not required to ask for details about, or report
on, internal allocation arrangements with the directors, officers or en	
Cash commissions paid	Security codes Security code 1 Security code 2 Security code 3
Value of all securities	U B S
distributed as compensation ⁴	
Describe terms of warrants, options or other right	ts 4,000 Units consisting of 4,000 common shares and 4,000
	warrants. Each warrant is exercisable at \$2.15 until the earlier
	of March 24, 2019 and thirty days following the date of the Acceleration Notice.
Other compensation ⁵ Descri	pe
Total compensation paid	
Check box if the person will or may receive any deferred	compensation (describe the terms below)
	nsation, excluding options, warrants or other rights exercisable to acquire
additional securities of the issuer. Indicate the security codes for a rights exercisable to acquire additional securities of the issuer.	Il securities distributed as compensation, <u>including</u> options, warrants or other
⁵ Do not include deferred compensation.	

a) Name of person compensated and registration status	
Indicate whether the person compensated is a registrant.	☐ No ✓ Yes
If the person compensated is an individual, provide the name of the	individual.
Full legal name of individual	
Family name	First given name Secondary given names
If the person compensated is not an individual, provide the followi	ng information.
Full legal name of non-individual PI Financial C	orp.
Firm NRD number 5 2	9 0 (if applicable)
Indicate whether the person compensated facilitated the distribution	n through a funding portal or an internet-based portal. No Yes
b) Business contact information	
If a firm NRD number is not provided in Item 8 (a), provide the busi	ness 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	
•	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	f 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 fun	manager Employee of the issuer or investment fund manager
✓ None of the above	
d) Compensation details	
	identified in Item 8(a) in connection with the distribution. Provide all amounts in
	nsation, gifts, discounts or other compensation. Do not report payments for or accounting services. An issuer is not required to ask for details about, or report
on, internal allocation arrangements with the directors, officers or en	
Cash commissions paid	Security code 3 Security code 2 Security code 3
Value of all securities	U B S
distributed as compensation ⁴	
Describe terms of warrants, options or other rig	47,346 Units consisting of 47,346 common shares and 47,346
	warrants. Each warrant is exercisable at \$2.15 until the earlier
	of March 24, 2019 and thirty days following the date of the Acceleration Notice.
Other compensation ⁵ Descr	be
Total compensation paid	
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 compe	neation, evoluting ontions, warrants or other rights evergisable to acquire
additional cocurities of the issuer Indicate the security codes for	
rights exercisable to acquire additional securities of the issuer.	Il securities distributed as compensation, <u>including</u> options, warrants or other

 a) Name of person com 	pensated and registration status			
Indicate whether the perso	on compensated is a registrant.	✓ No	Yes	
If the person compensated is	s an individual, provide the name of the ind	ividual.		
Full legal name of indi	ividual			
	Family name	First given na	ame Seco	ondary given names
If the person compensated	is not an individual, provide the following i	nformation.		
Full legal name	e of non-individual Capital Find Partr	ners Inc.		
F	Firm NRD number		(if app	licable)
Indicate whether the persor	n compensated facilitated the distribution to	hrough a funding poi	rtal or an internet-bas	ed portal. 🔽 No 🔲 Yes
b) Business contact info	ormation			
If a firm NRD number is not	provided in Item 8 (a), provide the business	s contact information	of the person being c	ompensated.
Street address	10 Coulee View SW			
Municipality	Calgary]	Province/State	Alberta
Country	Canada	-] Pos	stal code/Zip code	T3H 5J6
Email address	ksoost44@gmail.com	T	elephone number	4036199904
c) Relationship to issue	r or investment fund manager			
	nship with the issuer or investment fund ma	nager (select all that	t apply). Refer to the m	reaning of "connected" in Part
B(2) of the Instructions and t	the meaning of "control" in section 1.4 of N	I 45-106 for the purp	ooses of completing thi	s section.
Connect with the iss	uer or investment fund manager	Ins	sider of the issuer (oth	ner than an investment fund)
Director or officer of	the investment fund or investment fund m	anager Er	mployee of the issuer	or investment fund manager
✓ None of the above				
d) Compensation details	S			
	nsation paid, or to be paid, to the person ide			
	sh commissions, securities-based compensa tribution, such as clerical, printing, legal or c			
	gements with the directors, officers or emplo	-	·	
Cash commissions p	paid	Security codes	Security code 1	Security code 2 Security code 3
Value of all securiti	ies	Security codes	U B S	
distributed compensation				
•	terms of warrants, options or other rights	52 000 Units cor	neieting of 52 000 c	ommon shares and 52,000
		warrants. Each	warrant is exercisa	ble at \$2.15 until the earlier
		Acceleration No		ollowing the date of the
Other compensation	on ⁵ Describe			
Total compensation p				
Check box if the po	erson will or may receive any deferred cor	mpensation (describe	e the terms below)	
⁴ Provide the agaregate valu	ue of all securities distributed as compensa	ation, excludina optid	ons, warrants or other	rights exercisable to acquire
additional securities of the i				
rights exercisable to acquire	issuer. Indicate the security codes for all so the additional securities of the issuer.	ecuniles distributed t	ио соттреновнот, <u>те</u>	uding options, warrants or other

a) Name of person com	pensated and registration status			
Indicate whether the perso	on compensated is a registrant.	✓ No	Yes	
If the person compensated is	an individual, provide the name of the	individual.		
Full legal name of indi	vidual			
	Family name	First give	en name Seco	ondary given names
If the person compensated	is not an individual, provide the followi	ng information.		
Full legal name	e of non-individual StoneBridge P	artners LLC		
F	Firm NRD number		(if app	licable)
Indicate whether the persor	n compensated facilitated the distribution	on through a funding	portal or an internet-bas	ed portal. Ves
b) Business contact info	rmation			
If a firm NRD number is not	provided in Item 8 (a), provide the busi	ness contact informa	tion of the person being c	ompensated.
Street address	10650 SW 71 Avenue			
Municipality	Miami		Province/State	Florida
Country	United States		Postal code/Zip code	33156
Email address	mberger@sbpartners.io		Telephone number	3054589982
c) Relationship to issue	r or investment fund manager			
•	nship with the issuer or investment fund the meaning of "control" in section 1.4 c	•		5 .
	uer or investment fund manager	,,		her than an investment fund)
	the investment fund or investment fund	d manager	·	or investment fund manager
✓ None of the above		ў Ц	, ,	Ç
d) Compensation details	<u> </u>			
Provide details of all compen Canadian dollars. Include cas services incidental to the disti	sation paid, or to be paid, to the person sh commissions, securities-based compe ribution, such as clerical, printing, legal gements with the directors, officers or er	ensation, gifts, discou or accounting service	nts or other compensation es. An issuer is not require	n. Do not report payments for ed to ask for details about, or report
Cash commissions p	aid		0	0
Value of all securiti distributed compensatio	as	Security codes	Security code 1 U B S	Security code 2 Security code 3
Describe	terms of warrants, options or other rigi	168,237 warr	ants. Each warrant is ch 24, 2019 and thirty	7 common shares and exercisable at \$2.15 until the days following the date of
Other compensation		ibe		
Total compensation pa	aid			
Check box if the pe	erson will or may receive any deferred	compensation (desc	cribe the terms below)	
additional securities of the is	ne of all securities distributed as compe issuer. Indicate the security codes for a e additional securities of the issuer. Impensation.			

