Form 45-106F1 Report of Exempt Distribution

ITEM 1 - REPORT TYPE

✓ New report

Amended report

If amended, provide filing date of report that is being amended.

(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 (in Québec, Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement Fund Continuous Disclosure).

Investment fund issuer

☑ Issuer (other than an investment fund)

Underwriter

ITEM 3 - ISSUER NAME AND OTHER IDENTIFIERS

Provide the following information about the issuer, or if the issuer is an investment fund, about the fund.

Full legal name	BioVaxys Technology Corp. (formerly Lions Bay Mining Corp.) / BioVaxys Technology Corp. (formerly Lions Bay Mining Corp.)				
Previous full legal name	BIOVAXYS TECHNOLOGY CORP. (FORMERLY LIONS BAY MINING CORP.)				
If the issuer's name changed in	the last 12 months, provide most recent	previous legal name.			
Website		(if applicable)			
If the issuer has a legal entity identifier, p	rovide below. Refer to Part B of the Instr	ructions for the definition of "legal entity identifier".			
Legal entity identifier					
If two or more issuers distributed a single security, provide the full legal name(s) of the co-issuer(s) other than the issuer named above.					
Full legal name(s) of co-issuer(s)		(if applicable)			

ITEM 4 - UNDERWRITER INFORMATION					
If an underwriter is completing the report,	provide the underwriter's full legal name, firm NRD number, and SEDAR+ profile number.				
Full legal name					
Firm NRD number	(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 541710
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: 🗹 0 - 49 🗌 50 - 99 🗌 100 - 499 🗌 500 or more
c) SEDAR+ profile number
Provide the issuer's SEDAR+ profile number

ITEM 6 - INVESTMENT FUND ISSUER INFORMATION

If the issuer is an investment fund, provide the following information.					
a) Investment fund manager in	formation				
Full legal name					
Firm NRD number	(if applicable)				
SEDAR+ profile number					
b) Type of investment fund					
<i>Type of investment fund that most accurated</i>					

Alternative strategies	Cryptoasset	Other (describe)			
Indicate whether one or both of the	e following apply to the inv	vestment fund.			
Invest primarily in other inve					
☐ Is a UCITs Fund ¹ ¹ Undertaking for the Collective Investmen that allow collective investment schemes t					l) directives
c) Net asset value (NAV)) of the investment fu	nd			
Select the NAV range of the investm	าent fund as of the date of	the most recent NAV calc	ulation (Canad	lian \$).	
🗌 Under \$5M	S5M to under \$2	25M 🗌 \$25M to und	er \$100M	Date of NAV calcula	tion:
S100M to under \$500M \$500M	🔲 \$500M to under	\$1B 🗌 \$1B or over		YYYY MM	DD
ITEM 7 - INFORMATION	ABOUT THE DISTR	BUTION			
If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees, in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.					
a) Currency					
Select the currency or currencies in dollars.	n which the distribution wa	ıs made. All dollar amoun	ts provided in	the report must be in C	anadian
🗹 Canadian dollar 🛛 US d	dollar 🗌 Euro Ot	her (describe)			
b) Distribution dates					
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 202	24 02 09	End date	2024	02 09	
YYY	Y MM DD		YYYY	MM DD	
c) Detailed purchaser information					
Complete Schedule 1 of this form	n for each purchaser and	l attach the schedule to	the complete	ed report.	
d) Types of securities di	istributed				
Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.					

					Canadian \$	
Security code	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
UNT	09076M101	Units comprised of 1 common sh are and 1 common share purchas e warrant	16,716,639.0000	0.0300		501,499.0000

e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

Convertible / exchangeable	Underlying security code	Exercise price (Canadian \$)		Expiry date (YYYY-MM- DD)	Conversion ratio	Describe other terms (if	
security code	security code	Lowest	Highest	(00)		applicable)	
WNT	CMS	0.0500		2026-02-09	1:1	Each warrant is exercisable i nto 1 common share of the Company for 24 months fro m the closing date at a price of \$0.05 per common share	

f) Summary of the distribution by jurisdiction and exemption

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

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

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

Province or country	Exemption relied on	Number of unique purchasers ^{2a}	Total amount (Canadian \$)			
Alberta	NI 45-106 2.3 [Accredited investor]	2	60,000.0000			
British Columbia	NI 45-106 2.3 [Accredited investor]	1	45,000.0000			
Ontario	NI 45-106 2.3 [Accredited investor]	12	198,000.0000			
United States of America	NI 45-106 2.3 [Accredited investor]	4	130,999.0000			
United Kingdom	NI 45-106 2.3 [Accredited investor]	1	67,500.0000			
	\$501,499.0000					
	Total number of unique purchasers ^{2b}	20				
20 In calculating the number of unique nurchasers ner row, count each nurchaser only once loint nurchasers may be counted as one nurchasers						

^{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.

