Form 45-106F1 Report of Exempt Distribution

ITEM 1 – REPORT TYPE				
✓ New report				
	f amended, provide fili	ng date of report that is being	g amended.	(YYYY-MM-
	, F		5	DD)
ITEM 2 – PARTY CERTIFYII	NG THE REPORT			
Indicate the party certifying the report (select Instrument 81-106 Investment Fund Continuo			n investment fund, refer to section	1.1 of National
Investment fund issuer				
✓ Issuer (other than an investme	ent fund)			
Underwriter				
ITEM 3 – ISSUER NAME AN	D OTHER IDEN	ΓIFIERS		
Provide the following information about the is	ssuer, or if the issuer is an	investment fund, about the fund		
Full legal name	Graphite Energy Corp.			
Previous full legal name	N/A			
If the issuer's name changed in the	e last 12 months, provide n	nost recent previous legal name.		
Website	https://www.graphitee	nergycorp.com/ (if ap	oplicable)	
If the issuer has a legal entity identifier, provid	de below. Refer to Part B	of the Instructions for the definit	tion of "legal entity identifier".	
Legal entity identifier	Unknown			
If two or more issuers distributed a single secu	urity, provide the full lega	l name(s) of the co-issuer(s) oth	er than the issuer named above.	
Full legal name(s) of co-issuer(s)	N/A	(if ap	oplicable)	
ITEM 4 – UNDERWRITER IN				
If an underwriter is completing the report, pro	ovide the underwriter's ful	l legal name and firm NRD num	ber.	1
Full legal name N/A				
Firm NRD number		(if applicable)		
If the underwriter does not have a firm NRD n	number, provide the head o	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. Primary industry Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity. NAICS industry code 2 2 3 9 8 1 If the issuer is in the mining industry, indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply. Mortgages Real estate Commercial/business debt Consumer debt Private companies Cryptoassets Number of employees Number of employees: 50 - 990 - 49100 - 499500 or more SEDAR profile number c) Does the issuer have a **SEDAR** profile? If yes, provide SEDAR profile number 0 If the issuer does not have a SEDAR profile complete Item 5(d) - (h). Head office address Street address Province/State Municipality Postal code/Zip code Country Telephone number Date of formation and financial year-end Date of formation Financial year-end YYYY MM DD MM DD f) Reporting issuer status No Yes Is the issuer a reporting issuer in any jurisdiction of Canada? If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NL NT NU NS ON PE QC SK Public listing status If the issuer has a CUSIP number, provide below (first 6 digits only). CUSIP number If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system. Exchange name h) Size of issuer's assets Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date. \$0 to under \$5M \$5M to under \$25M \$25M to under \$100M \$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 N/A	
Firm NRD Number (if applicable)	
If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager.	
Street Address	
Municipality Province/State	
Country Postal code/Zip code	
Telephone number Website (if applicable)	
b) Type of investment fund	
Type of investment fund that most accurately identifies the issuer (select only one). Money market Equity Fixed income Balanced 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 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 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. All AB BC MB 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 name of the exchange on which the investment fund's securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.	¢
Exchange name	
f) 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 \$). \$\begin{array}{ c c c c c c c c c c c c c c c c c c c	

ITEM 7 – INFORMATION ABOUT THE DISTRIBUTION If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report. Currency a) Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. ✓ Canadian dollar US dollar Euro Other (describe) Distribution date(s) 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 17 End date 2020 17 DD YYYY MM DD Detailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. Types of securities distributed Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed. Canadian \$ CUSIP number Number of Single or Highest Security code Description of security Total amount (if applicable) securities lowest price price U В S 38871L208 Units 13,000,000 \$.20 \$0.20 \$2,600,000

e) Details of rights and convertible/exchangeable securities

Total:

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.

