Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9338443

ITEM 1 - REPORT TYPE													
New report													
Amended report	Amended report If amended, provide filing date of report that is being amended 2021 01 04 (YYYY-MM-DD)												
ITEM 2 - PARTY CERTIFYING THE REPORT													
Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.													
Investment fund issuer													
✓ Issuer (other than an investment fund)													
Item 3 - Issuer Name and Other Identifiers													
Provide the following information		r					nd, abou	ut the fund.					
Full leg	gal name	Cross F	River V	/entures	s Cor	р.							
Previous full leg	Previous full legal name												
If the issuer's name changed in the last 12 months, provide most recent previous legal name.													
	Website https://crossriverventures.com (if applicable)												
If the issuer has a legal entity ide	entifier <u>,</u> pro	ovide below	. Refer t	to Part B c	of the l	Instructi	ons for tl	he definition	of "legal entity identifier	".			
Legal entity i	dentifier												
If two or more issuers distributed	d a single s	ecurity, pro	vide the	e full legal	name	e(s) of th	e co-issu	ıer(s) other th	an the issuer named ab	ove.			
Full legal name(s) of co-	issuer(s)							(if applicabl	e)				
ITEM 4 - UNDERWRITER INFORMATION													
If an underwriter is completing the report, provide the underwriter's full legal name and firm NRD number.													
Full legal name													
Firm NRD number							(if app	olicable)					
If the underwriter does not have	If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.												
Street address													
Municipality							Provi	ince/State					
Country						Pos	tal code	e/Zip code					
Telephone number								Website		(if applicable)			

ITEM 5 - ISSUER INFORMATION											
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.											
a) Primary industry											
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.											
NAICS industry code 2 1 2 2 0											
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.											
Exploration Development Production											
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.											
Mortgages Real estate Commercial/business debt Consumer debt Private companies											
Cryptoassets											
b) Number of employees											
Number of employees: 🗹 0 - 49 🗌 50 - 99 🗌 100 - 499 🗌 500 or more											
c) SEDAR profile number											
Does the issuer have a SEDAR profile?											
No ✓ Yes If yes, provide SEDAR profile number 0 0 0 4 5 0 9 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											
YYYY MM DD MM DD											
f) Reporting issuer status											
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes											
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.											
AII AB BC MB NB NL NT											
NS NU ON PE QC SK YT											
g) Public listing status											
If the issuer has a CUSIP number, provide below (first 6 digits only)											
CUSIP number											
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.											
Exchange name											
h) Size of issuer's assets											
Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.											

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

If the issue is an investment fund, provide the following information: a) Investment fund manager information Full legal name Furn NRD number If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State Guntry Postal code/Zip code Telephone number D Type of investment fund Tree of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Indicate whether one or both of the following apply to the investment fund. Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment of Transferable Securities funds (UCIT's Funds) are investment funds regulated by the European Union (C) Date of formation and financial year-end of the investment fund Suppresent fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund hars a CUSP number, provide below (first 6 digits only) CUSP number On O Public listing status of the investment fund is a reporting issuer. All All All </th
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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
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CUSIP number
name of an exchange and not a trading facility such as, for example, an automated trading system
Exchange name
f) Net asset value (NAV) of the investment fund
Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).
L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad \text{ to under \$\mathbf{S}M \qquad \text{to under \$\mathbf{S}M
\$0 to under \$5M \$5M to under \$25M \$25M to under \$100M \$100M to under \$500M \$500M to under \$1B \$1B or over Date of NAV calculation:

