Form 45-106F1 Report of Exempt Distribution

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

ITEM 1 – REPORT TYPE									
X New report									
Amended report If amended, provide filing date of report that is being amended. (YYYY-MM-DD)									
ITEM 2. DARTY CERTIFYING THE REPORT									
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	ssuer								
X Issuer (other tha	n an investment fund)								
Underwriter									
ITEM 3 – ISSUER NAM	1E AND OTHER IDENTIFIERS								
Provide the following informati	on about the issuer, or if the issuer is an investment fund, about the fund.								
Full lega	I name MEDXTRACTOR CORP.								
Previous full lega	ıl name								
If the issuer's name o	nanged in the last 12 months, provide most recent previous legal name.								
,	Vebsite WWW.MEDXTRACTOR.COM (if applicable)								
If the issuer has a legal entity in	entifier, provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".								
Legal entity i	lentifier								
ITEM 4 – UNDERWRI									
-	the report, provide the underwriter's full legal name and firm National Registration Database (NRD) number.								
Full legal name N	<u>A</u>								
Firm NRD number	(if applicable)								
If the underwriter does not have	a firm NRD number, provide the head office contact information of the underwriter.								
Street address									
Municipality	Province/State								
Country	Postal code/Zip code								
Telephone number	Website (if applicable)								

ITEM 5 – ISSUER INFORMATION								
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.								
a) Primary industry								
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that corresponds to the issuer's primary business activity. For more information on finding the NAICS industry code go to Statistics Canada's NAICS industry search tool.								
NAICS industry code 3 3 3 2 4 9								
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production								
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply. Mortgages Real estate Commercial/business debt Consumer debt Private companies								
b) Number of employees								
Number of employees: X 0 – 49 50 – 99 100 – 499 500 or more								
c) SEDAR profile number								
Does the issuer have a SEDAR profile? No X Yes If yes, provide SEDAR profile number 0 0 0 4 5 1 0 7								
If the issuer does not have a SEDAR profile complete Item 5(d) – (h).								
d) Head office address								
Street address Province/State								
Municipality Postal code/Zip code								
Country Telephone number								
e) Date of formation and financial year-end								
Date of formation Financial year-end MM DD								
f) Reporting issuer status								
Is the issuer a reporting issuer in any jurisdiction of Canada? No Yes								
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NL NT NS NU ON PE QC SK YT								
g) Public listing status								
If the issuer has a CUSIP number, provide below (first 6 digits only) CUSIP number								
If the issuer is publicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for which the issuer has applied for and received a listing, which excludes, for example, automated trading systems. Exchange names								
h) Size of issuer's assets								
Select the size of the issuer's assets for its most recent financial year-end (Canadian \$). If the issuer has not existed for a full financial year, provide the size of the issuer's assets at the distribution end date.								
\$0 to under \$5M \$5M to under \$25M \$25M to under \$100M								
\$100M to under \$500M \$500M to under \$1B \$1B or over								

ITEM 6 - INVESTMENT FUND ISSUER INFORMATION
If the issuer is an investment fund, provide the following information.
a) Investment fund manager information
Full legal name
Firm NRD Number (if applicable)
If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager
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
Money market Equity Fixed income Balanced Alternative strategies Other (describe)
Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers
Is a UCITs Fund ¹
¹ Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow
collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.
c) Date of formation and financial year-end of the investment fund
Date of formation
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.
AII 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 names of all exchanges on which its securities are listed. Include only the names of exchanges for which the investment fund has applied for and received a listing, which excludes, for example, automated trading systems.
Exchange names
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 \$).
\$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: YYYY MM DD

ITEM 7 – INFORI	TEM 7 – INFORMATION ABOUT THE DISTRIBUTION								
resident in that jurisdict	f an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees, which should be disclosed in tem 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. X Canadian dollar								
b) Distributio	on date(s)								
	dates. If the repo	s. If the report is being filed for tis being filed for securities of the securities			include the start a		for the distribution		
c) Detailed p	ourchaser info	rmation							
Complete Schedul	le 1 of this for	rm for each purchaser	and attach the	schedule to	the complete	d report.			
d) Types of s	securities disti	ributed							
, ,		distributions that take place viding the CUSIP number, ind	,	,	,	•			
	1					Canadian	\$		
	USIP number if applicable)	Description of secu	urity	Number of securities	Single or lowest price	Highest price	Total amount		
UNT									
e) Details of	rights and cor	nvertible/exchangeable	securities						
	uted, provide the	ere distributed, provide the e conversion ratio and desci Exercise price	ribe any other ter	ms for each co					
Security code	Underlying security code	(Canadian \$) Lowest Highest	Expiry date (YYYY-MM-DD)	Conversion ratio	Describe	other terms (if applicable)		