13,000,000

\$2,600,000

Convertible / exchangeable security code		peable Underlying		U		ise price adian \$)	Expiry date (YYYY-MM-	Conversion ratio	Describe other terms (if applicable)	
		ode	security code		Lowest	Highest	DD)		` ,	
W	N	Т	С	M	S	\$0.35	0.35	2023-08-17	1:1	Transferable warrants, subject to acceleration provision.

f) Summary of the distribution by jurisdiction and exemption

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

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

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

Province or country	Exemption relied on	Number of unique purchasers ^{2a}	Total amount (Canadian \$)
BC	NI 45-106 s.2.3	58	\$1,714,000
ВС	NI 45-106 s.2.5	4	\$12,000
AB	NI 45-106 s.2.3	8	\$93,000
SK	NI 45-106 s.2.3	3	\$90,000
MB	NI 45-106 s.2.3	1	\$8,000
NB	NI 45-106 s.2.3	1	\$10,000
ON	NI 45-106 s.2.3	7	\$173,000
QC	NI 45-106 s.2.3	1	\$45,000
Costa Rica	NI 45-106 s.2.3	1	\$8,000
Indonesia	NI 45-106 s.2.3	1	\$50,000
Monacoa	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	1	\$8,000

	Total number of unique purchasers ^{2b}	100					
	Total dollar amount of securities distributed						
USA	NI 45-106 s.2.5	2	\$60,000				
USA	NI 45-106 s.2.3	3	\$76,000				
United Kingdom	NI 45-106 s.2.3	2	\$60,000				
United Kingdom	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	2	\$55,000				
Switzerland	NI 45-106 s.2.3	1	\$45,000				
Scotland	NI 45-106 s.2.3	1	\$8,000				
Russia	NI 45-106 s.2.3	1	\$35,000				
Paraguay	NI 45-106 s.2.3	1	\$30,000				
Panama	NI 45-106 s.2.3	1	\$20,000				

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

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides.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 \$)
N/A	
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.	N/A			
2.				
3.				

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 No Yes	paid, or will be paid, in connection If yes, indicate number of		4			
i) Name of person compens	ated and registration status					
Indicate whether the person compensate No Yes	ed is a registrant.					
If the person compensated is an individu	ual, provide the name of the individuo	al.				
Full legal name of individual						
	Family name	First given name	Secondary given names	-		

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

If the person compensated is not an	individual, provid	e the following info	ormation.					
Full legal name of	non-individual	PI Financial Co	orp.					
Firm	n NRD number	5 2 9	0		(if applica	ible)		
Indicate whether the person compens				portal or				
j) Business contact infor	mation							
If a firm NRD number is not provide		ovide the business o	contact inform	ition of th	ne person bei	ng compensated.		
Street address			<u> </u>	, , , , , , , , , , , , , , , , , , ,	1			7
Municipality				Prov	vince/State			ี่ วิ
								_
Country			P(istai cod	e/Zip code			_
Email address				Telepho	ne number			
k) Relationship to issuer	or investment fu	ınd manager						
Indicate the person's relationship w Instructions and the meaning of "co							nected" in Part B(2)	of the
Connected with the issu	er or investment fi	und manager						
Insider of the issuer (oth	ner than an investn	nent fund)						
Director or officer of th	e investment fund	or investment fund	l manager					
Employee of the issuer	or investment fund	l manager						
✓ None of the above								
Compensation details								
Provide details of all compensation	naid or to be paid	l to the person ide	ntified in Item	8(a) in co	nnection with	h the distribution Pro	ovide all amounts in	
Canadian dollars. Include cash com	missions, securitie	es-based compensa	tion, gifts, disc	ounts or	other compen	isation. Do not report	t payments for servic	
incidental to the distribution, such a allocation arrangements with the di							out, or report on, int	ernal
Cash commissions paid	\$8,400			1	,			
Value of all securities distributed				Secui	rity code 1	Security code 2	Security code 3	
as compensation ⁴	-	S	ecurity codes	W	N T	C M S]
Describe tern	ns of warrants, opti	ions or other rights			xercisable a	t \$0.35 per share up provisions.	ntil August 17,	
Other compensation ⁵	-	Describe						
Total compensation paid	\$8,400							_
Check box if the person w	. /	anv deferred com	pensation (desc	ribe the t	erms below)			
		, ,						
⁴ Provide the aggregate value of all s								
securities of the issuer. Indicate the acquire additional securities of the		all securities distr	ibuted as comp	ensation,	<u>including</u> op	tions, warrants or oth	her rights exercisabl	e to
⁵ Do not include deferred compensat								
m) Name of person comp	anceted and reci	stration status						
m) Name of person comp								
Indicate whether the person compen	sated is a registra	nt.						
If the person compensated is an indu		e name of the indiv	idual.			_		
Full legal name of individu		Jackson		Chris		L		
To d		amily name		irst given ı	name	Secondary given	names	
If the person compensated is not an	· ·	e the following info	ormation.					
Full legal name of		<u> </u>	 	1				
	n NRD number				(if applica			
Indicate whether the person compension No Yes		he distribution thro	ough a funding	portal or	an internet-b	pased portal.		
n) Business contact infor	mation							
If a firm NRD number is not provide	ed in Item 8(a), pro	ovide the business o	contact inform	ition of th	ne person bei	ng compensated.		