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

	nada completes a distribution in a juris	diction of Canada. in	clude in Item	7 and Sci	hedule 1 inforr	mation about						
purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.												
a) Currency												
Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.												
Canadian dollar	✓ Canadian dollar US dollar Euro Other (describe)											
b) Distribution date(s)												
State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report.												
Start da	^{ite} 2020 12 23	End c	late 2020) 12	2 23							
	YYYY MM DD		YYYY	/ MN	M DD							
c) Detailed purchaser info	rmation											
Complete Schedule 1 of thi	s form for each purchaser and a	ttach the schedul	e to the co	mpleted	l report.							
d) Types of securities dist	ributed											
3	n for all distributions reported on a per ISIP number, indicate the full 9-digit CL			-	-	ow to indicate the						
					Canadian \$							
Security code CUSIP number (if applicable)	Description of security	Number of securities	or st e	Highest price	Total amount							
F T U Eac hold period	w-Through Units ("FT Unit"). th FT Unit consists of 1 mon share and 1/2 warrant. th whole warrant entitles the der to acquire 1 additional mon share at \$0.46 for a od of 36 months from uance.	5,213,703.		3700		1,929,070.11						
e) Details of rights and co	nvertible/exchangeable securities	_										
	ns) were distributed, provide the exercis nversion ratio and describe any other te					exchangeable securities						
Convertible / exchangeable security code Security code	Exercise price (Canadian \$) Lowest Highest	Expiry date (YYYY- MM-DD)	Conversion ratio		Describe other i	items (if applicable)						
W N T C M S	0.4600	2023-12-23	1:1									
f) Summary of the distribut	tion 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 o	n	Number of purcha		Total ar	mount (Canadian \$)						
Alberta	NI 45-106 2.3 [Accredited inv	estor]		1	1	37,000.00						
British Columbia	NI 45-106 2.3 [Accredited inv	_		22	2	688,200.00						
British ColumbiaNI 45-106 2.3 [Accredited investor]22688,200ManitobaNI 45-106 2.3 [Accredited investor]5249,999												

905,770.36

15

NI 45-106 2.3 [Accredited investor]

Ontario

Québec	NI 45-106 2.3 [Accredited investor]	3	48,100.00
	Total dollar amount of se	curities distributed	1,929,070.11
	Total number of unique purchasers ^{2b}	46	

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

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

g) Net proceeds to the investment fund by jurisdiction

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

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

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

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

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

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

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

ITEM 8 - COMPENSATION INFORMATION
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.

No No

✓ Yes

If yes, indicate number of persons compensated.

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a) Name of person comp	ensated and regist	ration statu	IS										
Indicate whether the person compensated is a registrant.													
If the person compensated is an individual, provide the name of the individual.													
Full legal name of individual													
Family name First given name Secondary given names													
If the person compensated is not an individual, provide the following information.													
Full legal name	of non-individual	Mackie Re	search	Capital C	Corpora	ation							
Fi	Firm NRD number3070(if applicable)												
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.													
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	e/State					
Country					F	Postal	code/Zi	p code					
Email address						Tele	phone r	umber					
c) Relationship to issuer	or investment fund	manager		J									
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager													
✓ None of the above													
d) Compensation details													
Provide details of all compensati Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with th	ommissions, securitie ch as clerical, printing	s-based com , legal or acc	pensatic ounting	on, gifts, di services. A	scounts An issuei	or oth r is not	er compe requirea	nsation. I to ask fo	Do not report pay	ments for ser	vices		
Cash commissions pa	id 154,32	5.61				1	Security	code 1	Security code 2	Security cod	le 3		
Value of all securitie	s			Security c	odee		O F						
distributed as compensatio	n ⁴		``		Jues					· I			
Describe t	erms of warrants, opt	ions or othe	r rights	to purcl	hase 1 ce. Eac is exe	Unit a h Uni	at \$0.37 t consis	for a pe ts of 1 s	ach Option entit eriod of 36 mont hare and 1/2 wa terms as the F	hs from arrant. Each			
Other compensation	٦ ⁵	De	escribe										
Total compensation pa	id 154,32	5.61											
Check box if the pe	rson will or may recei	ive any defe	rred con	npensation	n (descr	ribe the	e terms b	elow)					
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ad ⁵ Do not include deferred comp	er. Indicate the secu Iditional securities of	rity codes for											

