Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9616572

ITEM 1 - REPORT TYPE											
✓ New report											
Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD)											
TEM 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 is					ı	1)					
✓ Issuer (other than an investment fund)											
			,								
ITEM 3 - ISSUER NAME											
Provide the following informati						ment fu	nd, abou	ut the fund.			
	gal name	Transca	anna F	loldings	inc.						
Previous full le											
If the issuer's name cho	anged in the	last 12 mc	onths, pi	rovide mos	t rece	nt previ	ous lega	ıl name.			
	Website	www.tra	anscar	nna.com				(if applicabl	e)		
If the issuer has a legal entity ic	dentifier <u>,</u> pro	vide below	. Refer t	o Part B of	the l	nstructio	ons for t	he definition o	of "legal enti	ty identifier	."
Legal entity	identifier										
If two or more issuers distribute	ed a single s	ecurity, pro	vide the	e full legal i	name	(s) of th	e co-issi	uer(s) other th	an the issuer	· named abo	ove.
Full legal name(s) of co-	-issuer(s)							(if applicable	e)		
ITEM 4 - UNDERWRITER											
							1.0				
If an underwriter is completing Full legal name	the report, p	provide the	unaerw	riter's fuil i	iegai i	name al	na firm i	NRD number.			
								P 11 X			
Firm NRD number]	olicable)			
If the underwriter does not have	e a firm NRI	ר number, ן	orovide	the head o	ffice o	contact	informa	tion of the un	derwriter.		
Street address								10.1	[_
Municipality						_		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 4 1 3 4 1 0
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.
Exploration Development Production
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.
Mortgages Real estate Commercial/business debt Consumer debt Private companies
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 Ves If yes, provide SEDAR profile number 0 0 0 4 5 4 6 6
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

ib close is an investment fund, provide the following information: iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
Full legal name
Firm 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 Country Postal code/Zjp code Telephone number Website (if applicable) D Type of investment fund Type of investment fund fund that most accurately identifies the issuer (select only one). Money market Country Postal code/Zjp code Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Country Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment fund Date of formation and financial year-end of the investment fund YYYY MM DD MM DD
Street address Municipality Province/State Country Postal code/Zip code Telephone number Website (if applicable) Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Money market Equity Fixed income Alternative strategies Cryptoasset 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 'Understring for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union fEU) directives that allow collective Investment fund issuers Is a UCITs Fund 'YYYY MM DD YYYY MM DD MM DD MM DD YYYY MM DD MM DD MM DD MM DD MM DD YYYY MM DD YYYY MM DD MM DD Sector SK I YT O Public listing status of the investment fund is a reporting issuer. O Public listing status of the investment fund is a reporting issuer. O Public listing status of the investment fund is a reporting issuer. YYY MM DD YYY MM DD Sector SK Y T O Public listing status of the investment fund is a reporting issuer. U All A B B C MB A NB A NL YT O Public listing status of the investment f
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YYYY MM DD <
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If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number
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 \$).
\$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

purchasers resident in that jurisd	nada completes a distribution in a jur iction of Canada only. Do not include which must be disclosed in Item 8. Th	in Item 7 securities iss	ued as payment o	of commissions or j	finder's fees in					
a) Currency										
Select the currency or currencies	in which the distribution was made. A	ll dollar amounts prov	ided in the report	t must be in Canad	lian dollars.					
✓ Canadian dollar	US dollar Euro	Other (descri	be)							
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 date 2021 09 14 End date 2021 09 14										
	YYYY MM DD		YYYY	MM DD						
c) Detailed purchaser info	rmation									
Complete Schedule 1 of thi	s form for each purchaser and	attach the schedul	e to the comp	leted report.						
d) Types of securities dist	ributed									
-	n for all distributions reported on a pe ISIP number, indicate the full 9-digit (-			how to indicate the					
				Canadian	\$					
Security code CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount					
C V D inte con at \$ con	nvertible Debentures bearing rest at 12% per annum, vertible into units of the Issue 0.85 per Unit. Each Unit sisting of one common share one warrant.		00 1,000.000	00	1,156,000.00					
e) Details of rights and co	nvertible/exchangeable securitie	S								
	ns) were distributed, provide the exerc nversion ratio and describe any other		-	-	exchangeable securities					
Convertible / exchangeable security code Underlying security code	onvertible / Exercise price Expiry date Conversion				Describe other items (if applicable)					
W N T C M S	1.0000	2023-09-14	1:1	N/A						
f) Summary of the distribu	tion by jurisdiction and exemptio	n								
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	Exemption relied	on	Number of uniq		amount (Canadian \$)					
British Columbia	NI 45-106 2.3 [Accredited in		purchasers	20	922,000.00					
British Columbia	NI 45-106 2.5 [Family, friend associates]	-		1	42,000.00					
Alberta	NI 45-106 2.3 [Accredited in	vestor]		5	192,000.00					
	Tot	al dollar amount of s	ecurities distrik	outed	1,156,000.00					
	Total number of	f unique purchasers ²	b	26						