Street address	726 Parkside Rd			ĺ	
Municipality	West Vancouver	Province/State	BC		
Country	Canada	Postal code/Zip code	V7S 1P3		
Email address	cj@axecomm.com	Telephone number	604.773.2747		
o) Relationship to issue	r or investment fund manager	-			
Instructions and the meaning of "c	ontrol" in section 1.4 of NI 45-106 for		the meaning of "connected" in Part B(2) of ion.	f the	
	uer or investment fund manager				
	ther than an investment fund)				
	he investment fund or investment fund	manager			
	or investment fund manager				
✓ None of the above					
p) Compensation details					
Canadian dollars. Include cash con incidental to the distribution, such	nmissions, securities-based compensati	ion, gifts, discounts or other compen ng services. An issuer is not required	n the distribution. Provide all amounts in sation. Do not report payments for service to ask for details about, or report on, inte er.		
Value of all securities distributed as compensation ⁴	- Se	ecurity codes Security code 1 W N T	Security code 2 Security code 3 C M S		
Describe ter	ms of warrants, options or other rights	730,000 warrants exercisable 2023, subject to acceleration p	at \$0.35 per share until August 17, provisions.		
Other compensation ⁵	- Describe				
Total compensation paid	\$57,600				
Check box if the person	will or may receive any deferred compo	ensation (describe the terms below)			
	e security codes for all securities distrib		er rights exercisable to acquire additional tions, warrants or other rights exercisable	to	
⁵ Do not include deferred compensa	ition.				
, ,	pensated and registration status				
Indicate whether the person compe	nsated is a registrant.				
	lividual, provide the name of the individual	dual.	T		
Full legal name of individual	Family name	First given name	Secondary given names		
If the person compensated is not ar	individual, provide the following infor	_	Secondary given names		
Full legal name of		ommunications Inc.			
Fir	m NRD number	(if applica	ble)		
Firm NRD number (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Yes					
b) Business contact info	rmation				
* *	led in Item 8(a), provide the business co	ontact information of the person beir	ng compensated.	ī	
Street address	314-510 West Hastings Street	-			
Municipality	Vancouver	Province/State	BC		
Country	Canada	Postal code/Zip code	V6B 1L8		
Email address	maria@marketsmart.ca	Telephone number	604.261.4466		

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.	е						
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							
✓ 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 as compensation ⁴ - Security code 1 Security code 2 Security code 3 W N T C M S							
Describe terms of warrants, options or other rights 78,000 warrants exercisable at \$0.35 per share until August 17, 2023, subject to acceleration provisions.							
Other compensation ⁵ - Describe							
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 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.							
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 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. 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	е						
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							
Suppose of the issue of investment that manager	I						