a) Name of person comp	pensated and regis	stration	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	Canac	cord G	enuit	y Corp.								
F	Firm NRD number 9 0 0 (if applicable)												
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.													
b) Business contact info	rmation												
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							Ρ	rovince	e/State			7	
Country						Pos	stal c	ode/Zi	p code			7	
Email address						Т	elep	hone n	umber			7	
c) Relationship to issuer	or investment fun	d mana	ger		l								
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.													
Connect with the issu	ier of investment fur	u manaj	yer				sider	or the is	suer (oth	er than an inves	ment iuna)		
Director or officer of t	he investment fund o	or invest	ment fu	nd ma	anager	En En	nploy	ee of th	e issuer (or investment fur	d manager		
None of the above													
d) Compensation details													
Provide details of all compensat Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with th	commissions, securiti ch as clerical, printin	es-basea g, legal d	l compei or accou	nsatio Inting	n, gifts, di: services. A	scounts or In issuer is	other not r	· compe equired	nsation. E to ask fo	Do not report pay	ments for servic	ces	
Cash commissions pa	aid							Security	code 1	Security code 2	Security code	3	
Value of all securitie	es				Security co	dee		O P				<u> </u>	
distributed as compensation	on ⁴			c		des							
Describe 1	Describe terms of warrants, options or other rights 37,027 Compensation Options. Each Option entitles the holder to purchase 1 Unit at \$0.37 for a period of 36 months from issuance. Each Unit consists of 1 share and 1/2 warrant. Each warrant is exercisable on the same terms as the FT unit warrants.												
Other compensatio	n ⁵		Desc	cribe									
Total compensation pa	id												
Check box if the pe	erson will or may rec	eive any	deferre	d com	pensatior	n (describe	e the	terms b	elow)				
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the secu dditional securities c	urity cod	les for a										

a) Name of person comp	ensated and regis	stration	status										
Indicate whether the person compensated is a registrant. Indicate whether the person compensated is a registrant.													
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 Fidelity Clearing Canada ULC													
Fi	Firm NRD number 2 8 8 0 (if applicable)												
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.													
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								Provinc	e/State				
Country						F	Postal	code/Z	ip code				
Email address							Tele	phone r	number				
c) Relationship to issuer	or investment fun	d mana	ager		1					<u></u>			
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.													
Director or officer of the	he investment fund o	or inves	tment fu	nd ma	anager		Emplo	oyee of th	ne issuer	or investment fu	nd manager		
✓ None of the above													
d) Compensation details													
Provide details of all compensat Canadian dollars. Include cash c incidental to the distribution, su allocation arrangements with th	ommissions, securiti ch as clerical, printin	es-based g, legal	d compe or accou	nsatio Inting	n, gifts, di services. A	scounts n issue	or oth r is no	er compe t required	ensation. I I to ask fo	Do not report pay	ments for ser	rvices	
Cash commissions pa	iid							Security	code 1	Security code 2	Security cod	de 3	
Value of all securitie	s			c	Security c	odoc			P T				
distributed as compensatio	n ⁴		c										
Describe t	Describe terms of warrants, options or other rights 7,200 Compensation Options. Each Option entitles the holder to purchase 1 Unit at \$0.37 for a period of 36 months from issuance. Each Unit consists of 1 share and 1/2 warrant. Each warrant is exercisable on the same terms as the FT unit warrants.												
Other compensation	n ⁵		Desc	cribe									
Total compensation pa	id												
Check box if the pe	rson will or may reco	eive any	/ deferre	ed com	npensatio	n (desci	ribe th	e terms l	pelow)				
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire an ⁵ Do not include deferred comp	ier. Indicate the secu dditional securities o	urity cod	les for a									r	