f) Summary of the distribution by jurisdiction and exemption

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

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

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

Province or country	Exemption relied on	Number of purchasers	Total amount (Canadian \$)		
Alberta	NI 45-106 2.3 [Accredited Investor]	12	\$456,000.00		
Alberta	NI 45-106 2.5 [Family, Friends and business associates]	4	\$277,300.00		
Alberta	Existing Securityholder Exemption	10	\$69,300.00		
Alberta	Investment Dealer Exemption [BC, AB, SK, MB, NB]	27	\$445,000.00		
British Columbia	NI 45-106 2.3 [Accredited Investor]	3	\$252,000.00		
British Columbia	Existing Securityholder Exemption	3	\$16,400.00		
British Columbia	Investment Dealer Exemption [BC, AB, SK, MB, NB]	1	\$20,000.00		
Ontario	NI 45-106 2.3 [Accredited Investor]	2	\$79,000.00		
Germany	Germany NI 45-106 2.3 [Accredited Investor]		\$150,000.00		
Mongolia	NI 45-106 2.3 [Accredited Investor]	1	\$50,000.00		
	Total dollar amount of securities distributed				
	Total number of unique purchasers ²				

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

g) Net proceeds to the investment fund by jurisdiction

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

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

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

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

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

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

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

ITEM 8 - COMPENSATION INFORMATION								
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.								
Indicate whether any compensation was paid, or will be paid, in connection with the distribution. No X Yes If yes, indicate number of persons compensated.								
a) Name of person compensated and registration status								
Indicate whether the person compensated is a registrant. No X Yes								
If the person compensated is an individual, provide the name of the individual.								
Full legal name of individual								
Family name First given name Secondary given names								
If the person compensated is not an individual, provide the following information. Full legal name of non-individual PI FINANCIAL CORP.								
Firm NRD number 5 2 9 0 (if applicable)								
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. X No Yes								
b) Business contact information								
If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated.								
Street address								
Municipality Province/State								
Country Postal code/Zip code								
Email address Telephone number								
c) Relationship to issuer or investment fund manager								
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connected with the issuer or investment fund manager								
Insider of the issuer (other than an investment fund)								
Director or officer of the investment fund or investment fund manager								
Employee of the issuer or investment fund manager								
X None of the above								
d) Compensation details								
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for								
services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or								
report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.								
Cash commissions paid \$53,200								
Value of all securities distributed Security code 1 Security code 2 Security code 3 Security code 1 Security code 2 Security code 3								
as compensation ⁴ W N T								
Describe terms of warrants, options or other rights 266,000 Finder Warrants exercisable into common shares within 12 months								
Other compensation ⁵ Describe								
Total compensation paid \$53,200								
Check box if the person will or may receive any deferred compensation (describe the terms below)								
4Provide the aggregate value of all securities distributed as compensation, excluding options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, including options, warrants or other rights exercisable to acquire additional securities of the issuer.								
⁵ Do not include deferred compensation.								

