# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9690322

ITEM 1 - REPORT TYPE								
✓ New report								
☐ Amended report If ame	nded, provide filing date	of report that is being	amended	(YYYY-MM-DD)				
ITEM 2 - PARTY CERTIFYING TH	e 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	naous Disclosure and the comp	umon policy to 141 or 100.						
✓ Issuer (other than an investigation)	stment fund)							
Underwriter	ourione raina,							
ITEM 3 - ISSUER NAME AND OT								
Provide the following information about the		vestment fund, about the fu	nd.					
Full legal name	AMPD Ventures Inc.	AMPD Ventures Inc.						
Previous full legal name								
If the issuer's name changed in th	e last 12 months, provide most	recent previous legal name.						
Website	89450003OMBNJ5W5	MA39 (if app	icable)					
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 89450003OMBNJ5W5MA39								
If two or more issuers distributed a single :	security, provide the full legal no	ame(s) of the co-issuer(s) oth	er than the issuer named abo	ve.				
Full legal name(s) of co-issuer(s) (if applicable)								
leer A. Harris en la constant								
ITEM 4 - UNDERWRITER INFORM	MATION							
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm NRD nui	nber.	$\neg$				
Full legal name								
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/St	ate					
Country		Postal code/Zip co	ode					
Telephone number		Webs	site	(if applicable)				

If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.  a) Primary industry  Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.  NAICS industry code
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.  NAICS industry code
NAICS industry code 5 2 6 9 8 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.    Exploration   Development   Production
If the issuer is in the mining industry, indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.    Exploration   Development   Production
mining industry. Select the category that best describes the issuer's stage of operations.    Exploration   Development   Production
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.    Mortgages
Mortgages
Cryptoassets    Downword of employees
Number of employees:
c) SEDAR profile number  Does the issuer have a SEDAR profile?  No Yes If yes, provide SEDAR profile number 0 0 0 4 7 6 5 8  If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Province/State  Municipality  Postal code/Zip code  Country  Telephone number  e) Date of formation and financial year-end  Date of formation  Financial year-end  MM DD
Does the issuer have a SEDAR profile?  No Yes If yes, provide SEDAR profile number 0 0 0 4 7 6 5 8  If the issuer does not have 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
If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Municipality Country  Date of formation and financial year-end  Postal code/Zip code  Telephone number  Financial year-end  MM DD  MM DD
If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Municipality  Country  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
d) Head office address  Street address  Municipality  Postal code/Zip code  Country  Telephone number  Date of formation and financial year-end  Financial year-end  MM DD  MM DD
Street address Province/State Postal code/Zip code Country Telephone number  e) Date of formation and financial year-end  Tinancial year-end MM DD  Financial year-end MM DD
Municipality Country Telephone number  e) Date of formation and financial year-end  Date of formation  Financial year-end  MM DD  MM DD
Country  Telephone number  e) Date of formation and financial year-end  Date of formation  Financial year-end  MM DD  MM DD
e) Date of formation and financial year-end  Date of formation Financial year-end MM DD  YYYY MM DD  MM DD
Date of formation Financial year-end MM DD MM DD
YYYY MM DD MM DD
f) Reporting issuer status
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.
AII AB BC MB NB NL NT
□ NS         □ NU         □ ON         □ PE         □ QC         □ SK         □ YT
g) Public listing status
If the issuer has a CUSIP number, provide below (first 6 digits only)  CUSIP number
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.
Exchange name
h) Size of issuer's assets

Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.

☐ \$0 to under \$5M	☐ \$5M to under \$25M	☐ \$25M to under \$100M
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION					
If the issuer is an inves	tment fund, provide the following information.					
a) Investment fund ma	anager information					
Full legal name						
Firm NRD number	(if applicable)					
If the investment fund mand	ager 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 tha	nt most accurately identifies the issuer (select only one) .					
Money market	☐ Equity ☐ Fixed income ☐ Balanced					
Alternative strateg	gies Cryptoasset Other (describe)					
Indicate whether one or bot	h of the following apply to the investment fund .					
Invests primarily in	n other investment fund issuers					
☐ Is a UCITs Fund¹						
<sup>1</sup> Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union 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 forma	Date of formation Financial year-end MM DD MM DD					
d) Reporting issuer st	atus of the investment fund					
Is the investment fund a rep	orting issuer in any jurisdication 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	s 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 name of the exchange on which the investment fund's securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.						
Exchange name						
-	AV) of the investment fund					
	investment fund as of the date of the most recent NAV calculation (Canadian \$).					
\$0 to under \$5M	s5M to under \$25M s25M to under \$100M					
\$100M to under \$500	DM \$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 in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.

a)	Currer	су
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Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.