a) Name of person comp	ensated and regis	stration	status									
Indicate whether the person cor	npensated is a regist	rant.			🗌 No		\checkmark	Yes				
If the person compensated is an	individual, provide	the nam	e of the	individ	dual.							
Full legal name of indiv	idual											
		Family n	ame			First	given	name		Secondary	given names	
If the person compensated is no	t an individual, prov	ide the j	following	g infori	mation.							
Full legal name	of non-individual	Hayw	ood Se	curitie	es Inc.							
Fi	rm NRD number	1	6	3	0				(if appl	icable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves												
b) Business contact infor	mation											
If a firm NRD number is not pro	ovided in Item 8 (a), j	orovide	the busi	ness co	ontact info	rmation	of the	person b	peing com	pensated.		
Street address												
Municipality		Province/State										
Country						P	ostal	code/Zi	p code			
Email address		Telephone number										
c) Relationship to issuer	or investment fun	d mana	ager		l					L		
Indicate the person's relationshi the Instructions and the meanir										ning of "connect	ed" in Part B	(2) of
Connect with the issu	er or investment fur	id mana	iger				nside	r of the is	suer (oth	er than an inves	tment fund)	
Director or officer of the	ne investment fund	or inves	tment fu	und ma	anager		Emplo	yee of th	e issuer (or investment fu	nd manager	
✓ None of the above												
d) Compensation details												
Provide details of all compensat Canadian dollars. Include cash c incidental to the distribution, su allocation arrangements with th	ommissions, securiti ch as clerical, printin	es-base g, legal	d compe or accou	ensation unting :	n, gifts, dis services. A	counts c n issuer	or othe is not	er compe required	nsation. L to ask fo	Do not report pay	ments for sei	rvices
Cash commissions pa	id						ſ	Security	code 1	Security code 2	Security co	de 3
Value of all securitie	s			c	Socurity of	doc	ľ	O F				
distributed as compensatio	n ⁴				Security codes							
Describe t	erms of warrants, op	otions o	r other r	ights	to purch	hase 1 l e. Each is exer	Unit a n Unit	at \$0.37 consist	for a pe is of 1 sł	th Option entitl riod of 36 mor nare and 1/2 w terms as the F	ths from arrant. Eac	
Other compensation	n ⁵		Des	cribe								
Total compensation pa	id											
Check box if the pe	rson will or may rec	eive any	/ deferre	ed com	pensatior	ı (descri	be the	e terms b	elow)			
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire and ⁵ Do not include deferred comp	er. Indicate the sec dditional securities d	urity cod	des for a									r

a) Name of person comp	pensated and regis	stration	status									
Indicate whether the person co	mpensated is a regist	rant.			No		\checkmark] Yes				
If the person compensated is an	n individual, provide i	the nam	ne of the	individ	lual.							
Full legal name of indiv	/idual											
		Family n	ame		-	Firs	t given	name	I	Secondary	given names	
If the person compensated is no	ot an individual, prov	ide the j	following	g infori	mation.							
Full legal name	of non-individual	Natior	nal Ban	nk Fina	ancial Ind).						
F	irm NRD number	1	9	6	0				(if appl	licable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves												
b) Business contact info	rmation											
If a firm NRD number is not pro	ovided in Item 8 (a), p	provide	the busi	ness co	ntact info	rmation	of the	e person l	being con	npensated.		
Street address												
Municipality		Province/State										
Country					Postal code/Zip code							
Email address		Telephone number										
c) Relationship to issuer	or investment fund	d mana	ager									
Indicate the person's relationsh the Instructions and the meanin Connect with the issu	ng of "control" in sect	tion 1.4	of NI 45			poses of	^c omp	leting thi	s section.	aning of "connect) of
			•			_					,	
Director or officer of t	he investment fund o	or inves	tment fu	und ma	inager		Emplo	oyee of th	ne issuer	or investment fu	nd manager	
None of the above												
d) Compensation details												
Provide details of all compensat Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with th	commissions, securiti ch as clerical, printin	es-baseo g, legal	d compe or accou	ensation unting :	n, gifts, dis services. A	scounts In issuer	or oth r is not	er compe trequired	ensation. L I to ask fo	Do not report pay	ments for servio	ices
Cash commissions pa	aid						[Security	code 1	Security code 2	Security code	3
Value of all securitie	es			c	Security co	ados		O F				
distributed as compensation	on ⁴					Jues	l					
Describe t	erms of warrants, op	otions o	r other r	ights	to purch	nase 1 e. Eac is exe	Unit a h Unit	at \$0.37 t consis	for a pe ts of 1 sl	ch Option entitl riod of 36 mon hare and 1/2 w terms as the F	ths from arrant. Each	
Other compensatio	n ⁵		Des	cribe								
Total compensation pa	id											
Check box if the pe	erson will or may reco	eive any	/ deferre	ed com	pensatior	n (descr	ibe the	e terms b	oelow)			
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the secu dditional securities o	urity cod	des for a									

