Form 45-106F1 Report of Exempt Distribution

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

ITEM 1 - REPORT TYPE							
X New report Amended report If amended, provide filing date of report that is being amended.							
ITEM 2 – PARTY CERTIFYING THE REPORT							
Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.							
Investment fund issuer							
X Issuer (other than an investment fund)							
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 TOCVAN VENTURES CORP.							
Previous full legal name							
If the issuer's name changed in the last 12 months, provide most recent previous legal name.							
Website WWW.TOCVAN.COM (if applicable)							
If the issuer has a legal entity identifier, provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".							
Legal entity identifier							
ITEM 4 – UNDERWRITER INFORMATION							
If an underwriter is completing 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)							

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. Image: Image
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 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
f) Reporting issuer status
Is the issuer a reporting issuer in any jurisdiction of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NL NT NS NU ON PE QC SK YT
g) Public listing status
If the issuer has a CUSIP number, provide below (first 6 digits only) CUSIP number If the issuer is publicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for which the
issuer has applied for and received a listing, which excludes, for example, automated trading systems. Exchange names
h) Size of issuer's assets
Select the size of the issuer's assets for its most recent financial year-end (Canadian \$). If the issuer has not existed for a full financial year, provide the size of the issuer's assets at the distribution end date. \$0 to under \$5M \$5M to under \$25M \$25M to under \$100M
\$100M to under \$500M \$500M to under \$1B \$1B or over

ITEM 6 - INVESTMENT FUND ISSUER INFORMATION

If the issuer is an investr	nent fund, provide the following information.
a) Investment fund	manager information
Full legal name	
Firm NRD Number	(if applicable)
If the investment fund manag	er 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 investme	ent fund
Money market Balanced	most accurately identifies the issuer (select only one). Equity Fixed income Alternative strategies Other (describe)
Invests primarily Is a UCITs Fund ¹ Undertaking for the Collective Inve	of the following apply to the investment fund. in other investment fund issuers 1 stment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow perate 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	YYYY MM DD MM DD
d) Reporting issuer	status of the investment fund
Is the investment fund a repor	ting issuer in any jurisdiction of Canada? No Yes
If yes, select the jurisdictions of All	f Canada in which the investment fund is a reporting issuer. AB BC MB NB NL NT NU ON PE QC SK YT
e) Public listing stat	us of the investment fund
CUSIP number	USIP number, provide below (first 6 digits only).
	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 in \$0 to under \$5M \$100M to under \$500M	Image: System of the date of the most recent NAV calculation (Canadian \$). Image: System of the date of the most recent NAV calculation (Canadian \$). Image: System of the date of the most recent NAV calculation (Canadian \$). Image: System of the date of the most recent NAV calculation (Canadian \$). Image: System of the date of the most recent NAV calculation (Canadian \$). Image: System of the date of the most recent NAV calculation (Canadian \$). Image: System of the date of the most recent NAV calculation (Canadian \$). Image: System of the date of the most recent NAV calculation (Canadian \$). Image: System of the date of the most recent NAV calculation (Canadian \$). Image: System of the date of the most recent NAV calculation (Canadian \$). Image: System of the date of the most recent NAV calculation (Canadian \$). Image: System of the date of the most recent NAV calculation (Canadian \$). Image: System of the date of the most recent NAV calculation (Canadian \$). Image: System of the date of the most recent NAV calculation (Canadian \$). Image: System of the date of the date of the date of the most recent NAV calculation (Canadian \$). Image: System of the date of the

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

em 8. The information pr	ovided in Iter	n 7 must reconcile with th	ne information pro	vided in Schedule			ch should be disclose
a) Currency							
elect the currency or curr	encies in whic	ch the distribution was mo	ade. All dollar amo	ounts provided in th	ne report must be i	in Canadian d	ollars.
X Canadian de	ollar	US dollar	Euro	Other (describe)			
b) Distribution	date(s)						
	es. If the repo	es. If the report is being fil rt is being filed for securit					
	Start date	2022 05 YYYY MM	09 DD	End dat	e 2022	05 09 MM DD	
c) Detailed pur	chaser info	ormation					
omplete Schedule	of this fo	rm for each purcha	ser and attach	the schedule f	o the complet	ed report	
d) Types of sec							
u) Types of sec		Induced					
		l distributions that take p viding the CUSIP number,					
	y coue. If pro	vialing the COSIF number,	indicate the full 9	-aigit COSIF numb		, ,	
0.10	Davashaa			Niversk av af	Circula en	Canadian	\$
	P number oplicable)	Description of	security	Number of securities	Single or lowest price	Highest price	Total amount
UNT 889	00N105	Units at a price of \$0.80 is comprised of one co one common share exercisable at a price 24 months of closing.	ommon share and purchase warrant		\$0.80	\$0.80	\$346,200
e) Details of rig	hts and co	nvertible/exchangea	ble securities				
		vere distributed, provide e conversion ratio and c					
	nderlying curity code	Exercise price (Canadian \$) Lowest Highest	Expiry date (YYYY-MM-D		Describ	e other terms	(if applicable)
f) Summary of	the distrib	ution by jurisdiction a	ind exemption				
sides and for each exer	nption relied	es distributed and the nui on in Canada for that c ions to purchasers resider	listribution. Howe	ver, if an issuer lo			
sides, if a purchaser resid	les in a jurisd	for: (i) each jurisdiction v liction of Canada, and (iii)	each exemption r	elied on in Canada			
	nada, state th	e province or territory, ot		ountry.	Number of		
Province or country		Exemption			purchasers	Total amo	ount (Canadian \$)
ALBERTA		NI 45-106 2.3 [Acc	-		3		\$13,000.00
ALBERTA BRITISH COLUMBIA		Existing Securityh NI 45-106 2.3 [Acc	-		1		\$3,200.00 \$130,000.00
GERMANY		NI 45-106 2.3 [Acc NI 45-106 2.3 [Acc			2		\$200,000.00
	1			ount of securitie			\$346,200.00
		Total r	umber of uniqu	e purchasers ²	7		