a) Name of person comper	nsated and registration status			
Indicate whether the person c	ompensated is a registrant.	✓ No	Yes	
If the person compensated is an	individual, provide the name of the	ndividual.		
Full legal name of individu	ual Parry	Ch	nris	
	Family name	First give	n name Sec	ondary given names
If the person compensated is no	ot an individual, provide the followin	g information.		
Full legal name of	non-individual			
Firm	n NRD number		(if app	olicable)
Indicate whether the person co	mpensated facilitated the distribution	n through a funding	portal or an internet-bas	sed portal.
b) Business contact inform	ation			
If a firm NRD number is not pro	vided in Item 8 (a), provide the busin	ess contact informat	ion of the person being o	compensated.
Street address 45	71 Steveston Highway			
Municipality Ri	chmond		Province/State	British Columbia
Country Ca	anada	F	Postal code/Zip code	V7E 2K4
Email address ce	entrifoogle@gmail.com		Telephone number	7789272485
c) Relationship to issuer or	investment fund manager			
	p with the issuer or investment fund meaning of "control" in section 1.4 o	-		
	or investment fund manager			her 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		, П	, ,	· ·
d) Compensation details				
	ion paid, or to be paid, to the person	identified in Item 8(a	ı) in connection with the	distribution. Provide all amounts in
Canadian dollars. Include cash co	ommissions, securities-based comper	nsation, gifts, discour	nts or other compensatio	n. Do not report payments for
	ition, such as clerical, printing, legal o ents with the directors, officers or em			
Cash commissions paid		. , ,	. ,	
Value of all securities		Security codes	Security code 1	Security code 2 Security code 3
distributed as compensation ⁴			UBS	
Describe terr	ms of warrants, options or other righ	ts 1 200 Units o	onsisting of 1 200 cor	nmon shares and 1,200
		warrants. Ea	ch warrant is exercisa	able at \$2.15 until the earlier
		Acceleration I		following the date of the
Other compensation ⁵	Describ	ре		
Total compensation paid				
Check box if the person	on will or may receive any deferred	compensation (desc	ribe the terms below)	
	of all securities distributed as compe			
	er. Indicate the security codes for ald ditional securities of the issuer.	i securities distribute	ed as compensation, <u>inc</u>	riuding options, warrants or other
⁵ Do not include deferred compe	ensation.			

 a) Name of person comp 	pensated and reg	istration status								
Indicate whether the person	n compensated is a	registrant.	✓ No] Yes					
If the person compensated is	an individual, provid	de the name of the ind	dividual.							
Full legal name of indiv	/idual	Maru		Vinesh						
	Fa	mily name	Firs	t given name		Seco	ondary given	names		
If the person compensated is	s not an individual, _l	provide the following	information.							
Full legal name	of non-individual									
F	irm NRD number					(if app	licable)			
Indicate whether the person	compensated facilit	tated the distribution t	through a fun	ding portal	or an inte	rnet-bas	ed portal.	\checkmark	No [Yes
b) Business contact infor	rmation									
If a firm NRD number is not բ	provided in Item 8 (d	a), provide the busines	s contact info	rmation of t	the persor	n being c	ompensate	d.		
Street address	101 Bankside Dr	ive								
Municipality [Kitchener				Province	e/State	Ontario)		
Country [Canada			Postal	code/Zi	p code	N2N 30	G 1		
Email address	vin@investinmj.c	om		Tele	phone n	umber	647779	94466		
c) Relationship to issuer	or investment fur	nd manager								
Indicate the person's relations B(2) of the Instructions and th	•		-		-		-	"connecte	d" in Pa	ırt
Connect with the issu	•					-	ner than ar	n investm	ent fund	(b
☐ Director or officer of the		•	nanager			,	or investm			•
✓ None of the above			Ü	<u></u>					J	
d) Compensation details										
Provide details of all compens Canadian dollars. Include casl services incidental to the distri on, internal allocation arrange	sation paid, or to be h commissions, secu ibution, such as cler	rities-based compenso ical, printing, legal or	ation, gifts, dis accounting se	scounts or o ervices. An is	ther comp ssuer is no	pensatior ot require	n. Do not re ed to ask fo	port payı	ments fo	or
Cash commissions pa	aid			[Coourity	anda 1	Coourity	ada O T (Coourity.	sada 2
Value of all securitie	es .		Security cod	es	Security U B		Security o	ode 2	Security of	bode 3
distributed a compensatio										
Describe t	terms of warrants, o	ptions or other rights	warrants.	its consisti Each wa 24, 2019 a ion Notice	rrant is eand thirty	exercisa	ble at \$2.	15 until	the ear	rlier
Other compensation	n ⁵	Describe								
Total compensation pa	nid									
Check box if the pe	erson will or may red	ceive any deferred co	mpensation (describe the	e terms b	elow)				
⁴ Provide the aggregate value additional securities of the is rights exercisable to acquire ⁵ Do not include deferred con	ssuer. Indicate the s additional securitie	ecurity codes for all s								

 a) Name of person comp 	pensated and regis	stration status							
Indicate whether the person	n compensated is a r	egistrant.	✓ No		Yes				
If the person compensated is	an individual, provid	e the name of the inc	dividual.						
Full legal name of indiv	ridual	Siegel		Jeff					
	Far	nily name	Firs	t given name		Seco	ndary given ı	names	
If the person compensated is	s not an individual, p	rovide the following	information.						
Full legal name	of non-individual								
Fi	irm NRD number					(if app	licable)		
Indicate whether the person	compensated facility	nted the distribution	through a fun	ding portal	or an inte	rnet-bas	ed portal.	✓ No	o 🔲 Yes
b) Business contact infor	rmation								
If a firm NRD number is not p	provided in Item 8 (a,	, provide the busines	s contact info	rmation of t	the persor	n being co	ompensated	<i>!</i> .	
Street address	2731 NYS 22								
Municipality	Essex				Province	e/State	New Yo	rk	
Country	United States			Postal	code/Zi	p code	12936		
Email address	jeff@greenchipsto	ocks.com		Tele	phone n	umber	4109602	2772	
c) Relationship to issuer	or investment fun	d manager							
Indicate the person's relations B(2) of the Instructions and th	•		-		-		-	connected"	in Part
Connect with the issu	•		11 13 200 101			-	ner than an	investment	(fund)
☐ Director or officer of the		•	nanager			,	or investme		ŕ
None of the above					.,				9
d) Compensation details									
Provide details of all compens Canadian dollars. Include cash services incidental to the distri on, internal allocation arrange	ation paid, or to be p h commissions, secur ibution, such as cleri	ities-based compens cal, printing, legal or	ation, gifts, dis accounting se	scounts or o ervices. An is	ther comp ssuer is no	pensation ot require	n. Do not rep ed to ask for	ort paymei	nts for
Cash commissions pa	aid			1	Coourity	anda 1	Conveity	40.0 000	usity and 2
Value of all securitie	es		Security cod	es	Security U B		Security co	de 2 Sec	curity code 3
distributed a compensatio									
Describe to	erms of warrants, op	otions or other rights	warrants.	Each wa	rrant is eand thirty	exercisa	ommon sh ble at \$2.1 ollowing th	5 until the	e earlier
Other compensation	n ⁵	Describe							
Total compensation pa	id								
Check box if the pe	rson will or may rec	eive any deferred co	mpensation (describe the	e terms b	elow)			
⁴ Provide the aggregate value additional securities of the is rights exercisable to acquire ⁵ Do not include deferred con	suer. Indicate the se additional securities	ecurity codes for all s							