Provide information for each person (as defined in NI 45-106) (in Québec, Regulation 45-106 respecting Prospectus Exemptions) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.					
Indicate whether any compensation was □ No ☑ Yes If yes		<i>paid, in connection with</i> er of persons compen		ı.]	
a) Name of person compens	sated and regi	stration status			
Indicate whether the person compensate	ed is a registrant.				
🗌 No 🗹 Yes					
If the person compensated is an individu	ual, provide the n	ame of the individual.			
Full legal name of individual					
If the person compensated is not an ind	Family name ividual, provide th		t given name <i>N.</i>	Secondary giv	en names
Full legal name of non-individual		PITAL CORPORATION	/ CORPORATIO	N RECHERCHE]
Firm NRD number	3070		(if applicable)	
Indicate whether the person compensate	ed facilitated the	distribution through a j	funding portal c	or an internet-based _F	oortal
b) Business contact informa	tion				
If a firm NRD number is not provided in	Item 8(a), provide	e the business contact i	nformation of t	he person being com	pensated.
Street address					7
		Droving	ce/State		
Municipality					
Country		Postal code/Z	ip code		
Email address		Telephone r	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 (in Québec, Regulation 45-106 respecting Prospectus Exemptions) 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 investme	ent fund or inves	tment fund manager			
Employee of the issuer or investm	ient fund manag	ger			
✓ None of the above					

d) Compensation details

Cash commissions paid	2363				
Value of all securities distributed as compensation ⁴				_	
Security codes	Security code 1	Security code 2	Security code 3		
]	
Describe terms of warrants, options or other rights					
Other compensation ⁵			7		
Describe					
			-		
Total compensation paid	2363				
Check box if the person will or may receive any def	erred compensatio	on (describe the te	erms below)		
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities additionaddities additities addities addities addities addities add					
⁵ Do not include deferred compensation.					

Provide information for each person (as defined in NI 45-106) (in Québec, Regulation 45-106 respecting Prospectus Exemptions) 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.						
a) Name of person compensated and registrat	ion status					
Indicate whether the person compensated is a registrant.						
□ No ✓ Yes						
If the person compensated is an individual, provide the name o	of the individual.					
Full legal name of individual						
Family name If the person compensated is not an individual, provide the foll	First given name Secondary given names owing information.					
Full legal name of non-individual Canaccord Genuity	Corp./Corporation Canaccord Genuity					
Firm NRD number 900	(if applicable)					
Indicate whether the person compensated facilitated the distrib	bution through a funding portal or an internet-based portal					
✓ No □ Yes						
b) Business contact information						
If a firm NRD number is not provided in Item 8(a), provide the l	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 (in Québec, Regulation 45-106 respecting Prospectus Exemptions) 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 investmen	t fund manager					
 Employee of the issuer or investment fund manager None of the above 						
d) Compensation details						

Cash commissions paid	3645]
Value of all securities distributed as compensation ⁴			
Security codes	Security code 1	Security code 2	Security code 3
Describe terms of warrants, options or other rights			
Other compensation ⁵			
Describe			
			_
Total compensation paid	3645		
Check box if the person will or may receive any def	erred compensation	on (describe the te	erms below)
⁴ Provide the aggregate value of all securities distributed as compensatives of the issuer. Indicate the security codes for all securities distacquire additional securities of the issuer.		-	
⁵ Do not include deferred compensation.			

Provide information for each person (as defined in NI 45-106) (in Québec, Regulation whom the issuer directly provides, or will provide, any compensation in connection wi 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 c	
a) Name of person compensated and registration status	
Indicate whether the person compensated is a registrant.	
□ No 🗹 Yes	
If the person compensated is an individual, provide the name of the individual.	
Full legal name of individual Family name First given	name Secondary given names
Family name First given If the person compensated is not an individual, provide the following information.	name Secondary given names
Full legal name of non-individual RAYMOND JAMES LTD.	
Firm NRD number 8240 (if a	ipplicable)
Indicate whether the person compensated facilitated the distribution through a fundi	ng portal or an internet-based portal
☑ No □ Yes	
b) Business contact information	
If a firm NRD number is not provided in Item 8(a), provide the business contact inform	nation of the person being compensated.
Street address	
Municipality Province/Sta	te
Country Postal code/Zip code	de
Email address Telephone numb	
c) Relationship to issuer or investment fund manager	
Indicate the person's relationship with the issuer or investment fund manager (select of 'connected' in Part B(2) of the Instructions and the meaning of 'control' in section 1.4 conspecting Prospectus Exemptions) 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 None of the above 	
d) Compensation details	

Cash commissions paid	3150]
Value of all securities distributed as compensation ⁴			
Security codes	Security code 1	Security code 2	Security code 3
Describe terms of warrants, options or other rights			
Other compensation ⁵			
Describe			
			_
Total compensation paid	3150		
Check box if the person will or may receive any def	erred compensatio	on (describe the te	erms below)
⁴ Provide the aggregate value of all securities distributed as compensati securities of the issuer. Indicate the security codes for all securities dist acquire additional securities of the issuer.		-	
⁵ Do not include deferred compensation.			