✓ 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 11 25

End date 2021 11 25

#### 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 reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

							Canadian \$	
S	ecurity code	,	CUSIP number (if applicable)			Total amount		
U	В	S		Each Unit consists of one common share and one common share purchase warrant	23,139,663.00	0.3000		6,941,900.00

#### 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.

exch	Convertible / exchangeable security code		Underlying		•		se price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
						Lowest	Highest			
U	В	S	W	N	Т	0.5000		2023-11-25	1:1	

#### f) Summary of the distribution by jurisdiction and exemption

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

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

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

Province or country	Exemption relied on	Number of unique <sup>2</sup> purchasers	Total amount (Canadian \$)
Alberta	NI 45-106 2.3 [Accredited investor]	16	543,500.00
British Columbia	NI 45-106 2.3 [Accredited investor]	48	1,436,500.00
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	1	102,000.00
Manitoba	NI 45-106 2.3 [Accredited investor]	1	45,000.00
New Brunswick	NI 45-106 2.3 [Accredited investor]	1	45,000.00
New Brunswick	NI 45-106 2.5 [Family, friends and business associates]	3	55,000.00
Ontario	NI 45-106 2.3 [Accredited investor]	42	3,002,700.00

Ontario	NI 45-106 2.5 [Family, friends and business associates]	1	45,000.00
Québec	NI 45-106 2.3 [Accredited investor]	6	126,000.00
United States	NI 45-106 2.3 [Accredited investor]	10	855,000.00
United Kingdom	NI 45-106 2.3 [Accredited investor]	3	260,600.00
Switzerland	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	1	15,000.00
United Arab Emirates	NI 45-106 2.3 [Accredited investor]	1	120,000.00
France	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	1	10,500.00
South Africa	NI 45-106 2.3 [Accredited investor]	1	250,000.00
Nova Scotia	NI 45-106 2.3 [Accredited investor]	1	20,100.00
United Kingdom	NI 45-106 2.5 [Family, friends and business associates]	1	10,000.00
	6,941,900.00		

<sup>&</sup>lt;sup>2a</sup> In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

### g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides. 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>&</sup>lt;sup>3</sup>"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)

<sup>&</sup>lt;sup>2b</sup> 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.

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 Yes If yes, indicate number of persons compensated.	ITEM 8 - COMPENSATION INFORMATION						
No ✓ Yes If yes, indicate number of persons compensated.	Indicate whether any compensation was paid, or will be paid, in connection with the distribution.						
	No ✓ Yes If yes, indicate number of persons compensated. 6						

a) Name of person comp	pensated and reg	istration status										
Indicate whether the person co	mpensated is a regi	strant.		☐ No		$\checkmark$	Yes					
If the person compensated is a	n individual, provide	the name of the	individ	lual.								
Full legal name of indiv	/idual											
		Family name		•	First	given n	name		Sec	condary	given nar	mes
If the person compensated is no	ot an individual, pro	vide the following	g infori	mation.								
Full legal name	of non-individual	RESEARCH CAPITAL	CAPI	TAL CO	RPORA	ATION	1 / CO	RPORA	TION RE	CHER	CHE	
F	irm NRD number	3 0	7	0				(if apı	plicable)			
Indicate whether the person co	mpensated facilitate	ed the distribution	throu	gh a fund	ing port	al or ar	n interi	— net-based	portal.	<b>✓</b>	No	Yes
b) Business contact info	rmation											
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the busi	ness co	ntact info	rmation	of the	persor	being co	mpensated	<i>l</i> .		
Street address												
Municipality						F	Provin	ce/State				
Country		Postal code/Zip code										
Email address	Email address Telephone number											
c) Relationship to issuer	or investment fur	nd manager										
Indicate the person's relationsh the Instructions and the meani										connecte	ed" in Po	art B(2) of
Connect with the issu	uer or investment fu	nd manager				Insider	of the	issuer (o	ther than a	ın invest	ment fu	ınd)
Director or officer of	he investment fund	or investment fu	ınd ma	ınager		Employ	ee of	the issue	r or investn	nent fun	ıd mana	ger
None of the above												
d) Compensation details												
Provide details of all compensations of all compensations of all compensations of all compensations. Include cash incidental to the distribution, substitution arrangements with the compensation of the compe	commissions, securi ch as clerical, printi	ties-based compe ng, legal or accou	ensatio unting	n, gifts, dis services. A	counts on issuer	or othe	r comp require	oensation. ed to ask f	Do not rep	ort pay	ments fo	or services
Cash commissions pa	aid 79,9	905.00					Securi	ty code 1	Security	code 2	Securit	ty code 3
Value of all securiting distributed as compensation	· .		S	Security co	odes		W	N T				
Describe ·	terms of warrants, o	options or other r	ights		of \$0.5				ach warra			able at
Other compensation	n <sup>5</sup>	Des	cribe									
Total compensation pa	aid 79,9	905.00										
Check box if the pe	erson will or may re	ceive any deferre	ed com	pensation	(descri	ibe the	terms	below)				
<sup>4</sup> Provide the aggregate value additional securities of the iss rights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the sed additional securities	curity codes for a										

