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	X New report								
Amended rep	Amended report If amended, provide filing date of report that is being amended. (YYYY-MM-DD)								
ITEM 2 - PARTY CE	ITEM 2 – PARTY CERTIFYING THE REPORT								
	TIEM 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 fu	nd issuer								
X Issuer (other t	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 I	egal name TOCVAN VENTURES CORP.								
Previous full I	egal name								
If the issuer's nam	ne 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	ty identifier, provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".								
Legal enti	ty identifier								
	RITER INFORMATION								
- I	ing the report, provide the underwriter's full legal name and firm National Registration Database (NRD) number.								
Full legal name	N/A								
Firm NRD number	Firm NRD number (if applicable)								
If the underwriter does not h	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 2 1 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: $\boxed{\mathbf{X}}$ 0 – 49 $\boxed{}$ 50 – 99 $\boxed{}$ 100 – 499 $\boxed{}$ 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 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 MM DD					
f) Reporting issuer status					
Is the issuer a reporting issuer in any jurisdiction of Canada?					
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. \$\text{\$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.						
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 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 - 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.

- \	O	
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.

dollar US dollar Euro	Other (describe)
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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.

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Start date	2022	03	21	End date	2022	03	21
•	YYYY	MM	DD	-	YYYY	MM	DD

c) Detailed purchaser information

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

d) 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 \$0.75 per Unit. Each Unit is comprised of one common share and one common share purchase warrant exercisable at a price of \$1.35 from 18 months of closing.	481,071	\$0.75	\$0.75	\$360,803.25

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.

Security code		ode	Underlying				Conversion	Describe other terms (if applicable)		
			sec	curity c	ode	Lowest	Highest	(YYYY-MM-DD)	ratio	` '' '

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]	2	\$60,000.00
ALBERTA	Existing Securityholder Exemption	1	\$4,200.00
BRITISH COLUMBIA	NI 45-106 2.3 [Accredited Investor]	1	\$60,003.00
ONTARIO	NI 45-106 2.3 [Accredited Investor]	4	\$99,050.25
ONTARIO	NI 45-106 2.5 [Family, Friends and Business Associates]	1	\$5,025.00
QUEBEC	NI 45-106 2.3 [Accredited Investor]	1	\$5,025.00
GERMANY	NI 45-106 2.3 [Accredited Investor]	1	\$90,000.00
BELGIUM	NI 45-106 2.3 [Accredited Investor]	1	\$15,000.00
CAYMAN ISLANDS	NI 45-106 2.3 [Accredited Investor]	1	\$22,500.00
	\$360,803.25		
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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.

a) Ne	t proceeds	to the	investment	fund by	iurisdiction
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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.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 &}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.

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

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. 5
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 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 \$720.00
Value of all security code 1 Security code 2 Security code 3
as compensation ⁴ Security codes W N T
Describe terms of warrants, options or other rights 960 Finder Warrants exercisable into common shares at \$0.75 within 18 months
Other compensation ⁵ Describe
Total compensation paid \$720.00
Check box if the person will or may receive any deferred compensation (describe the terms 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 of the issuer.
5Do not include deferred compensation.

a) Name of person compensated and registration statu	s							
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 in								
Full legal name of non-individual HAYWOOD SI	ECURITIES INC.							
Firm NRD number 1 6 3	0 (if applicable)							
Indicate whether the person compensated facilitated the distribution th X No Yes	rough a funding portal or an internet-based portal.							
b) Business contact information								
If a firm NRD number is not provided in Item 8(a), provide the business	contact information of the person being compensated.							
Street address								
Municipality	Province/State							
Country	Postal Code/Zip code							
Email address	Telephone Number							
c) Relationship to issuer or investment fund manager								
of the Instructions and the meaning of "control" in section 1.4 of NI 45- 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 Employee of the issuer or investment fund manager X None of the above								
d) Compensation details								
, ,	entified in Item 8(a) in connection with the distribution. Provide all amounts							
in Canadian dollars. Include cash commissions, securities-based competer services incidental to the distribution, such as clerical, printing, legal or report on, internal allocation arrangements with the directors, officers of Cash commissions paid \$1,200	nsation, gifts, discounts or other compensation. Do not report payments for accounting services. An issuer is not required to ask for details about, or							
as compensation ⁴	W N T							
Describe terms of warrants, options or other rights	1,600 Finder Warrants exercisable into common shares at \$0.75 within 18 months							
Other compensation ⁵ Describe								
Total compensation paid \$1,200								
Check box if the person will or may receive any deferred or	ompensation (describe the terms below)							
4Provide the aggregate value of all securities distributed as compensation, exc	cluding options, warrants or other rights exercisable to acquire additional securities							
	ensation, including options, warrants or other rights exercisable to acquire additional							
Do not include deletted compensation.								