a) Name of person comp	ensated and registra	tion status								
Indicate whether the person cor	npensated is a registran	t.	No No	✓ Yes						
If the person compensated is an	individual, provide the	name of the indivi	dual.							
Full legal name of indiv	idual									
	Farr	nily name	First	given name	Secondary	given names				
If the person compensated is no	t an individual, provide	the following infor	rmation.							
Full legal name	of non-individual PI	Financial Corp.								
F	rm NRD number	5 2 9	0	(if a	oplicable)					
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves										
b) Business contact infor	mation									
If a firm NRD number is not pro	ovided in Item 8 (a), prov	vide the business co	ontact information	of the person being c	ompensated.					
Street address										
Municipality		Province/State								
Country			Postal code/Zip code							
Email address		Telephone number								
c) Relationship to issuer	or investment fund m	nanager	<u></u>							
		1.4 of NI 45-106 † nanager	For the purposes of the purpose		on. other than an inves	tment fund)				
d) Compensation details										
Provide details of all compensation Canadian dollars. Include cash of incidental to the distribution, su allocation arrangements with th	ommissions, securities-L ch as clerical, printing, le	based compensatic egal or accounting	on, gifts, discounts o services. An issuer	r other compensation is not required to ask	n. Do not report pay	ments for services				
Cash commissions pa	id			Security code 1	Security code 2	Security code 3				
Value of all securitie	s		Security codes	ΟΡΤ						
distributed as compensatio	n ⁴									
Describe t	erms of warrants, option	ns or other rights	to purchase 1 l issuance. Each	nsation Options. E Jnit at \$0.37 for a I Unit consists of 1 cisable on the san	period of 36 mon share and 1/2 w	ths from arrant. Each				
Other compensation	n ⁵	Describe								
Total compensation pa	id									
Check box if the pe	rson will or may receive	any deferred con	npensation (descril	be the terms below)						
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire an ⁵ Do not include deferred comp	er. Indicate the security dditional securities of th	codes for all secu								

a) Name of person comp	ensated and regis	stration	status									
Indicate whether the person cor	npensated is a regist	rant.			No		\checkmark] Yes				
If the person compensated is an	individual, provide a	the nam	e of the	individ	dual.							
Full legal name of indiv	idual											
		Family n	ame			Firs	t given	name		Secondary	given names]
If the person compensated is no	t an individual, prov	ide the j	followin	g infori	mation.							
Full legal name	of non-individual	Pollitt	& Co.	Inc.								
Fi	rm NRD number	2	7	6	0				(if app	licable)		
Indicate whether the person cor	npensated facilitated	l the dis	tributior	n throu	igh a fund	ing port	tal or c	n intern	⊐ et-based	portal.	🖊 No 🗌	Yes
b) Business contact infor	mation											
If a firm NRD number is not pro	vided in Item 8 (a), p	orovide	the busi	ness co	ontact info	rmation	n of the	e person	being con	npensated.		
Street address												
Municipality		Province/State										
Country				Postal code/Zip code								\neg
Email address		Telephone number										
c) Relationship to issuer	or investment fun	d mana	ager		1					<u> </u>		
Indicate the person's relationshi the Instructions and the meanir Connect with the issu	g of "control" in sect	tion 1.4	of NI 45			poses of	f comp	leting th	is section.			(2) of
			-			_					,	
Director or officer of the	ne investment fund o	or inves	tment fu	und ma	anager		Emplo	oyee of t	ne issuer	or investment fu	nd manager	
✓ None of the above												
d) Compensation details												
Provide details of all compensat Canadian dollars. Include cash c incidental to the distribution, su allocation arrangements with th	ommissions, securiti ch as clerical, printin	es-base g, legal	d compe or accou	ensatio unting	n, gifts, di: services. A	scounts In issuer	or oth r is not	er compe t required	ensation. I to ask fo	Do not report pay	/ments for ser	rvices
Cash commissions pa	id						1	Security	code 1	Security code 2	Security cod	de 3
Value of all securitie	s			c	Security co	odee			Р Т			
distributed as compensatio	n ⁴					Jues						
Describe t	erms of warrants, op	otions o	r other r	ights	purchas	se 1 Ur e. Eac is exe	hit at S h Uni	\$0.37 fc t consis	r a perio ts of 1 s	n Option entitle od of 36 montha hare and 1/2 w terms as the F	s from /arrant. Eacl	
Other compensation	٦ ⁵		Des	cribe								
Total compensation pa	id											
Check box if the pe	rson will or may reco	eive any	/ deferre	ed com	npensatior	n (descr	ribe th	e terms l	pelow)			
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire an ⁵ Do not include deferred comp	er. Indicate the secu Iditional securities c	urity cod	les for a									r