g) Net proceeds to the investment fund by jurisdiction

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

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

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

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

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

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

	Description	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)
1.				
2.				
3.				
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. 3
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 Yes Yes 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 \$1,296
Value of all security code 1 Security code 1 Security code 2 Security code 3 as compensation ⁴ Security code 3 W N T
Describe terms of warrants, options or other rights 1,620 Finder Warrants exercisable into common shares at \$0.80 within 24 months
Other compensation ⁵ Describe
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.
⁵ Do not include deferred compensation.

a) Name of person com	pensated and r	egistration statu	S							
Indicate whether the person compe										
If the person compensated is an inc										
Full legal name of individu		YPPEK		ANDRE						
		mily name		rst given r	name		Secondary g	given r	names	
If the person compensated is not an individual, provide the following information.										
Full legal name of non-individual										
Firm	NRD number				(if appl	icable)				
Indicate whether the person compe	nsated facilitated	the distribution th	rough a fund	ding port	al or an in	ternet-	based port	tal.		
b) Business contact info	rmation									
If a firm NRD number is not provide	ed in Item 8(a), p	rovide the business	contact info	rmation	of the pers	on bei	ng comper	nsated	!.	
Street address	2476 VALLEY	LANE								
Municipality	WEST VANCO	OUVER]	Provi	nce/State	B	RITISH C	OLU	MBIA	
Country	Canada		Post	al Code	/Zip code	e V7	'S 3H5			
Email address	acyppek@gmail	l.com	Τe	elephon	e Numbe	r 60	4-922-53	30		
c) Relationship to issuer	or investment	fund manager								
Indicate the person's relationship w of the Instructions and the meaning Connected with the is Insider of the issuer (Director or officer of the Employee of the issue	g of "control" in se suer or investme other than an inv ne investment fur	ection 1.4 of NI 45- ent fund manager estment fund) nd or investment fu	106 for the p	ourposes				ng of "	'connected'	' in Part B(2)
X None of the above										
d) Compensation details	;									
Provide details of all compensation in Canadian dollars. Include cash co services incidental to the distribution report on, internal allocation arrang Cash commissions paid Value of all securities distributed	ommissions, secu n, such as clerica	rities-based compe l, printing, legal or directors, officers c	nsation, gifts accounting	s, discour services. s of a nor Secur	nts or othe An issuer i n-individuc ity code 1	r comp s not re il comp	ensation. L equired to	Do not ask fo y the i	t report pay r details ab	vments for bout, or
as compensation ⁴				W	NT					
Describe terms o	of warrants, optio	ns or other rights	20,000 Find 24 months	ler Warraı	nts exercisa	ble into	common sh	nares a	at \$0.80 with	in
Other compensation ⁵		Describe								
Total compensation paid	\$16,000									
Check box if the person								dditiona	al securities c	of the issuer.
Indicate the security codes for all securitie ⁵ Do not include deferred compensation.	s distributed as com	pensation, <u>including</u> o	ptions, warrant	ts or other	rights exerci	sable to	acquire add	litional	securities of t	he issuer.