^{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 I	NFORMATION				
Provide information for each person the distribution. Complete addition					any compensation in connection with ited.
Indicate whether any compensation	on was paid, or will be po	aid, in connecti	on with the distributio	on.	
🗌 No 🗹 Yes	If yes, indicate nun	nber of perso	ns compensated.	3	
a) Name of person compens	sated and registration	status			
Indicate whether the person compe	nsated is a registrant.		No [✓ Yes	
If the person compensated is an inc	lividual, provide the nam	ne of the individ	lual.		
Full legal name of individu	al				
	Family n	ame	First give	en name	Secondary given names
If the person compensated is not a	n individual, provide the	following infor	nation.		
Full legal name of	non-individual Resea	arch Capital	Corporation		
Firm	NRD number 3	0 7	0	(if app	olicable)
Indicate whether the person compe	nsated facilitated the dis	tribution throu	gh a funding portal o	r an internet-based	portal. 🔽 No 🗌 Yes
b) Business contact informa	tion				
If a firm NRD number is not provid	ed in Item 8 (a), provide	the business co	ntact information of a	the person being co	mpensated.
Street address					
Municipality				Province/State	
Country			Post	al code/Zip code	
Email address			Te	elephone number	
c) Relationship to issuer or i	nvestment fund mana	ager			
Indicate the person's relationship w the Instructions and the meaning o					eaning of "connected" in Part B(2) of
Connect with the issuer of	or investment fund mana	iger	Insi	der of the issuer (ot	ther than an investment fund)
Director or officer of the i	nvestment fund or inves	tment fund ma	nager 🗌 Em	ployee of the issuer	r or investment fund manager
✓ None of the above					
d) Compensation details					
incidental to the distribution, such a allocation arrangements with the d	missions, securities-base Is clerical, printing, legal Trectors, officers or emplo	d compensation	n, gifts, discounts or o services. An issuer is r	ther compensation. not required to ask f	istribution. Provide all amounts in Do not report payments for services or details about, or report on, internal
Cash commissions paid	20,400.00			Security code 1	Security code 2 Security code 3
Value of all securities distributed as compensation ⁴		S	ecurity codes		
Describe term	s of warrants, options o	r other rights			
Other compensation ⁵		Describe			
Total compensation paid	20,400.00		L		
Check box if the person	n will or may receive any	y deferred com	pensation (describe	the terms below)	
⁴ Provide the aggregate value of a					
additional securities of the issuer. rights exercisable to acquire addit			rities distributed as c	compensation, <u>inclu</u>	<u>iding</u> options, warrants or other
⁵ Do not include deferred compens					

a) Name of person compe	ensated and regist	ration status									
Indicate whether the person con	npensated is a registro	ant.	No No	✓ Y	′es						
If the person compensated is an	individual, provide th	ne name of the indivi	dual.								
Full legal name of indivi	dual										
	F	amily name	Firs	st given nam	ne	Secondary given names					
If the person compensated is not	t an individual, provid	de the following infor	mation.								
Full legal name	Full legal name of non-individual Haywood Securities Inc.										
Fi	rm NRD number	1 6 3	0		(if app	licable)					
Indicate whether the person con	npensated facilitated	the distribution throu	ugh a funding por	rtal or an in	nternet-based	portal. 🗸 No 🗌 Yes					
b) Business contact inform	mation										
If a firm NRD number is not pro	vided in Item 8 (a), pr	rovide the business co	ontact informatio	n of the pe	rson being cor	mpensated.					
Street address											
Municipality				Pro	vince/State						
Country				Postal coo	de/Zip code						
Email address				Telepho	one number						
c) Relationship to issuer of	or investment fund	manager	-								
Indicate the person's relationship the Instructions and the meaning						aning of "connected" in Part B(2) of					
Connect with the issue					-	her than an investment fund)					
Director or officer of th	ie investment fund of	r investment fund ma	anager	Employee	e of the issuer	or investment fund manager					
✓ None of the above											
d) Compensation details											
Canadian dollars. Include cash co	ommissions, securities h as clerical, printing	s-based compensatic , legal or accounting	on, gifts, discounts services. An issue	s or other co er is not req	ompensation. Juired to ask fo	stribution. Provide all amounts in Do not report payments for services or details about, or report on, internal					
Cash commissions pai	d 14,50	0.00		Se	ecurity code 1	Security code 2 Security code 3					
Value of all securitie	-		Security codes								
distributed as compensatior Describe te	erms of warrants, opt	ions or other rights									
Other compensation	5	Describe									
Total compensation pai		0.00									
Check box if the per	son will or may recei		npensation (desc	ribe the ter	rms below)						
		-	· · · ·		-						
⁴ Provide the aggregate value o additional securities of the issue rights exercisable to acquire an ⁵ Do not include deferred compe	er. Indicate the secu Iditional securities of	rity codes for all sec									