a) Name of person comp	ensated and regis	stration	status									
Indicate whether the person cor	npensated is a regist	rant.			No		\checkmark] Yes				
If the person compensated is an	individual, provide	the nam	e of the	individ	dual.							
Full legal name of indiv	idual											
		Family n	ame			Firs	t given	name		Secondary	given names]
If the person compensated is no	t an individual, prov	ide the j	following	g infor	mation.							
Full legal name	of non-individual	TD W	aterhou	use C	anada In	с.						
Fi	rm NRD number	8	9	5	0				(if app	licable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves												
b) Business contact infor	mation											
If a firm NRD number is not pro	ovided in Item 8 (a), p	provide	the busi	ness co	ontact info	rmatior	n of the	e person	being con	npensated.		
Street address												
Municipality		Province/State										
Country						F	Postal	code/Z	ip code			
Email address		Telephone number										
c) Relationship to issuer	or investment fun	d mana	ager		1							
Indicate the person's relationship the Instructions and the meanin Connect with the issu	ng of "control" in sect	tion 1.4	of NI 45			poses of	f comp	leting th	is section.	aning of "connec ner than an inves		'2) of
Director or officer of th	ne investment fund o	or inves	tment fu	ind ma	anager		Emplo	oyee of th	ne issuer	or investment fu	nd manager	
✓ None of the above												
d) Compensation details												
Provide details of all compensat Canadian dollars. Include cash c incidental to the distribution, su allocation arrangements with th	ommissions, securiti ch as clerical, printin	es-base g, legal	d compe or accou	ensatio unting	n, gifts, di: services. A	scounts In issuer	or oth r is not	er compe t required	ensation. I I to ask fo	Do not report pay	/ments for ser	vices
Cash commissions pa	id							Security	code 1	Security code 2	Security cod	de 3
Value of all securitie	s			ç	Security co	ndes			» т			
distributed as compensatio	n ⁴											
Describe t	Describe terms of warrants, options or other rights 2,703 Compensation Options. Each Option entitles the holder to purchase 1 Unit at \$0.37 for a period of 36 months from issuance. Each Unit consists of 1 share and 1/2 warrant. Each warrant is exercisable on the same terms as the FT unit warrants.											
Other compensation	n ⁵		Des	cribe								
Total compensation pa	id											
Check box if the pe	rson will or may reco	eive any	/ deferre	ed com	npensatior	n (descr	ribe th	e terms l	below)			
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire an ⁵ Do not include deferred comp	er. Indicate the secu dditional securities o	urity cod	des for a									r