✓ None of the above									
d) Compensation details									
Provide details of all compensation p Canadian dollars. Include cash com incidental to the distribution, such a allocation arrangements with the dir Cash commissions paid	missions, securitie s clerical, printing	s-based compensati , legal or accountin	ion, gifts, disc g services. Ar	ounts or othe issuer is not	r compen requirea	isation. Do not rej l to ask for details	ort paymer	ıts for se	rvices
· L	Ψ10,000			Consumitary of	ada 1	Security code 2	Con	rity code	2
Value of all securities distributed as compensation ⁴	-	Se	curity codes	Security co	T	C M S		inty code	3
Describe term	s of warrants, opti	ons or other rights		rrants exerc ect to accele		t \$0.35 per share provisions.	until Aug	gust 17,	
Other compensation ⁵	-	Describe							
Total compensation paid	\$16,000								
Check box if the person w Provide the aggregate value of all s ecurities of the issuer. Indicate the securities of the issuer.	ecurities distribute	ed as compensation,	, <u>excluding</u> op	tions, warran	ets or oth				
ecurines of the issuer. Indicate the s cquire additional securities of the i. Do not include deferred compensati	ssuer.	an securines aistrib	uiea as comp	ensation, <u>inci</u>	<u>uaing </u> op	nions, warranis oi	oiner rign	is exercis	abie io
Iтем 9 – Directors, I	Executive (OFFICERS AND	PROMOT	TERS OF T	HE ISS	SUER			
f the issuer is an investment fund,	do not complete I	tem 9. Proceed to I	tem 10.						
ndicate whether the issuer is any o	f the following (sel	ect the one that app	olies – if more	than one app	lies, sele	ect only one).			
✓ Reporting issuer in any juri	sdiction of Canada	a							
Foreign public issuer									
Wholly owned subsidiary of	of a reporting issue	r in any jurisdiction	of Canada ⁶						
	n a reporting issue name of reporting		1 OI Canada						
Wholly owned subsidiary of	, ,								
	ne of foreign public								
Issuer distributing only elig			ition is to per	mitted clients	only ⁷				
If the issuer is at least one of the all An issuer is a wholly owned subsid hat are required by law to be owne Check this box if it applies to the co to the definitions of "eligible foreign	iary of a reporting d by its directors, o urrent distribution	issuer or a foreign are beneficially own even if the issuer m	public issuer ned by the rep nade previous	if all of the is orting issuer distributions	or the fo of other	reign public issue	r, respectiv	ely.	
If the issuer is none of the	above, check this	box and complete	Item 9(a) – (c).					
a) Directors, executive o	fficers and prom	oters of the issue	r						
Provide the following information for the country. For "Re							state the p	rovince o	or territor
Organization or company name	Family n	ame First g		condary given	1	usiness location o non-individual or idential jurisdictio of individual	Relati	onship to	
					P	rovince or country	D	О	P
b) Promoter information									
,									
If the promoter listed above is not a within Canada, state the province o									

Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual	Relationship to promoter (select one or both if applicable)	
				Province or country	D	О
N/A						

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

ITEM 11 – CONTACT PERSON

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

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

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

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

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

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

Name of issuer/underwriter/ investment fund manager/agent	Graphite Energy Corn					
Full legal name	Hobkirk	Adrian				
	Family name	First given name		Secondary given names		
Title	CEO					
Telephone number	604.682.2928	Email address	hobkirkadrian@gmail.com		nail.com	
Signature	"Adrian Hobkirk"	Date	2020	08	26	
			YYYY	MM	DD	

e the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions ling the contents of this report, if different than the individual certifying the report in Item 10.
Same as individual certifying the report

Same as individual certifying the report							
Full legal name	Hamelin	Lindsay		Title	Consultant		
	Family name	First given name	e Secondary given	names			
Name of company	Take It Public Services Inc	·.					
Telephone number	604.682.2928		Email address	lindsay@ta	keitpublicservices.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.