a) Name of person con	npensated and re	gistration status	3									
Indicate whether the person comp X No Yes	ensated is a registra	ınt.										
If the person compensated is an individual, provide the name of the individual.												
Full legal name of individual CYPPEK ANDREAS												
	Fam	nily name	Fi	rst giver	n name		5	Seconda	ry given	names		
If the person compensated is not a	· –	e the following in	formation.									7
Full legal name of	non-individual											
Firn	n NRD number				(if	applica	able)					
Indicate whether the person comp X No Yes	ensated facilitated t	he distribution thi	rough a fund	ding po	rtal or	an inte	ernet-l	based p	ortal.			
b) Business contact inf	ormation											
If a firm NRD number is not provi	ded in Item 8(a), pro	vide the business	contact info	rmatio	n of the	e perso	n beir	ig com	pensate	d.		
Street address	2476 VALLEY	LANE										
Municipality	WEST VANCO	UVER		Pro	vince/	State	BR	ITISH	COLU	JMBIA		
Country	Canada		Post	al Cod	de/Zip	code	V7	S 3H5				
Email address	acyppek@gmail.c	<u>com</u>	Te	elepho	ne Nu	mber	604	4-922-	5330			
c) Relationship to issue	er or investment for	und manager										
Indicate the person's relationship of the Instructions and the meaning Connected with the Insider of the issuer Director or officer of Employee of the issuer X None of the above	ng of "control" in sections are insuer or investmen (other than an investment functions).	tion 1.4 of NI 45- t fund manager stment fund) d or investment fu	106 for the _l	purpose						Connect	ea in Pal	π <i>B</i> (2)
d) Compensation detai	ls											
Provide details of all compensation		to the person ide	entified in It	om 8(a)	in con	naction	n with	the dis	tributio	n Provio	do all amo	ounts
in Canadian dollars. Include cash services incidental to the distributed report on, internal allocation arranged Cash commissions paid Value of all securities distributed as compensation4	commissions, securion, such as clerical, ngements with the d	ties-based compe printing, legal or lirectors, officers o	nsation, gift: accounting	s, discou services s of a no	unts or s. An iss	other o suer is i ividual	compe not re comp	ensatioi quired	n. Do no to ask † d by the	ot report for details issuer.	payments	s for
as compensation			0.000 51 1						<u>. </u>			_
Describe terms	of warrants, options	s or other rights	9,600 Finde 18 months	er Warra	nts exe	rcisable	into c	ommon	shares a	at \$0.75 w	ithin	_
Other compensation ⁵		Describe										
Total compensation paid	\$7,200											
Check box if the perso	n will or may receiv	e any deferred co	ompensation	n (desci	ribe the	e terms	s belo	w)				
⁴ Provide the aggregate value of all se of the issuer. Indicate the security co securities of the issuer. ⁵ Do not include deferred compensation	des for all securities d											