a) Name of person comp	ensated and regist	ration status								
Indicate whether the person co	mpensated is a registro	ant.	No No	✓ Yes						
If the person compensated is ar	individual, provide th	e name of the indivi	dual.							
Full legal name of indiv	idual									
	F	amily name	First giv	en name	Secondary g	given names				
If the person compensated is no	t an individual, provid	le the following info	rmation.							
Full legal name	of non-individual	Marquest Asset M	lanagement Inc.							
F	irm NRD number	2 3 1	0	(if app	licable)					
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves										
b) Business contact infor	mation									
If a firm NRD number is not pro	ovided in Item 8 (a), pr	ovide the business c	ontact information of	the person being con	npensated.					
Street address										
Municipality			Province/State							
Country			Postal code/Zip code							
Email address		Telephone number								
c) Relationship to issuer										
Indicate the person's relationsh the Instructions and the meanin Connect with the issu Director or officer of t	ng of "control" in section er or investment fund	on 1.4 of NI 45-106 ; manager	for the purposes of cor		ner than an invest	ment fund)				
d) Compensation details										
Provide details of all compensation Canadian dollars. Include cash of incidental to the distribution, su allocation arrangements with the	commissions, securities ch as clerical, printing,	s-based compensation legal or accounting	on, gifts, discounts or c services. An issuer is i	other compensation. Not required to ask fo	Do not report payı	ments for services				
Cash commissions pa	iid			Security code 1	Security code 2	Security code 3				
Value of all securitie	is		Security codes	ΟΡΤ						
distributed as compensatio	n ⁴									
Describe t	erms of warrants, opt	ions or other rights	to purchase 1 Un issuance. Each U	ation Options. Ead it at \$0.37 for a pe Init consists of 1 s sable on the same	eriod of 36 mont hare and 1/2 wa	hs from arrant. Each				
Other compensatio	n ⁵	Describe								
Total compensation pa	id									
Check box if the pe	rson will or may recei	ve any deferred cor	npensation (describe	the terms below)						
⁴ Provide the aggregate value of additional securities of the issu rights exercisable to acquire a ⁵ Do not include deferred comp	er. Indicate the secui dditional securities of	ity codes for all sec								

ITEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER							
If the issuer is an investment fund	d, do not complete	Item 9. Procced to	Item 10.								
Indicate whether the issuer is any o	f the following (seled	ct the one that appli	es - if more than one	applies, select onl	y one).						
Reporting issuer in any juris	diction of Canada										
Foreign public issuer											
Wholly owned subsidiary of	a reporting issuer i	n any jurisdiction of	Canada ⁶								
Provide nar	ne of reporting issue	ər]			
Wholly owned subsidiary of a foreign public issuer ⁶											
Provide name of foreign public issuer											
Issuer distributing only eligible foreign securities and the distribution is to permitted clients only ⁷											
If the issuer is at least one of the	above, do not com	plete 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. If the issuer is none of the above, check this box and complete Item 9(a) - (c). 											
a) Directors, executive officer	s and promoters	of the issuer									
Provide the following information for territory; otherwise state the country.						tate the	province	or			
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individu resident jurisdictio individu	ual or ail n of	Relationship to issuer (select all that apply)					
				Province or	country	D	0	Р			
b) Promoter information											
If the promoter listed above is not ar within Canada, state the province or											
Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual	Relationship to (select one or both						
				Province or country		0					
				country							
				country							

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

ITEM 10 - CERTIFICATION

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

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

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

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

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

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

Name of issuer/underwriter/ investment fund manager/agent	Cross River Ventures Corp.	ross River Ventures Corp.										
Full legal name	Placzek	Dan										
	Family name	First given name	· ·	Secondary given names								
Title	Secretary & Director											
Telephone number	6042276610	Email address	dplaczek	dplaczek@crossriverventures.com								
Signature	"Dan Placzek"	Date	2021	04	01							
			YYYY	MM	DD							

ITEM 11- CONTACT PERSON

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

Same as individual certifying the report

Full legal name	Johnson	Saundra			Title	Paralegal
	Family name	First given name	Secondary	given names		
Name of company	Cassels Brock & Blackw	vell LLP				
Telephone number	7783727659	E	mail address	sjohnson@c	assels.c	om

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.