 a) Name of person comp 	pensated and registra	ation status								
Indicate whether the perso	n compensated is a regi	istrant.	✓ No		Yes					
If the person compensated is	an individual, provide t	he name of the inc	lividual.							
Full legal name of indiv	vidual H	licks		Brian]	
	Family	name	Fir	st given nam	ie	Seco	ondary given	names		
If the person compensated i	is not an individual, prov	vide the following i	information.							
Full legal name	of non-individual									
F	irm NRD number					(if app	licable)			
Indicate whether the person	compensated facilitate	d the distribution t	hrough a fui	nding porta	l or an inte	ernet-bas	ed portal.	√ N	No 🗀	Yes
b) Business contact info	rmation									
If a firm NRD number is not	provided in Item 8 (a), p	rovide the busines	s contact inf	ormation of	f the perso	n being c	ompensate	<i>d</i> .		
Street address	2830 Brougham Co	urt								
Municipality	Manchester				Provinc	e/State	Marylar	nd		
Country	United States]	Posta	al code/Z	p code	21102			
Email address	bhick1978@gmail.c	om		Tel	ephone r	number	443676	0350		
c) Relationship to issuer	or investment fund i	manager								
Indicate the person's relation B(2) of the Instructions and to								connected	" in Par	t
	uer or investment fund r		,		-	-	ner than an	investme	nt fund)	i
☐ Director or officer of t	the investment fund or i	nvestment fund m	nanager	☐ Emp	lovee of th	ne issuer	or investme	ent fund m	anager	,
✓ None of the above			· ·		•				J	
d) Compensation details										
Provide details of all compens Canadian dollars. Include cas services incidental to the distr on, internal allocation arrang	sation paid, or to be paid h commissions, securitie ribution, such as clerical,	es-based compenso printing, legal or	ation, gifts, d accounting s	iscounts or ervices. An	other com issuer is n	pensatior ot require	n. Do not re ed to ask for	port paym	ents for	=
Cash commissions pa	aid		0		Security	codo 1	Security co	ndo 2 Sa	ecurity co	odo 3
Value of all securities			Security co	des	U		Security Co	Jue 2 36	Curity CC	Tue 3
distributed a compensatio										
Describe ·	terms of warrants, optic	ons or other rights	warrants of March	Jnits cons . Each ware 24, 2019 ation Notic	arrant is and thirt	exercisa	ble at \$2.	15 until th	ne earli	
Other compensation	on ⁵	Describe								
Total compensation pa	aid									
Check box if the pe	erson will or may receiv	e any deferred co	mpensation	(describe t	he terms b	pelow)				
⁴ Provide the aggregate valu additional securities of the is rights exercisable to acquire ⁵ Do not include deferred con	ssuer. Indicate the secu e additional securities of	rity codes for all s								

 a) Name of person compensated and re 	egistration status					
Indicate whether the person compensated is	a registrant.	✓ No	☐ Yes			
If the person compensated is an individual, pro	vide the name of the ind	ividual.				
Full legal name of individual	Fraser		R.		Justin	
	Family name	First	given name	Seco	ondary given names	
If the person compensated is not an individua	l, provide the following i	nformation.				
Full legal name of non-individu	al					
Firm NRD numb	er			(if app	licable)	
Indicate whether the person compensated fac	ilitated the distribution t	hrough a fund	ing portal or an inte	- ernet-bas	ed portal. 🗸	No Yes
b) Business contact information						
If a firm NRD number is not provided in Item 8	(a), provide the business	contact infori	mation of the perso	n being c	ompensated.	
Street address 433 East Quee	ns Road					
Municipality North Vancouv	er]	Province	e/State	British Colum	bia
Country Canada]	Postal code/Zi	p code	V7N 4E7	
Email address justin@tradesla	abour.com		Telephone r	number	6047797743	
c) Relationship to issuer or investment	und manager					
Indicate the person's relationship with the issue B(2) of the Instructions and the meaning of "co						cted" in Part
Connect with the issuer or investment		<i>1 43-100 01 1.</i> г. Г		-	ner than an invest	ment fund)
Director or officer of the investment ful	•	L anager F	_	,	or investment fun	,
None of the above	ia or investment rana m	anager L	_ Employee of a	10 133001	or investment fan	d manager
_						
d) Compensation details	on naid to the narron ide	entified in Itam	P(a) in connection	with the	distribution Provid	do all amounts in
Provide details of all compensation paid, or to l Canadian dollars. Include cash commissions, se						
services incidental to the distribution, such as consistency allocation arrangements with the		_		-		s about, or report
on, internal allocation arrangements with the a	rectors, officers or empli	byees of a non	-ınaiviauai compen	satea by	ine issuer.	
Cash commissions paid		Security code	Security	code 1	Security code 2	Security code 3
Value of all securities distributed as compensation ⁴			UE	3 S		
Describe terms of warrants	options or other rights	20 252 115	ita aanaiatina af C	20.252		
Dood loo to ma of warrante	, optione of other rights		its consisting of 3 Each warrant is			
		of March 2 Acceleration	4, 2019 and thirt	y days f	ollowing the dat	e of the
Other compensation ⁵	Describe	710001014110	711101100.			
Total compensation paid						
Check box if the person will or may		npensation (d	escribe the terms b	elow)		
		· · · · ·		<u> </u>		
⁴ Provide the aggregate value of all securities						
additional securities of the issuer. Indicate the rights exercisable to acquire additional securi		ecurities distri	buted as compensa	ation, <u>inc</u>	l <u>uding</u> options, wa	nrrants or other
⁵ Do not include deferred compensation.						

