# 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 rep	port If amended, provide filing date of report that is being amended. (YYYY-MM-DD)							
ITEM 2 - PARTY C	ERTIFYING 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  X Issuer (other than an investment fund)  Underwriter								
ITEM 3 - ISSUER N	ITEM 3 – ISSUER NAME AND OTHER IDENTIFIERS							
Provide the following inform	nation about the issuer, or if the issuer is an investment fund, about the fund.							
Full	legal name TOCVAN VENTURES CORP.							
Previous full	legal name							
If the issuer's nan	me changed in the last 12 months, provide most recent previous legal name.							
	Website WWW.TOCVAN.COM (if applicable)							
If the issuer has a legal entit	ity identifier, provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".							
Legal enti	ity identifier							
ITEM 4 – UNDERW	RITER INFORMATION							
· r	ting the report, provide the underwriter's full legal name and firm National Registration Database (NRD) number.							
Full legal name N/A								
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)							

If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.   a	ITEM 5 – ISSUER INFORMATION							
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  2 1 2 2 9 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.  X 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 6 4 6 9  If the issuer does not have a SEDAR profile complete Item 5(d) - (h).  d) Head office address  Street address  Street address  Province/State Postal code/Zip code Postal code/Zip code Postal code/Zip code Postal code/Zip code State Postal code/Zip code State Stat	If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.							
ACLY STATES AND SECRET STATES								
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.  X 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 6 4 6 9  If the issuer does not have a SEDAR profile complete Item 5(d) – (h).  d) Head office address  Street address  Street address  Province/State Postal code/Zip code Country Postal code/Zip code 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 NB NL NT  NS NU ON PE QC SK YT								
mining industry. Select the category that best describes the issuer's stage of operations.    X   Exploration   Development   Production	NAICS industry code 2 1 2 9 9							
b) Number of employees  Number of employees:	mining industry. Select the category that best describes the issuer's stage of operations.  X Exploration Development Production							
Number of employees:								
c) SEDAR profile number  Does the issuer have a SEDAR profile?  No X Yes If yes, provide SEDAR profile number 0 0 0 4 6 4 6 9  If the issuer does not have a SEDAR profile complete Item 5(d) – (h).  d) Head office address  Street address  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 NB NL NT  NS NU ON PE QC SK YT  g) Public listing status	b) Number of employees							
Does the issuer have a SEDAR profile?  No X Yes If yes, provide SEDAR profile number 0 0 0 4 6 4 6 9  If the issuer does not have a SEDAR profile complete Item 5(d) – (h).  d) Head office address  Street address  Ountry Postal code/Zip code Country Telephone number  e) Date of formation and financial year-end  Date of formation Financial year-end  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	Number of employees: X 0 – 49 50 – 99 100 – 499 500 or more							
No   X   Yes   If yes, provide SEDAR profile number   0   0   0   4   6   4   6   9	c) SEDAR profile number							
d) Head office address  Street address Province/State 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								
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Municipality Postal code/Zip code  Country Telephone number  e) Date of formation and financial year-end  Date of formation Pyryy MM DD 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	d) Head office address							
Country  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	Street address Province/State							
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 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	Municipality Postal code/Zip code							
Date of formation	Country Telephone number							
Date of formation	e) Date of formation and financial year-end							
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	Date of formation Financial year-end							
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	f) Reporting issuer status							
AII AB BC MB NB NL NT NS NU ON PE QC SK YT								
	AII AB BC MB NB NL NT							
If the issuer has a CUSIP number, provide below (first 6 digits only)	g) Public listing status							
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.	size of the issuer's assets at the distribution end date.							
\$0 to under \$5M								

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.						
Street Address						
Municipality Province/State						
Country Postal code/Zip code						
Telephone number Website (if applicable)						
b) Type of investment fund						
Type of investment fund that most accurately identifies the issuer (select only one).  Money market  Equity  Fixed income						
Balanced 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 <sup>1</sup>						
<sup>1</sup> 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:						

#### ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees, which should be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.

	- 1 F	**** *** * * * * *	· · / · · · · · /		-1		
a)	Currency						
Select the	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	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 date 2021 03 30 End date 2021 03 30 MM DD YYYY MM

#### Detailed purchaser information c)

#### Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.