a) Name of person compensated and	registration status		
Indicate whether the person compensated is a regineration of the second	strant.		
If the person compensated is an individual, provide	the name of the indiv	idual.	
Full legal name of individual			
	⁻ amily name	First given name	Secondary given names
If the person compensated is not an individual, pro	-		
Full legal name of non-individual	MARJORIE GR	AYSTON	
Firm NRD number		(if appli	cable)
Indicate whether the person compensated facilitate	d the distribution thro?	ugh a funding portal or an ini	ernet-based portal.
b) Business contact information			
If a firm NRD number is not provided in Item 8(a),	provide the business c	ontact information of the pers	on being compensated.
Street address SUITE 235, 2	2930 WASHINGTO	N AVE	
Municipality VICTORIA		Province/State	BRITISH COLUMBIA
Country Canada		Postal Code/Zip Code	V9A 1P5
Email address megraysto	n@shaw.ca	Telephone Number	250-995-8551
c) Relationship to issuer or investmer	it fund manager		
Indicate the person's relationship with the issuer or	· investment fund man	ager (select all that apply). Re	fer to the meaning of "connected" in Part B(2
of the Instructions and the meaning of "control" in		06 for the purposes of complet	ing this section.
Connected with the issuer or investment	ent fund manager		
Insider of the issuer (other than an ir	vestment fund)		
Director or officer of the investment f	und or investment fun	d manager	
Employee of the issuer or investmen			
	t luna manager		
X None of the above			
d) Compensation details			
Provide details of all compensation paid, or to be p			
in Canadian dollars. Include cash commissions, sec services incidental to the distribution, such as cleric			
report on, internal allocation arrangements with th			
Cash commissions paid \$10,400			
Value of all securities distributed	Ξ	Security code 1	Security code 2 Security code 3
as compensation ⁴	Secur	ity codes W N T	
Describe terms of warrants, o	ptions or other rights	13,000 Finder Warrants exercis 24 months	able into common shares at \$0.80 within
Other compensation ⁵	Describe		
Total compensation paid \$10,400]		
Check box if the person will or may rea	eive any deferred con	npensation (describe the term	ns below)
(Drovido the approach value of all according distribution	ampanation	ntiona warranta az etteze zietteze e	pipelle to populize additional an autitica of the first
⁴ Provide the aggregate value of all securities distributed as of Indicate the security codes for all securities distributed as co			
⁵ Do not include deferred compensation.	, <u>, </u>		

ITEM 9 – DIRECTORS, EXECUTIVE OFFICERS	AND PROM	OTERS OF TH	e Issuer			
If the issuer is an investment fund, do not complete	ltem 9. Procee	ed to Item 10.				
Indicate whether the issuer is any of the following (selection X Reporting issuer in any jurisdiction of Canada	t all that apply).					
Foreign public issuer						
Wholly owned subsidiary of a reporting issuer <i>Provide name of reporting issuer</i>	in any jurisdictio	on of Canada ⁶				
Wholly owned subsidiary of a foreign public is	suer ⁶					
Provide name of foreign public issuer						
Issuer distributing eligible foreign securities on	ly to permitted	clients ⁷				
If the issuer is at least one of the above, do not come ⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a f law to be owned by its directors, are beneficially owned by the rep ⁷ Check this box if it applies to the current distribution even if the is "eligible foreign security" and "permitted client" in Part B(1) of the If the issuer is none of the above, check this	oreign public issue orting issuer or the suer made previou Instructions.	r if all of the issue foreign public iss s distributions of c	r's outstanding voting securities, other tha uer, respectively. ther types of securities to non-permitted o			
a) Directors, executive officers and promo	oters of the iss	uer				
Provide the following information for each director, exec territory, otherwise state the country. For "Relationship is				ida, state	the pro	vince or
Organization or company Family name	First given name	Secondary given names	Business location of non- individual or residential jurisdiction of individual		ationshij issuer lect all ti apply)	
			Province or country	D	0	Р
						<u> </u>
b) Promoter information		· · · · · · · · · · · · · · · · · · ·				
f the promoter listed above is not an individual, provide	e the following i	nformation for	each director and executive officer	of the nro	moter	For

locations within Canada, state the province or territory, otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.

	Organization or company name	Family name	First given name	Second ary given	Residential jurisdiction of individual		o to promoter oth if applicable)
	name		hamo	names	Province or country	D O	0
ĺ							
ĺ							
ľ							
	c) Residential address	of each individual					

Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.

ITEM 10 - CERTIFICATION

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

The certification may not be delegated to an agent or other individual preparing the report on behalf of the issuer or underwriter. If the individual completing and filing the report is different from the individual certifying the report, provide their name and contact details in Item 11. The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

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

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

	•					
Full legal name	SUTHERLAND	BRODIE		А.		
	Family name	First given nam	e	Secondary given names		
Title	DIRECTOR					
Name of issuer/underwriter/ investment fund manager	TOCVAN VENTURES CORP.					
Telephone number	403-829-9877	Email address	<u>BSUTH</u>	BSUTHERLAND@TOCVAN.CA		
Signature	"Brodie Sutherland"	Date	2022	05	10	
		•	YYYY	MM	DD	

ITEM 11 - CONTACT PERSON

Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.

Same as individual certifying the report					
Full legal name	SALEM	NORMA		Title	PARALEGAL
	Family name	First given name	e Secondary giv names	ven	
Name of company	HEIGHINGTON LAW				
Telephone number	403-237-0018		Email address	norma@hlf.ca	

Notice – Collection and use of personal information

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation.

If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

The attached Schedules 1 and 2 may contain personal information of individuals and details of the distribution(s). The information in Schedules 1 and 2 will not be placed on the public file of any securities regulatory authority or regulator. However, freedom of information legislation may require the securities regulatory authority or regulator to make this information available if requested.

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information pertaining to the individual as set out in Schedule 1 or 2, that this information is being collected by the securities regulatory authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.