 a) Name of person comp 	pensated and regis	stration status								
Indicate whether the perso	n compensated is a r	egistrant.	✓ No		Yes					
If the person compensated is	an individual, provid	e the name of the ind	ividual.							
Full legal name of indiv	/idual	Perry		Sandra						
	Far	nily name	Firs	st given name		Seco	ndary given	names		
If the person compensated is	s not an individual, p	rovide the following i	nformation.							
Full legal name	of non-individual									
F	irm NRD number					(if app	licable)			
Indicate whether the person	compensated facilite	ated the distribution t	hrough a fur	nding portal	or an inte	rnet-base	ed portal.	✓ N	o 🔲 .	Yes
b) Business contact info	rmation									
If a firm NRD number is not բ	provided in Item 8 (a,	, provide the business	contact info	ormation of	the persoi	n being co	ompensatea	l.		
Street address	4356 Mountain H	wy								
Municipality	North Vancouver				Province	e/State	British C	Columbia		
Country [Canada			Postal	code/Zi	p code	V7K 2K	2		
Email address	sandratime@hotn	nail.com		Tele	phone n	umber	6049848	3027		
c) Relationship to issuer	or investment fun	d manager								
Indicate the person's relation. B(2) of the Instructions and the								connected"	in Part	
Connect with the issu	•		·		-	-	ner than an	investmen	t fund)	
Director or officer of t	he investment fund	or investment fund m	anager	Emplo	oyee of th	e issuer	or investme	ent fund ma	anager	
✓ None of the above				_						
d) Compensation details	3									
Provide details of all compens Canadian dollars. Include casi services incidental to the distr on, internal allocation arrango	h commissions, secur ibution, such as cleri	ities-based compensa cal, printing, legal or a	tion, gifts, d accounting s	scounts or o ervices. An is	ther comp ssuer is no	pensation ot require	n. Do not rep ed to ask for	oort payme	ents for	
Cash commissions pa	aid		0	1	Security	code 1	Security co	udo 2 Sor	curity code	2 2
Value of all securities			Security cod	ies	U E		Security co	Jule 2 360	Junty Code	, 3
distributed a compensation										
Describe t	terms of warrants, op	otions or other rights	warrants of March	Inits consis . Each wa 24, 2019 a tion Notice	rrant is eand thirty	exercisa	ble at \$2.1	15 until th	e earlier	
Other compensatio	n ⁵	Describe								
Total compensation pa	nid									
Check box if the pe	erson will or may rec	eive any deferred cor	mpensation	(describe th	e terms b	elow)				
⁴ Provide the aggregate value additional securities of the is rights exercisable to acquire ⁵ Do not include deferred con	ssuer. Indicate the se additional securities	ecurity codes for all se								∍r

 a) Name of person com 	pensated and registration status			
Indicate whether the perso	on compensated is a registrant.	✓ No	☐ Yes	
If the person compensated is	s an individual, provide the name of the i	ndividual.		
Full legal name of indi	vidual			
	Family name	First giver	n name Seco	ondary given names
If the person compensated	is not an individual, provide the followin	g information.		
Full legal name	e of non-individual Accent Capital	GmbH		
F	Firm NRD number		(if app	olicable)
Indicate whether the person	n compensated facilitated the distribution	n through a funding p	portal or an internet-bas	red portal. ✓ No ☐ Yes
b) Business contact info	ormation			
If a firm NRD number is not	provided in Item 8 (a), provide the busin	ess contact informati	ion of the person being c	ompensated.
Street address	Sendlinger Str.24			
Municipality	Munich		Province/State	Munich
Country	Germany	F	Postal code/Zip code	80331
Email address	schweizer@accentcapital.de		Telephone number	491752076142
c) Relationship to issue	r or investment fund manager			
	nship with the issuer or investment fund the meaning of "control" in section 1.4 of			
	uer or investment fund manager			her than an investment fund)
	the investment fund or investment fund		,	or investment fund manager
✓ None of the above				g-
d) Compensation details	S			
Provide details of all compen Canadian dollars. Include cas services incidental to the dist	isation paid, or to be paid, to the person ish commissions, securities-based comper wibution, such as clerical, printing, legal of gements with the directors, officers or em	nsation, gifts, discoun or accounting service:	ts or other compensation s. An issuer is not require	n. Do not report payments for ed to ask for details about, or report
Cash commissions p	paid		0 " 14	
Value of all securiti distributed compensati	as	Security codes	Security code 1 U B S	Security code 2 Security code 3
Describe	terms of warrants, options or other righ	warrants. Eac	ch warrant is exercisa 2019 and thirty days f	common shares and 52,040 able at \$2.15 until the earlier following the date of the
Other compensation		e		
Total compensation p	aid			
Check box if the p	erson will or may receive any deferred of	compensation (descr	ribe the terms below)	
additional securities of the I	ue of all securities distributed as compensies. Indicate the security codes for allowed and in the issuer. Indicate the securities of the issuer. Indicate the securities of the issuer.			

a) Name of person com	pensated and registration status					
Indicate whether the perso	on compensated is a registrant.	✓ No	☐ Yes			
If the person compensated is	an individual, provide the name of the ir	ndividual.				
Full legal name of indiv	vidual					
	Family name	First giver	n name Sec	ondary given names		
If the person compensated i	is not an individual, provide the following	information.				
Full legal name	e of non-individual Antonious Capit	al Corp.				
F	Firm NRD number		(if app	licable)		
Indicate whether the person	n compensated facilitated the distribution	through a funding p	portal or an internet-bas	red portal. ✓ No ☐ Yes		
b) Business contact info	ormation					
If a firm NRD number is not	provided in Item 8 (a), provide the busine	ess contact informati	ion of the person being c	ompensated.		
Street address	91 Deep Dene Place					
Municipality	West Vancouver		Province/State	British Columbia		
Country	Canada	F	Postal code/Zip code	V7S 1A3		
Email address	karl@antoniuscapital.com		Telephone number	6042189434		
c) Relationship to issuer	r or investment fund manager					
•	nship with the issuer or investment fund n the meaning of "control" in section 1.4 of			5 .		
	uer or investment fund manager			her than an investment fund)		
☐ Director or officer of	the investment fund or investment fund	manager \square	Employee of the issuer	or investment fund manager		
✓ None of the above		· L	. ,	Ç		
d) Compensation details						
Canadian dollars. Include cas services incidental to the disti	sation paid, or to be paid, to the person in th commissions, securities-based compen- ribution, such as clerical, printing, legal of pements with the directors, officers or emp	sation, gifts, discoun r accounting service.	ts or other compensation s. An issuer is not require	n. Do not report payments for ed to ask for details about, or report		
Cash commissions pa	aid		0 " 1 1			
Value of all securiti distributed a compensatio	as	Security codes	Security code 1 U B S	Security code 2 Security code 3		
Describe terms of warrants, options or other rights 5,880 Units consisting of 5,880 common shares and 5,880 warrants. Each warrant is exercisable at \$2.15 until the earlier of March 24, 2019 and thirty days following the date of the Acceleration Notice.						
Other compensation		e				
Total compensation pa	aid					
Check box if the pe	erson will or may receive any deferred c	ompensation (desci	ribe the terms below)			
additional securities of the is	ne of all securities distributed as compen issuer. Indicate the security codes for all e additional securities of the issuer. mpensation.					