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	/ provides, or will p	rovide, any comp	6) (in Québec, Regulation ensation in connection w be, compensated.			
Indicate whether any co		-	d, in connection with the of persons compensated			
a) Name of per	son compensat	ted and registr	ration status			
Indicate whether the pe ✓ No □ Yes If the person compensa		-	e of the individual.			
Full legal name of						
If the person compensa		Family name dual, provide the f	First given following information.	name	Secondary give	n names
Full legal name of	f non-individual	2699151 Ontario	Inc.			
Firi	m NRD number		(if	applicable)		
Indicate whether the ne	∟ rson compensated	facilitated the dis	tribution through a fundi		an internet-hased n	ortal
✓ No □ Yes	som compensatea	facilitatea the als	insation in ough a jana	is per car er e		or car
b) Business col	ntact informatio	n				
lf a firm NRD number is	not provided in Ite	m 8(a), provide th	ne business contact inforr	nation of the	person being comp	ensated.
Street address	303-717 Richmor	nd Street				
Municipality	London		Province/Sta	te Ontario		
Country	Canada		Postal code/Zip co	de N6B 2H	8	
Email address	amir@farahigrou	ıp.ca	Telephone num	er +1 (226)	448-9763	
a) Deletierschin		e atura a unt fu un al				
c) Relationship	to issuer or inv	estment fund	manager			
	of the Instructions of	and the meaning	ent fund manager (select of 'control' in section 1.4 oleting this section.			
Connected with th	e issuer or investr	nent fund manag	ger			
lnsider of the issue	er (other than an i	nvestment fund)				
Director or officer	of the investment	fund or investm	ent fund manager			
Employee of the is		nt fund manager				
✓ None of the above	!					
d) Compensati	on details					

Cash commissions paid	6073]	
Value of all securities distributed as compensation ⁴				
Security codes	Security code 1	Security code 2	Security code 3	
Describe terms of warrants, options or other rights				
Other compensation ⁵			7	
Describe				
			_	
Total compensation paid	6073			
Check box if the person will or may receive any def	erred compensati	on (describe the te	erms below)	
⁴ Provide the aggregate value of all securities distributed as compensati securities of the issuer. Indicate the security codes for all securities dist acquire additional securities of the issuer.		-		
⁵ Do not include deferred compensation.				

Provide information for each person (as defined in NI 45-106) (in Québec, Regulation 45-106 respecting Prospectus Exemption whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additiona 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.	
a) Name of person compensated and registration status	
Indicate whether the person compensated is a registrant.	
□ No ✓ Yes	
If the person compensated is an individual, provide the name of the individual.	
Full legal name of individual	
Family nameFirst given nameSecondary given namesIf the person compensated is not an individual, provide the following information.Secondary given names	
Full legal name of non-individual STEPHENAVENUE SECURITIES INC.	
Firm NRD number 8080 (if applicable)	
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal	
✓ No □ Yes	
b) Business contact information	
If a firm NRD number is not provided in Item 8(a), provide the 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 (in Québec, Regulation 45-10 respecting Prospectus Exemptions) for the purposes of completing this section.)6
Connected with the issuer or investment fund manager	
Insider of the issuer (other than an investment fund)	
Director or officer of the investment fund or investment fund manager	
Employee of the issuer or investment fund manager	
✓ None of the above	
d) Compensation details	

Cash commissions paid	3920			
Value of all securities distributed as compensation ⁴				
Security codes	Security code 1	Security code 2	Security code 3]
Describe terms of warrants, options or other rights]
Other compensation ⁵				
Describe				
Total compensation paid Check box if the person will or may receive any def		on (describe the te	 rms below)	
⁴ Provide the aggregate value of all securities distributed as compensa securities of the issuer. Indicate the security codes for all securities dis acquire additional securities of the issuer. ⁵ Do not include deferred compensation.		-		
ITEM 9 – DIRECTORS, EXECUTIVE OFFICE	RS AND P <u>RON</u>	/IOTERS O <u>F TI</u>	HE ISSUER	
If the issuer is an investment fund, do not complete It	em 9. Proceed to It	tem 10.		

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.

□ If the issuer is none of the above, check this box and complete Item 9(a) – (c).

a) Directors, executive officers and promoters of the issuer

Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory, otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.

Organization or company name	Family name	First given	Business location of non-individual Secondary Relationship to (select all that given names individual				
		name		Province or country	D	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	Family	First given	,,,	Residential jurisdiction of individual	Relationship to one or both i	-
company name	name	name	names	Province or country	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, director or agent of the issuer or underwriter. If the issuer or underwriter is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

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

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

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

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

securities regulatory aut	hority or regulator, as applica	ble, that I have r	eviewed this r	nvestment fund manager, to the report and to my knowledge, having to the extent required, complete.	
Name of Issuer/ investment fund	BioVaxys Technologies Corp.				
manager/agent					
Full legal name	PASSIN	Jarr	าes		
	Family name	First give	en name	Secondary given names	
Title	Chief Executive Officer				
Telephone number	+1 (917) 215-6659	Email address	jpassin@biov	/axys.com	
Signature	/s/ James Passin	Date	2024	03 05	
			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			
	Family name	First given name	Secondary given names
Title			
Name of company			
Telephone number		Email address	

NOTICE – COLLECTION AND USE OF PERSONAL INFORMATION

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation. If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

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.