a) Name of person compens	ated and registration	on status								
Indicate whether the person compe	nsated is a registrant.		No No	\checkmark	Yes					
If the person compensated is an ind	ividual, provide the na	me of the indivi	dual.							
Full legal name of individua	al									
	Family	name	Firs	st given na	ame	I	Seco	ndary giv	/en name	≟S
If the person compensated is not an		-								
Full legal name of r	non-individual R.F.	Securities Cl	earing							
Firm	NRD number 2	1 9	8 0			(if appli	cable)			
Indicate whether the person compe	nsated facilitated the a	listribution throu	igh a funding por	tal or an	internet	t-based p	ortal.	\checkmark	No [Yes
b) Business contact informat	tion									
If a firm NRD number is not provide	ed in Item 8 (a), provid	e the business co	ontact information	n of the p	person b	eing com	pensated.			
Street address										
Municipality				Pi	rovince	/State				
Country			F	Postal c	ode/Zip	o code				
Email address				Telepl	hone n	umber				
c) Relationship to issuer or in	nvestment fund mai	nager								
Indicate the person's relationship we the Instructions and the meaning of							ning of "co	onnected	l" in Par	t B(2) of
Connect with the issuer o					-		er than an	investm	nent fun	d)
Director or officer of the ir	nvestment fund or inve	estment fund ma	anager	Employe	ee of the	e issuer c	or investme	ent fund	manag	er
✓ None of the above										
d) Compensation details										
Provide details of all compensation p Canadian dollars. Include cash comr incidental to the distribution, such a allocation arrangements with the di	missions, securities-bas s clerical, printing, lego	ed compensatic al or accounting	n, gifts, discounts services. An issue	or other or is not re	compen equired	nsation. D to ask for	o not repo	rt paym	ents for	services
Cash commissions paid	33,200.00)			Security of	code 1	Security co	ode 2	Security	code 3
Value of all securities] :	Security codes							
distributed as compensation ⁴	s of warrants, options	or other rights								
Other compensation ⁵		Describe								
Total compensation paid	33,200.00									
Check box if the person			nensation (desc	rihe the t	terms he	elow)				
⁴ Provide the aggregate value of all additional securities of the issuer. rights exercisable to acquire additi ⁵ Do not include deferred compensation.	Indicate the security c onal securities of the i	odes for all sect								

ITEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER						
If the issuer is an investment fund	l, do not complete	Item 9. Procced to	Item 10.							
Indicate whether the issuer is any o	f the following (seled	t the one that appli	es - if more than one	e 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 nan	ne of reporting issue	ər								
Wholly owned subsidiary of	Wholly owned subsidiary of a foreign public issuer ⁶									
Provide name of	foreign public issue	er]		
Issuer distributing only eligi	ble foreign securitie	s and the distributio	n is to permitted clie	ents only ⁷						
If the issuer is at least one of the	above, do not com	plete Item 9(a) – (d	c). Proceed to Item	10.						
⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.										
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	non-individ resident jurisdictio			ationship to issuer lect all that apply)			
				Province or			0	Р		
b) Promoter information										
	If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.									
Organization or company name	Family name	ly name First given name Secondary given names Residential Secondary given names								
				Province or country	D		С)		
c) Residential address of eac	h 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, 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	ransCanna Holdings Inc.									
Full legal name	Wesik									
	Family name First given name			Secondary given names						
Title	President	resident								
Telephone number	6042075584	Email address	swesik@	transcan						
Signature	signed "Stephanie Wesik"	Date	2021	09	22					
			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	Kowan	Lisa			Title	Paralegal
	Family name	First given name	Secondary	given names		
Name of company	TransCanna Holdings In	С.				
Telephone number	6042075584		Email address	lkowan@tra	nscanna	.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 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.