 a) Name of person comp 	pensated and registration status			
Indicate whether the perso	n compensated is a registrant.	✓ No	Yes	
If the person compensated is	an individual, provide the name of the i	ndividual.		
Full legal name of indiv	vidual Byrne	Seamu	s	
	Family name	First given na	ime Sec	condary given names
If the person compensated i	s not an individual, provide the following	information.		
Full legal name	of non-individual			
F	irm NRD number		(if app	olicable)
Indicate whether the person	compensated facilitated the distribution	through a funding port	tal or an internet-bas	sed portal. Ves
b) Business contact info	rmation			
If a firm NRD number is not p	provided in Item 8 (a), provide the busine	ss contact information	of the person being o	compensated.
Street address	2682 Rothesay Road			
Municipality	Rothesay		Province/State	New Brunswick
Country	Canada	Pos	tal code/Zip code	E2H 2K9
Email address	seamus.byrne@halifaxcitrus .ca	Te	elephone number	9024415757
c) Relationship to issuer	or investment fund manager			
	ship with the issuer or investment fund r he meaning of "control" in section 1.4 of			
	uer or investment fund manager			ther than an investment fund)
<u>_</u>	the investment fund or investment fund	<u> </u>		or investment fund manager
None of the above		age:	.p.o, co cc	or invocation ratio manage.
d) Compensation details	.			
Provide details of all compens Canadian dollars. Include cast services incidental to the distr	sation paid, or to be paid, to the person in the commissions, securities-based compen wibution, such as clerical, printing, legal on the directors, officers or em	sation, gifts, discounts o r accounting services. A	or other compensatio n issuer is not requir	n. Do not report payments for red to ask for details about, or report
Cash commissions pa	aid	Security codes	Security code 1	Security code 2 Security code 3
Value of all securitie distributed a compensatio	as	Coodiny codes	U B S	
Describe t	terms of warrants, options or other right	warrants. Each	warrant is exercisa 9 and thirty days	common shares and 87,377 able at \$2.15 until the earlier following the date of the
Other compensatio	n ⁵ Describ	е		
Total compensation pa	aid			
Check box if the pe	erson will or may receive any deferred c	ompensation (describe	the terms below)	
⁴ Provide the aggregate value additional securities of the is	e of all securities distributed as compen			

 a) Name of person comp 	pensated and registration status			
Indicate whether the perso	n compensated is a registrant.	✓ No	Yes	
If the person compensated is	an individual, provide the name of the in	dividual.		
Full legal name of indiv	vidual Farris	Marsha	II	
	Family name	First given na	me Sec	condary given names
If the person compensated is	is not an individual, provide the following	information.		
Full legal name	of non-individual			
F	irm NRD number		(if app	plicable)
Indicate whether the person	compensated facilitated the distribution	through a funding port	tal or an internet-ba	sed portal.
b) Business contact info	rmation			
If a firm NRD number is not p	provided in Item 8 (a), provide the busine	ss contact information o	of the person being	compensated.
Street address	9 - 766 - 7th Avenue			
Municipality [Vancouver		Province/State	British Columbia
Country	Canada	Post	tal code/Zip code	V5Z 1B8
	marshall@ascentafinance.c	Te	elephone number	6046376373
c) Relationship to issuer	or investment fund manager			
	ship with the issuer or investment fund me meaning of "control" in section 1.4 of I			
	uer or investment fund manager			ther than an investment fund)
	the investment fund or investment fund r	_		r or investment fund manager
None of the above		ge	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or investment rand manager
d) Compensation details	,			
Provide details of all compens Canadian dollars. Include cast services incidental to the distr	sation paid, or to be paid, to the person ic h commissions, securities-based compens ribution, such as clerical, printing, legal or ements with the directors, officers or emp	ation, gifts, discounts of accounting services. Ar	r other compensatio n issuer is not requir	n. Do not report payments for red to ask for details about, or report
Cash commissions pa	aid	Security codes	Security code 1	Security code 2 Security code 3
Value of all securitie distributed a compensatio	as	Cooming codes	U B S	
Describe t	terms of warrants, options or other rights	warrants. Each v	warrant is exercisa 9 and thirty days	common shares and 35,718 able at \$2.15 until the earlier following the date of the
Other compensatio	on ⁵ Describe			
Total compensation pa	aid			
Check box if the pe	erson will or may receive any deferred co	ompensation (describe	the terms below)	
additional securities of the is	e of all securities distributed as compens ssuer. Indicate the security codes for all e additional securities of the issuer. Innensation			

a) Name of person comp	pensated and registration state	us						
Indicate whether the perso	n compensated is a registrant.	✓ No		Yes				
If the person compensated is	an individual, provide the name of	f the individual.						
Full legal name of individual Walker Scott								
	Family name		First given name	Seco	ondary given names			
If the person compensated i	s not an individual, provide the fol	lowing informatio	n.					
Full legal name	of non-individual							
F	Firm NRD number (if applicable)							
Indicate whether the person	compensated facilitated the distri	bution through a	funding portal o	r an internet-bas	ed portal. 🔽 No 🔲 Yes			
b) Business contact info	rmation							
If a firm NRD number is not p	provided in Item 8 (a), provide the	business contact	information of th	ne person being c	ompensated.			
Street address	1447 Denman Street							
Municipality	Vancouver		Р	Province/State	British Columbia			
Country	Canada		Postal o	code/Zip code	V8R 1X5			
Email address	walker.scott250@gmail.com]	Telep	hone number	2508825227			
c) Relationship to issuer	or investment fund manager							
	ship with the issuer or investment he meaning of "control" in section	-						
	ier or investment fund manager				ner than an investment fund)			
Director or officer of t	he investment fund or investment	fund manager	Employ	ee of the issuer	or investment fund manager			
✓ None of the above			_					
d) Compensation details	;							
Canadian dollars. Include cas	h commissions, securities-based co	mpensation, gifts	, discounts or oth	her compensatior	distribution. Provide all amounts in n. Do not report payments for nd to ask for details about, or report			
on, internal allocation arrang	ements with the directors, officers	or employees of a	non-individual	compensated by	the issuer.			
Cash commissions pa	aid	Security	codes	Security code 1	Security code 2 Security code 3			
Value of all securitie distributed a compensatio	as	•		U B S				
Describe t	erms of warrants, options or othe	Each	varrant is exer 19 and thirty d	cisable at \$2.1	n shares and 880 warrants. 5 until the earlier of March he date of the Acceleration			
Other compensatio	n ⁵ De	escribe						
Total compensation pa	nid							
Check box if the pe	erson will or may receive any defe	rred compensation	on (describe the	terms below)				
additional securities of the is	e of all securities distributed as consumer. Indicate the security codes additional securities of the issuent appensation.	for all securities						