a) Name of person com	npensated 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 individu									
	Family name	First given name	Secondary given names						
	n individual, provide the following info								
Full legal name of	non-individual TMM CAPITAL	ADVISORY INC.							
Firm NRD number (if applicable)									
Indicate whether the person comp X No Yes	ensated facilitated the distribution thro	ugh a funding portal or an inte	rnet-based portal.						
b) Business contact info	ormation								
If a firm NRD number is not provid	ded in Item 8(a), provide the business c	ontact information of the perso	n being compensated.						
Street address	#12, 2315 MCINTYRE STREET								
Municipality	REGINA	Province/State	SASKATCHEWAN						
Country	Canada	Postal Code/Zip Code	S4P 3Y8						
Email address	tmmcapitaladvisory@hotmail.com	Telephone Number	306-690-8886						
c) Relationship to issue	er or investment fund manager								
Connected with the i Insider of the issuer Director or officer of	ng of "control" in section 1.4 of NI 45-16 issuer or investment fund manager (other than an investment fund) the investment fund or investment funduer or investment fund manager		ng this section.						
d) Compensation detail	ls								
, ,		ntified in Item 8(a) in connection	n with the distribution. Provide all amounts						
in Canadian dollars. Include cash of services incidental to the distribution report on, internal allocation arranged Cash commissions paid Value of all securities distributed	commissions, securities-based compension, such as clerical, printing, legal or an angements with the directors, officers or \$402	sation, gifts, discounts or other of ccounting services. An issuer is a employees of a non-individual Security code 1	compensation. Do not report payments for not required to ask for details about, or						
as compensation ⁴									
Describe term	ns of warrants, options or other rights	536 Finder Warrants exercisable 18 months	into common shares at \$0.75 within						
Other compensation ⁵	Describe								
Total compensation paid	\$402								
Check box if the perso	on will or may receive any deferred con	npensation (describe the terms	s below)						
	des for all securities distributed as comper		ghts exercisable to acquire additional securities is or other rights exercisable to acquire additional						

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 CANACCORD GENUITY CORP.								
Firm NRD number 9 0 0 (if applicable)								
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. 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								
Country								
Email address								
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 \$4,800								
Value of all securities distributed Security code 1 Security code 2 Security code 3								
as compensation ⁴ Security codes W N T								
Describe terms of warrants, options or other rights 6,400 Finder Warrants exercisable into common shares at \$0.75 within 18 months								
Other compensation ⁵ Describe								
Total compensation paid \$4,800								
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.								

ITEM 9 – DIRECTORS, EX	ECUTIVE OFFICERS	AND PROMO	OTERS OF TH	IE ISSUER				
If the issuer is an investment fu	ınd, do not complete	Item 9. Procee	d to Item 10.					
Indicate whether the issuer is any of the following (select all that apply). X Reporting issuer in any jurisdiction of Canada Foreign public issuer Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶ Provide name of reporting issuer Wholly owned subsidiary of a foreign public issuer Provide name of foreign public issuer Issuer distributing eligible foreign securities only to permitted clients? If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10. 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. 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).								
Provide the following information						state the p	rovince or	
Organization or company name	Family name	First given name	Secondary given names	Executive Officer, "P" – Business location individual or resi jurisdiction of inc	of non- dential dividual	Relations issue (select a apply	er II that	
b) Promoter informatio	n							
If the promoter listed above is not locations within Canada, state the Officer.	•	-		r "Relationship to pron Residential		ector, "O" -	- Executive	
Organization or company name	Family name	First given name	ary given names	jurisdiction of individual Province or country	(select one or	both if app		
						1		
c) Residential address	of each individual	<u> </u>				<u> </u>		

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.

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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	SUTHERLAND BRODIE			A.		
	Family name First given name				Secondary gi	ven names
Title	DIRECTOR					
Name of issuer/underwriter/ investment fund manager	TOCVAN VENTURES CORP.					
Telephone number	r 403-829-9877 Email address BSUTHERLAND		RLAND@TO	OCVAN.CA		
Signature	"Brodie Sutherland"	Date	2022 03		22	
			YYYY		MM	DD

	4.4		
ITEM	11 —	$(\cap N \perp V \subset I)$	r Person

TIEW II CONTAC	TTERSON							
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 given 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.