a) Name of person compensated and	registration statu	S					
Indicate whether the person compensated is a regi	strant.						
If the person compensated is an individual, provide the name of the individual.							
Full legal name of individual							
	Family name	First given na	ame	Secondary given	n names		
If the person compensated is not an individual, pro						٦	
Full legal name of non-individua	RICHARDSON	I WEALTH LIMITE	D]	
Firm NRD number	2 1 9	7 0	(if applicab	ole)			
Indicate whether the person compensated facilitate X No Yes	ed the distribution th	rough a funding porta	al or an interr	net-based portal.			
b) Business contact information							
If a firm NRD number is not provided in Item 8(a),	provide the business	contact information of	of the person	being compensate	ed.		
Street address							
Municipality		Provir	nce/State				
Country		Postal code/	/Zip code				
Email address		Telephone	e number				
c) Relationship to issuer or investmen	nt fund manager						
Indicate the person's relationship with the issuer of of the Instructions and the meaning of "control" in Connected with the issuer or investment in the in	section 1.4 of NI 45- nent fund manager nvestment fund) fund or investment fu	106 for the purposes o			f "connected" in Pa	ırt B(2)	
d) Compensation details							
Provide details of all compensation paid, or to be pain Canadian dollars. Include cash commissions, see services incidental to the distribution, such as cleric report on, internal allocation arrangements with the Cash commissions paid \$40,160 Value of all securities distributed as compensation4	curities-based compe cal, printing, legal or ne directors, officers o	accounting services. A premptoyees of a non-	ts or other co An issuer is no	mpensation. Do not not required to ask f	ot report payment for details about, c	ts for	
Describe terms of warrants, opt	ions or other rights	200,800 Finder Warra	nts exercisable	into common share	es within 12 months		
Other compensation ⁵	Describe						
Total compensation paid \$40,160							
Check box if the person will or may re	ceive any deferred c	ompensation (describ	e the terms b	pelow)			
⁴ Provide the aggregate value of all securities distributed as Indicate the security codes for all securities distributed as co ⁵ Do not include deferred compensation.							

a) Name of person com	pensated and re	egistration statu	s				
Indicate whether the person compe	ensated is a registro	ant.					
If the person compensated is an individual, provide the name of the individual.							
Full legal name of individu	ıal						
	Far	mily name	First	given name	Secondar	y given names	
If the person compensated is not a	· -						
Full legal name of	non-individual	CAPITAL FINE	PARTNERS	S INC.			
Firm	NRD number			(if app	licable)		
Indicate whether the person compe	ensated facilitated	the distribution th	rough a fundin	g portal or an i	nternet-based po	ortal.	
b) Business contact info	rmation						
If a firm NRD number is not provid	led in Item 8(a), pro	ovide the business	contact inform	ation of the per	rson being comp	ensated.	
Street address	10 COULEE V		·	•	<u> </u>		
Municipality	CALGARY			Province/Stat	te ALBERTA	A	=
Country	CANADA		Postal	code/Zip cod	le T3H 5J6		<u> </u>
Email address	ksoost@cap-find.c	<u>com</u>	Tele	phone numbe	er 403-619- 9	9904	
c) Relationship to issue	r or investment f	fund manager					
Indicate the person's relationship wof the Instructions and the meaning Connected with the is Insider of the issuer (Director or officer of t Employee of the issue X None of the above	g of "control" in sea ssuer or investmer other than an inve he investment fun	ction 1.4 of NI 45- nt fund manager estment fund) d or investment fu	106 for the pur				n Part B(2)
d) Compensation details	S						
Provide details of all compensation in Canadian dollars. Include cash of services incidental to the distribution report on, internal allocation arrange Cash commissions paid Value of all securities distributed as compensation ⁴	ommissions, secur on, such as clerical,	ities-based compe , printing, legal or directors, officers c	nsation, gifts, d accounting ser or employees of	liscounts or othe vices. An issuer	er compensation is not required t	o. Do not report paym to ask for details abou by the issuer.	nents for ut, or
Describe terms of	of warrants, option	s or other rights	60,000 Finder	Warrants exercis	able into common	shares within 12 montl	hs
Other compensation ⁵		Describe					
Total compensation paid	\$12,000						<u>-</u>
Check box if the persor	n will or may receiv	ve any deferred co	ompensation (d	describe the ter	rms below)		
⁴ Provide the aggregate value of all securi Indicate the security codes for all securities ⁵ Do not include deferred compensation.							