a) Name of person comp	ensated and registration status			
Indicate whether the person	n compensated is a registrant.	✓ No	Yes	
If the person compensated is a	an individual, provide the name of the inc	lividual.		
Full legal name of indivi	idual Smith	Jonathar	1	
	Family name	First given nam	ne Seco	ondary given names
If the person compensated is	not an individual, provide the following	information.		
Full legal name	of non-individual			
Fi	rm NRD number		(if app	olicable)
Indicate whether the person	compensated facilitated the distribution t	hrough a funding porta	ıl or an internet-bas	sed portal. 🔽 No 🔲 Yes
b) Business contact infor	mation			
If a firm NRD number is not p	provided in Item 8 (a), provide the busines	s contact information o	f the person being c	compensated.
Street address	731 - 4th Street East			
Municipality [Prince Albert	1	Province/State	Saskatchewan
Country (Canada] Posta	al code/Zip code	S6V 0K4
			lephone number	
ין	ionathan.d.smith2@gmail.co m			7058493769
c) Relationship to issuer	or investment fund manager			
	hip with the issuer or investment fund mo			
	ne meaning of "control" in section 1.4 of N er or investment fund manager			her than an investment fund)
	-		,	,
=	ne investment fund or investment fund m	lanager Emp	noyee of the issuer	or investment fund manager
✓ None of the above				
d) Compensation details	ation paid, or to be paid, to the person ide	entified in Itam 9(a) in a	connection with the	distribution Provide all amounts in
	ation paid, or to be paid, to the person law a commissions, securities-based compenso			
	bution, such as clerical, printing, legal or ements with the directors, officers or empl			
J		oyees of a non-individu	at compensated by	the issuer.
Cash commissions pa		Security codes	Security code 1	Security code 2 Security code 3
Value of all securities distributed as	s		UBS	
compensation				
Describe to	erms of warrants, options or other rights			on shares and 880 warrants.
		24, 2019 and thirty		the date of the Acceleration
Otherness	Dogoribo	Notice.		
Other compensation Total compensation pai				
	rson will or may receive any deferred co	mneneation (describe t	the terms helow)	
Check box if the per	Ison will of may receive any deferred co	inperisation (describe t	——————————————————————————————————————	
4 Describe the second of		ation and the second		u vialeta accavalantela (c. 2007)
additional securities of the iss	e of all securities distributed as compens suer. Indicate the security codes for all s	auon, <u>excluding</u> option. ecurities distributed as	s, warrants or other compensation, <u>inc</u>	r ngnts exercisable to acquire c <u>luding</u> options, warrants or other
rights exercisable to acquire s 5Do not include deferred com	additional securities of the issuer. npensation.			
	to the second se			

 a) Name of person comp 	pensated and regi	stration status						
Indicate whether the person	n compensated is a l	egistrant.	✓ No	Yes				
If the person compensated is	an individual, provid	le the name of the inc	lividual.					
Full legal name of indiv	vidual	Rutledge	Ве	njamin				
	Fa	mily name	First gi	ven name	Seco	ondary given nam	es	
If the person compensated is	s not an individual, p	provide the following i	information.					
Full legal name	of non-individual							
Fi	Firm NRD number (if applicable)							
Indicate whether the person	compensated facilit	ated the distribution t	hrough a fundir	ng portal or an inter	net-bas	ed portal.	√ No [Yes
b) Business contact infor	rmation							
If a firm NRD number is not p	orovided in Item 8 (a), provide the busines	s contact inform	ation of the person	being c	ompensated.		
Street address	#1405 - 400 Capi	lano Road						
Municipality	Port Moody]	Province	/State	British Colu	mbia	
Country	Canada]	Postal code/Zip	code	V3H 0E1		
Email address	ben.rutledge@gn	nail.com		Telephone nu	umber	604374606	1	
c) Relationship to issuer	or investment fur	d manager						
Indicate the person's relations B(2) of the Instructions and th	•		-			-	nected" in Pa	ırt
Connect with the issu	-		. 13 1 00 (61 tine	Insider of the iss	-		estment fund	d)
☐ Director or officer of the		•	anager [Employee of the	,			,
None of the above								
d) Compensation details								
Provide details of all compens Canadian dollars. Include cash services incidental to the distri on, internal allocation arrange	sation paid, or to be h commissions, secu ibution, such as cleri	ities-based compenso cal, printing, legal or	ntion, gifts, disco accounting serv	unts or other comp ices. An issuer is no	ensatior t require	n. Do not report ed to ask for det	payments fo	or
Cash commissions pa	aid			So overity (d- 1	Conveity and C	Coougity	anda 2
Value of all securitie	es .		Security codes	Security of U	S	Security code 2	Security of	code 3
distributed a compensatio					•			
Describe to	terms of warrants, o	otions or other rights	warrants. E	consisting of 2,0 ach warrant is e. , 2019 and thirty n Notice.	xercisa	ble at \$2.15 ι	ıntil the ear	rlier
Other compensation	n ⁵	Describe						
Total compensation pa	nid							
Check box if the pe	erson will or may rec	eive any deferred co	mpensation (de	scribe the terms be	elow)			
⁴ Provide the aggregate value additional securities of the is rights exercisable to acquire ⁵ Do not include deferred con	ssuer. Indicate the se additional securitie	ecurity codes for all s						

 a) Name of person compe 	ensated and registration status	S						
Indicate whether the person	compensated is a registrant.	✓ No	Yes					
If the person compensated is a	n individual, provide the name of t	the individual.						
Full legal name of individ	dual Nesterchuk)	′uliya					
	Family name	First g	ven name	Secondary given names				
If the person compensated is I	not an individual, provide the follo	wing information.						
Full legal name o	of non-individual							
Firm NRD number (if applicable)								
Indicate whether the person c	compensated facilitated the distribu	ution through a fundir	ng portal or an internet-	based portal. No Yes				
b) Business contact inform	mation							
If a firm NRD number is not pr	ovided in Item 8 (a), provide the bu	usiness contact inform	ation of the person beir	ng compensated.				
Street address A	upt 8, Zivava St 26							
Municipality T	ernopil		Province/Sta	ate				
Country U	Jkraine		Postal code/Zip co	de				
Email address y	uliyanes@ymail.com		Telephone numb	7863286358				
c) Relationship to issuer of	or investment fund manager							
· · · · · · · · · · · · · · · · · · ·	nip with the issuer or investment fur meaning of "control" in section 1.	-						
	r or investment fund manager	. год г.н. 15 2 00 дог ала		(other than an investment fund)				
	e investment fund or investment f	und manager	_	uer or investment fund manager				
None of the above								
d) Compensation details								
Provide details of all compensations Canadian dollars. Include cash services incidental to the distrib	commissions, securities-based com oution, such as clerical, printing, leg	npensation, gifts, disco gal or accounting serv	unts or other compenso ices. An issuer is not req	uired to ask for details about, or report				
on, internal allocation arranger	ments with the directors, officers or	employees of a non-	ndividual compensated	by the issuer.				
Cash commissions paid	d	Security codes	Security code	1 Security code 2 Security code 3				
Value of all securities distributed as compensation	;		UB	s				
Describe ter	Describe terms of warrants, options or other rights 9,360 Units consisting of 9,360 common shares and 9,360 warrants. Each warrant is exercisable at \$2.15 until the earlier of March 24, 2019 and thirty days following the date of the Acceleration Notice.							
Other compensation ⁵	5 Des	scribe						
Total compensation paid	t l							
Check box if the pers	son will or may receive any deferr	ed compensation (de	scribe the terms below)				
additional securities of the issu	additional securities of the issuer.			ther rights exercisable to acquire <u>including</u> options, warrants or other				