#### Types of securities distributed

Provide the following information for all distributions that take place in a jurisdiction of Canada on a per security basis. Refer to Part A 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	88900N105	Units at a price of \$0.60 per Unit. Each Unit is comprised of one (1) common share and one (1) common share purchase warrant exercisable at a price of \$0.75 from 18 months of closing.	1,244,668	\$0.60	\$0.60	\$746,801.00

#### 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.

Security code		Underlying		, γ Θ (Cariacian ψ)		Expiry date	Conversion	Describe other terms (if applicable)			
			security code		Lowest	Highest	(YYYY-MM-DD)	ratio	, , ,		

#### 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]	6	\$63,000.00
Alberta	Existing Securityholder Exemption	4	\$33,000.00
Alberta	Investment Dealer - Exemption (BC, AB, SK, MB, NB)	1	\$6,000.00
British Columbia	NI 45-106 2.3 [Accredited Investor]	4	\$320,301.00
Ontario	Existing Securityholder Exemption	2	\$12,000.00
Colorado	NI 45-106 2.3 [Accredited Investor]	1	\$12,500.00
Switzerland	NI 45-106 2.3 [Accredited Investor]	2	\$300,000.00
	\$746,801.00		
	Total number of unique purchasers <sup>2</sup>	20	

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 jurison
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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.<sup>3</sup> 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	

<sup>3&</sup>quot;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. <b>Complete additional copies of this page if more than one person was, or will be, compensated.</b>						
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.						
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 LEEDE JONES GABLE INC.						
Firm NRD number 5 7 7 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 \$5,760						
Value of all securities distributed as compensation <sup>4</sup> Security code 1  Security code 1  Security code 2  Security code 2  W  N  T						
Describe terms of warrants, options or other rights  9,600 Finder Warrants exercisable into common shares at \$0.60 within 18 months						
Other compensation <sup>5</sup> Describe						
Total compensation paid \$5,760						
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.						
<sup>5</sup> Do not include deferred compensation.						

a) Name of person con	npensated and registration status	5						
Indicate whether the person compensated is a registrant.  X No Yes								
If the person compensated is an in	ndividual, provide the name of the ind	ividual.						
Full legal name of individ	ual THOMAS	FIDEL						
	Family name	First given name	Secondary given names					
	nn individual, provide the following in	formation.						
Full legal name of non-individual								
	Firm NRD number (if applicable)							
Indicate whether the person comp  X No Yes	ensated facilitated the distribution th	rough a funding portal or an int	ernet-based portal.					
b) Business contact inf	ormation							
If a firm NRD number is not provid	ded in Item 8(a), provide the business	contact information of the pers	on being compensated.					
Street address	108 – 2091 WEST 2 <sup>ND</sup> AVENUE							
M. uninimality	VANCOUVER	Drovings/Otate	DDITICH COLUMNIA					
Municipality	VANCOUVER	Province/State	BRITISH COLUMBIA					
Country	CANADA	Postal code/Zip code	V6J 1J5					
Email address	fmontagu@conduitir.com	Telephone number	604-358-4005					
c) Relationship to issue	er 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  \$20,200  Value of all securities distributed as compensation <sup>4</sup> Security code 1  Security code 2  Security code 3  W N T								
Describe terms of warrants, options or other rights  33,667 Finder Warrants exercisable into common shares at \$0.60 within								
Other compensation <sup>5</sup>		18 HOHUS						
Total compensation paid								
	on will or may receive any deferred co	ompensation (describe the term	ns below)					
			cisable to acquire additional securities of the issuer. sable to acquire additional securities of the issuer.					