a) Name of person com	pensated and registration sta	tus					
Indicate whether the person compe	ensated is a registrant.						
If the person compensated is an individual, provide the name of the individual.							
Full legal name of individu	ıal						
	Family name	First given name	Secondary given names				
If the person compensated is not a	n individual, provide the following	information.					
Full legal name of	non-individual ORCA HOLI	DINGS INC.					
Firm	n NRD number	(if appl	icable)				
Indicate whether the person compe	ensated facilitated the distribution	through a funding portal or an in	ternet-based portal.				
b) Business contact info	ormation						
If a firm NRD number is not provid	ded in Item 8(a), provide the busing	ess contact information of the pers	son being compensated.				
Street address	60 SIGNAL HILL WAY SW						
Municipality	CALGARY	Province/State	ALBERTA				
Country	CANADA	Postal code/Zip code	T3H 2M2				
Email address	dustinnanos@gmail.com	Telephone numbe	r 587-577-9878				
c) Relationship to issue	er or investment fund manager						
of the Instructions and the meanin Connected with the is Insider of the issuer (Director or officer of the	ng of "control" in section 1.4 of NI 4 ssuer or investment fund manage (other than an investment fund) the investment fund or investment fur or investment fund manager	5-106 for the purposes of comple r	efer to the meaning of "connected" in Part B(2) ting this section.				
,		: dtiE d i (t 0/-) i	an with the distribution Durvide all answers				
in Canadian dollars. Include cash o	commissions, securities-based com on, such as clerical, printing, legal ngements with the directors, officer \$6,400	pensation, gifts, discounts or othe or accounting services. An issuer i	on with the distribution. Provide all amounts or compensation. Do not report payments for its not required to ask for details about, or all compensated by the issuer. Security code 2 Security code 3				
Describe terms	of warrants, options or other right	32,000 Finder Warrants exercisa	ble into common shares within 12 months				
Other compensation ⁵	Describe	9					
Total compensation paid	\$6,400						
Check box if the person	n will or may receive any deferred	compensation (describe the terr	ns below)				
			rcisable to acquire additional securities of the issuer. isable to acquire additional securities of the issuer.				

ITEM 9 – DIRECTORS, EX	ECUTIVE OFFICERS	S AND PROMO	OTERS OF TH	HE ISSUER			
If the issuer is an investment fo	und, do not complete	e Item 9. Procee	d to Item 10.				
Indicate whether the issuer is any	of the following (selec	ct all that apply).					
X Reporting issuer in any j	urisdiction of Canada						
Foreign public issuer							
Wholly owned subsidiary	of a reporting issuer	in any jurisdiction	on of Canada ⁶				
Provide nan	ne of reporting issuer						
Wholly owned subsidiary	of a foreign public is	suer ⁶					<u></u>
Provide name of	foreign public issuer						
Issuer distributing eligible	e foreign securities or	nly to permitted o	clients ⁷				
If the issuer is at least one of the "An issuer is a wholly owned subsidiary law to be owned by its directors, are be "Check this box if it applies to the currer "eligible foreign security" and "permitted"	of a reporting issuer or a re neficially owned by the rep nt distribution even if the is	foreign public issuer porting issuer or the ssuer made previous	r if all of the issue foreign public iss	er's outstanding voting secu suer, respectively.			
If the issuer is none of	the above, check this	box and comp	lete Item 9(a)	– (c).			
a) Directors, executive				(3)			
,	·				:::: 6		
Provide the following information territory, otherwise state the cour			•			, state tne	? province or
Organization or company name	Family name	First given name	Secondary given names	Business locatior individual or res jurisdiction of ind	idential	iss (select	nship to suer all that ply)
				Province or country		D (ОР
b) Promoter information	n						
If the promoter listed above is no locations within Canada, state the Officer.							
Organization or company name	Family name	First given name	Second ary given	Residential jurisdiction of individual	Relations (select one or		
			name given names		D		0
c) Residential address	of each individual						

Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and

attach to the completed report. Schedule 2 also requires information to be provided about control persons.

ITEM 10 - CERTIFICATION

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

The certification may not be delegated to an agent or other individual preparing the report on behalf of the issuer or underwriter. If the individual completing and filing the report is different from the individual certifying the report, provide their name and contact details in Item 11.

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

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

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

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

Full legal name	DURWARD	JAMES				
	Family name	First given name		Secondary given names		
Title	PRESIDENT					
Name of issuer/underwriter/ investment fund manager	MEDXTRACTOR CORP.					
Telephone number	403-689-3901	Email address	JIMD@	MD@MEDXTRACTOR.COM		
Signature	"JIM DURWARD"	Date	2021	03	17	
		-	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	Salem	Norma		Title	Paralegal				
	Family name	First given name	Secondary giv names	ven					
Name of company	Heighington Law								
Telephone number	403-237-0018		Email address	norma@hlf.ca					

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.