a) Name of person compensated and registration status	
Indicate whether the person compensated is a registrant.	☐ No ✓ Yes
If the person compensated is an individual, provide the name of the	individual.
Full legal name of individual	
Family name	First given name Secondary given names
If the person compensated is not an individual, provide the following	ng information.
Full legal name of non-individual National Bank	Financial
Firm NRD number 1 9	6 0 (if applicable)
Indicate whether the person compensated facilitated the distributi	on through a funding portal or an internet-based portal. Vo Yes
b) Business contact information	
If a firm NRD number is not provided in Item 8 (a), provide the busi	ness 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	
· · · · · · · · · · · · · · · · · · ·	I 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 fun	d manager
✓ None of the above	
d) Compensation details	
	n identified in Item 8(a) in connection with the distribution. Provide all amounts in
•	ensation, gifts, discounts or other compensation. Do not report payments for or accounting services. An issuer is not required to ask for details about, or report
on, internal allocation arrangements with the directors, officers or e	mployees of a non-individual compensated by the issuer.
Cash commissions paid	Security codes Security code 1 Security code 2 Security code 3
Value of all securities	U B S
distributed as compensation ⁴	
Describe terms of warrants, options or other rig	hts 12,000 Units consisting of 12,000 common shares and 12,000
	warrants. Each warrant is exercisable at \$2.15 until the earlier of March 24, 2019 and thirty days following the date of the
	Acceleration Notice.
Other compensation ⁵ Descri	ibe
Total compensation paid	
Check box if the person will or may receive any deferred	compensation (describe the terms below)
	ensation, <u>excluding</u> options, warrants or other rights exercisable to acquire
additional securities of the issuer. Indicate the security codes for rights exercisable to acquire additional securities of the issuer.	all securities distributed as compensation, <u>including</u> options, warrants or other
⁵ Do not include deferred compensation.	

a) Name of person compensated and registration status	
Indicate whether the person compensated is a registrant.	☐ No ✓ Yes
If the person compensated is an individual, provide the name of the i	ndividual.
Full legal name of individual	
Family name	First given name Secondary given names
If the person compensated is not an individual, provide the following	g information.
Full legal name of non-individual Fosters & Asso	ciates Financial Services Inc.
Firm NRD number 5 0	0 0 (if applicable)
Indicate whether the person compensated facilitated the distribution	n through a funding portal or an internet-based portal. Vo Yes
b) Business contact information	
If a firm NRD number is not provided in Item 8 (a), provide the busin	ess 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	
	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	
	identified in Item 8(a) in connection with the distribution. Provide all amounts in
	nsation, gifts, discounts or other compensation. Do not report payments for or or accounting services. An issuer is not required to ask for details about, or report
on, internal allocation arrangements with the directors, officers or em	ployees of a non-individual compensated by the issuer.
Cash commissions paid	Security codes Security code 1 Security code 2 Security code 3
Value of all securities	U B S
distributed as compensation ⁴	
Describe terms of warrants, options or other righ	ts 14,000 Units consisting of 14,000 common shares and 14,000
	warrants. Each warrant is exercisable at \$2.15 until the earlier of March 24, 2019 and thirty days following the date of the
	Acceleration Notice.
Other compensation ⁵ Describ	ne
Total compensation paid	
Check box if the person will or may receive any deferred of	compensation (describe the terms below)
	nsation, excluding options, warrants or other rights exercisable to acquire
additional securities of the issuer. Indicate the security codes for all rights exercisable to acquire additional securities of the issuer.	securities distributed as compensation, <u>including</u> options, warrants or other
⁵ Do not include deferred compensation.	

a) Name of person compensated and registration status	
Indicate whether the person compensated is a registrant.	☐ No ✓ Yes
If the person compensated is an individual, provide the name of the	individual.
Full legal name of individual	
Family name	First given name Secondary given names
If the person compensated is not an individual, provide the following	ng information.
Full legal name of non-individual Industrial Allian	nce Securities Inc.
Firm NRD number 1 5	4 0 0 (if applicable)
Indicate whether the person compensated facilitated the distribution	n through a funding portal or an internet-based portal. Vo Yes
b) Business contact information	
If a firm NRD number is not provided in Item 8 (a), provide the busin	ness 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	
	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 c	f 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	
	identified in Item 8(a) in connection with the distribution. Provide all amounts in
•	nsation, gifts, discounts or other compensation. Do not report payments for or accounting services. An issuer is not required to ask for details about, or report
on, internal allocation arrangements with the directors, officers or en	· · · · · · · · · · · · · · · · · · ·
Cash commissions paid	Security codes Security code 1 Security code 2 Security code 3
Value of all securities	U B S
distributed as compensation ⁴	
Describe terms of warrants, options or other rigit	86,320 Units consisting of 86,320 common shares and 86,320
	warrants. Each warrant is exercisable at \$2.15 until the earlier
	of March 24, 2019 and thirty days following the date of the Acceleration Notice.
Other compensation ⁵ Descri	be
Total compensation paid	
Check box if the person will or may receive any deferred	compensation (describe the terms below)
	nsation, <u>excluding</u> options, warrants or other rights exercisable to acquire
additional securities of the issuer. Indicate the security codes for a rights exercisable to acquire additional securities of the issuer.	Il securities distributed as compensation, including options, warrants or other
⁵ Do not include deferred compensation.	