Name of person compensated and registration status							
Indicate whether the person compensated is a registrant.  X No Yes							
	If the person compensated is an individual, provide the name of the individual.						
Full legal name of individual CYPPEK ANDREAS							
		mily name		given name	Secondary giver	names	
If the person compensated is not a	· F	de the following infor	mation.				
Full legal name of	non-individual						
	Firm NRD number (if applicable)						
Indicate whether the person composite X No Yes	ensated facilitated	the distribution throu	ıgh a fundin	g portal or an inte	ernet-based portal.		
b) Business contact info	ormation						
If a firm NRD number is not provid	ded in Item 8(a), pro	ovide the business co	ntact inform	nation of the perso	n being compensate	?d.	
Street address	2476 VALLEY L	ANE					
Municipality	WEST VANCOU	IVER	]	Province/State	BRITISH COLUM	ИВІА	
Country	CANADA		Postal	code/Zip code	V7S 3H5		
Email address	acyppek@gmail.	<u>com</u>	Tele	phone number	604-922-5330		
c) Relationship to issue	er 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 detail	S						
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.  Cash commissions paid  Value of all securities distributed as compensation <sup>4</sup> Security codes  Security code 1  Security code 2  Security code 3  W N T							
40 000 Finder Warrents evereigable into common charge at \$0.60 within							
Describe terms of warrants, options or other rights  Other compensation <sup>5</sup> Describe							
·	424.222	Describe					
Total compensation paid \$24,000  Check box if the person will or may receive any deferred compensation (describe the terms below)							
<sup>4</sup> Provide the aggregate value of all secur Indicate the security codes for all securit <sup>5</sup> Do not include deferred compensation.							

TEM 9 – DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER									
If	the issuer is an investment fu	nd, do not complete	Item 9. Procee	d to Item 10.					
Inc	dicate whether the issuer is any	of the following (selec	t all that apply).						
X Reporting issuer in any jurisdiction of Canada									
Foreign public issuer									
	Wholly owned subsidiary	of a reporting issuer	in any jurisdictio	n of Canada <sup>6</sup>					
	Provide name of reporting issuer								
Wholly owned subsidiary of a foreign public issuer <sup>6</sup>									
Provide name of foreign public issuer									
	Issuer distributing eligible	e foreign securities on	ly to permitted o	lients <sup>7</sup>					
<sup>6</sup> Ar law <sup>7</sup> Cl	the issuer is at least one of the issuer is a wholly owned subsidiary to be owned by its directors, are bereatheck this box if it applies to the currentigible foreign security" and "permitted"  If the issuer is none of to	of a reporting issuer or a for neficially owned by the rep net distribution even if the is- client" in Part B(1) of the I	oreign public issuer orting issuer or the suer made previous nstructions.	if all of the issue foreign public iss distributions of o	er's outstanding voting secu suer, respectively. other types of securities to a				
	a) Directors, executive		•		- (c).				
	a) Directors, executive	officers and profito	ters or the issu	uei					
	ovide the following information ritory, otherwise state the coun						tate the p	rovince or	
ler	Titory, otherwise state the count	iry. For Relationship t	O issuer , D = I	Sirector, O =	Lizeculive Officer, F		D 1 (' )		
				Secondary	Business locatior individual or res	i of non-	Relations issue	•	
	Organization or company name	Family name	First given name	given	jurisdiction of inc		(select al apply		
				names	Province or co	ountry E		, Р	
-						,			
-									
-									
-									
-									
	b) Promoter information	n							
If t	the promoter listed above is not	an individual provide	the following in	formation for	each director and evec	utive officer of the	nromote	r For	
	cations within Canada, state the	•	-				-		
Of	ficer.		<b>.</b>						
				Second	Residential jurisdiction of	Relationshi			
	Organization or company name	Family name	First given name	ary given	individual	(select one or both if applic		olicable)	
	name	name		names	Province or	D	(	)	
					country				
-									
	c) Residential address	of each individual			1				

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	WOOD	DEREK		A.	
	Family name First given name		e Secondary given names		
Title	PRESIDENT				
Name of issuer/underwriter/ investment fund manager	I TOCVAN VENTURES CORP				
Telephone number	403-668-4855	Email address	DWOOD@CONDUITIR.COM		
Signature	"Derek Wood"	Date	2021	03	30
		<del>-</del>	YYYY	MM	DD

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ITEM T	I — I	CONTACT	PERSON

Provide the following business contact information for the individual that the securities regulatory authority or regulator may a	ontact 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	

Saine as inu	ividual certifying the repor	11			
Full legal name	SALEM	NORMA		Title	PARALEGAL
	Family name	First given nam	e Secondary gi names	ven	
Name of company	HEIGHINGTON LAW				
Telephone number	403-237-0018		Email address	norma@hlf.	<u>ca</u>

#### 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.