a) Name of person compo	ensated and registrat	tion status								
Indicate whether the person	compensated is a regist	trant.	✓ No		Yes					
If the person compensated is a	an individual, provide the	e name of the ind	ividual.							
Full legal name of indivi	idual Ne	rell		Anders						
	Family r	ame	Firs	st given name	:	Seco	ndary given ı	names		
If the person compensated is	not an individual, provid	de the following i	nformation.							
Full legal name	of non-individual									
Fir	rm NRD number					(if app	licable)			
Indicate whether the person o	compensated facilitated	the distribution t	hrough a fur	ding portal	or an inte	ernet-base	ed portal.	✓ No	o 🔲 Ye	s
b) Business contact inform	mation									
If a firm NRD number is not p	rovided in Item 8 (a), pro	ovide the business	contact info	ormation of	the persoi	n being co	ompensated	!		
Street address	#700 - 200 Burrard St	treet]
Municipality \[\	√ancouver				Province	e/State	British C	olumbia]
Country	Canada			Postal	code/Zi	p code	V6C 3L6	3]
Email address	anerell@hotmail.com			Tele	phone n	umber	6687670	06628]
c) Relationship to issuer	or investment fund m	anager								
Indicate the person's relations B(2) of the Instructions and the								connected"	in Part	
	er or investment fund ma		·		•	-	ner than an	investment	t fund)	
Director or officer of th	ne investment fund or in	vestment fund m	anager	Emplo	oyee of th	e issuer	or investme	nt fund ma	ınager	
✓ None of the above				_						
d) Compensation details										
Provide details of all compensor Canadian dollars. Include cash services incidental to the distril on, internal allocation arrange	commissions, securities bution, such as clerical, p	-based compensa printing, legal or a	tion, gifts, di accounting s	scounts or o ervices. An is	ther com ssuer is n	pensation ot require	n. Do not rep d to ask for	ort payme	nts for	
Cash commissions pai	id	7	0	1	Security	code 1	Security co	do 2 Soc	curity code 3	1
Value of all securities		=	Security cod	ies	U E		Security Co	de 2 Sec	This code 3	1
distributed as compensation										J
Describe te	erms of warrants, option	s or other rights	warrants of March	nits consis Each wa 24, 2019 a tion Notice	rrant is eand thirt	exercisa	ble at \$2.1	5 until the	e earlier	
Other compensation	n ⁵	Describe]
Total compensation pai	d									
Check box if the per	son will or may receive	any deferred cor	mpensation	(describe th	e terms b	elow)				
]
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com	suer. Indicate the securi additional securities of t	ty codes for all se								

 a) Name of person comp 	ensated and regi	stration status								
Indicate whether the persor	n compensated is a i	registrant.	✓ No		Yes					
If the person compensated is a	an individual, provid	le the name of the ind	lividual.							
Full legal name of indiv	idual	Shepherd		Jason						
	Fa	mily name	First	given name		Seco	ndary given	names		
If the person compensated is	not an individual, p	provide the following i	nformation.							
Full legal name	of non-individual									
Fi	rm NRD number					(if app	licable)			_
Indicate whether the person	compensated facilit	ated the distribution t	hrough a fund	ding portal d	or an inte	rnet-base	ed portal.	\checkmark	No [Yes
b) Business contact infor	mation									
If a firm NRD number is not p	provided in Item 8 (a), provide the business	s contact infor	mation of t	he persor	n being co	ompensate	d.		
Street address	808 - 1st Street S	W, #302								
Municipality	Calgary]	I	Province	e/State	Alberta			
Country	Canada]	Postal	code/Zi	p code	T2P 1M	19		
Email address	pcg@shaw.ca			Tele	phone n	umber	250212	2122		
c) Relationship to issuer	or investment fur	id manager								
Indicate the person's relations B(2) of the Instructions and th	•		-		-		-	"connect	ed" in Pa	art
Connect with the issue	er or investment fur	nd manager	[Inside	r of the is	suer (oth	ner than ar	investm	ent fund	d)
Director or officer of the	ne investment fund	or investment fund m	anager	Emplo	yee of th	e issuer	or investm	ent fund	manage	er
✓ None of the above			-							
d) Compensation details										
Provide details of all compenson Canadian dollars. Include cash services incidental to the distri on, internal allocation arrange	n commissions, secui bution, such as cleri	rities-based compenso cal, printing, legal or	ntion, gifts, dis accounting se	counts or or rvices. An is	ther comp suer is no	pensation ot require	. Do not re d to ask fo	port pay	ments fo	or
Cash commissions pa	iid		0 " 1	Γ	Security	anda 1	Security c	odo 2	Security (aada 2
Value of all securitie	es		Security code	es [U B		Security C	oue 2	Security	code 3
distributed a compensation				Ĺ	<u> </u>					
Describe to	Describe terms of warrants, options or other rights 4,856 Units consisting of 4,856 common shares and 4,856 warrants. Each warrant is exercisable at \$2.15 until the earlier of March 24, 2019 and thirty days following the date of the Acceleration Notice.									
Other compensation	n ⁵	Describe								
Total compensation pai	id									
Check box if the per	rson will or may rec	eive any deferred cor	mpensation (d	describe the	e terms b	elow)				
⁴ Provide the aggregate value additional securities of the is rights exercisable to acquire ⁵ Do not include deferred con	suer. Indicate the se additional securities	ecurity codes for all s								

ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER If the issuer is an investment fund, do not complete Item 9. Proceed to Item 10. Indicate whether the issuer is any of the following (select all that apply). Reporting issuer in any jurisdiction of Canada Foreign public issuer Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada⁶ Provide name of reporting issuer Wholly owned subsidiary of a foreign public issuer⁶ Provide name of foreign public issuer Issuer distributing eligible foreign securities only to permitted clients⁷ If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10. ⁶An 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. ⁷Check 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. \checkmark If the issuer is none of the above, check this box and complete Item 9(a) - (c). Directors, executive officers and promoters of the issuer Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to issuer", "D" - Director, "O" - Executive Officer, "P" - Promoter. Business location of Relationship to non-individual or issuer residentail (select all that First given Secondary given jurisdiction of Organization or company name Family name names name apply) individual Province or country D 0 Ρ William Robert Panama ✓ ✓ Anderson Skinner Scott Ontario James Doherty David British Columbia Patrick Wilms lan Ontario Shalom Paikin Jeffrey Ontario Cernovitch Marc Ontario Allan **Brett** Ontario 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. Residential Relationship to promoter jurisdiction of Secondary given First given (select one or both if applicable) individual Organization or company name Family name name names Province or D 0 country

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	Doherty	David				
	Family name	First given name		Secondary given names		
Title	Managing Director					
Name of issuer/underwriter/ investment fund manager	The Green Organic Dutchman Holdings Ltd.					
Telephone number		Email address				
Signature	"Dave Doherty"	Date	2017	04	05	
		_	YYYY	MM	DD	

ITEM 11- CONTACT PERSON								
. 3	•	on for the individual that th different than the individu	,	thority or regulator may contact with any Item 10.				
Same as individual certifying the report								
Full legal name				Title				
	Family name	First given name	Secondary given names					
Name of company [
Telephone number		E	Email 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.