a) Name of person comp	ensated and	l registrati	on statu	s								
Indicate whether the person co	mpensated is a	registrant.			☐ No		<b>√</b>	Yes				
If the person compensated is ar	individual, pr	ovide the n	ame of th	e indivi	dual.							
Full legal name of indiv	ridual											
		Famil	y name			First	t given r	name		Secondary	given name	s
If the person compensated is no	ot an individua	l, provide ti	he followi	ng infor	mation.							
Full legal name	of non-indiv	dual LEI	EDE JOI	NES G	ABLE IN	C.						
F	irm NRD nur	mber 5	7	7	0				(if app	olicable)		
Indicate whether the person co	mpensated fac	ilitated the	distributio	on throu	ıgh a fund	ing port	al or a	n interne	zt-based	portal.	✓ No [	Yes
b) Business contact infor	mation											
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.												
Street address	Street address											
Municipality							F	Provinc	e/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.  Connect 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												
✓ None of the above					J						· ·	
_												
d) Compensation details  Provide details of all compensat	ion naid or to	ho naid to	the nerro	n identi	ified in Iter	n 9(a) in	2 50000	ection w	ith the di	stribution Provide	lo all amour	ets in
Canadian dollars. Include cash a incidental to the distribution, su allocation arrangements with the	commissions, s ch as clerical, ¡	ecurities-bo orinting, leg	nsed comp gal or acco	oensatio ounting	n, gifts, dis services. A	counts n issuer	or othe	r compe required	ensation. I to ask f	Do not report pa	yments for s	services
Cash commissions pa	nid	3,150.0	0					Security	code 1	Security code 2	Security of	code 3
Value of all securitie distributed as compensation	-			,	Security co	odes		W	I T			
Describe t	erms of warra	nts, options	 s or other	rights		\$0.50				ch warrant is e		at a
Other compensatio	n <sup>5</sup>		De	scribe								
Total compensation pa	id	3,150.0	o									
Check box if the pe	rson will or ma	ay receive	— any defer	red con	npensatior	descr	ibe the	terms b	elow)			
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire a <sup>5</sup> Do not include deferred comp	ier. Indicate th dditional secu	e security	codes for	ensatio	on, <u>excludi</u> urities disti	ing option	ons, wa as com	arrants d pensati	or other n on, <u>inclu</u>	ights exercisable ding options, wa	to acquire rants or oth	ner

a) Name of person comp	pensated and	registration	on status									
Indicate whether the person co	mpensated is a	registrant.			☐ No		<b>√</b>	Yes				
If the person compensated is a	n individual, pr	ovide the no	me of the	individ	dual.							
Full legal name of indiv	/idual											
		Family	name			First	given n	ame		Secondary	given names	3
If the person compensated is no	ot an individua	l, provide th	e following	g infori	mation.							
Full legal name	of non-indivi	dual ASC	ENTA F	INAN	CE CORF	).						
F	irm NRD nur	nber 2	3	8	0	0			(if app	olicable)		
Indicate whether the person co	mpensated faci	litated the d	distribution	throu	ıgh a fundir	ng port	al or an	interne	et-based	portal. ✓	No [	Yes
b) Business contact info	rmation											
If a firm NRD number is not pr	ovided in Item	8 (a), provia	e the busii	ness co	ntact infor	mation	of the	person l	being cor	mpensated.		
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.  Connect 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  None of the above												
d) Compensation details	i											
Provide details of all compensations of all compensations and compensations. Include cash incidental to the distribution, sur allocation arrangements with the Cash commissions page 1.5.	tion paid, or to commissions, s och as clerical, p ne directors, off	ecurities-ba orinting, leg	sed compe al or accou ployees of a	nsatio unting	n, gifts, disc services. Ar	counts o issuer	or othei is not i	r compe required by the is	nsation. I to ask fo suer.	Do not report pay or details about, o	ments for s r report on,	ervices internal
Value of all securiti								Security W N		Security code 2	Security c	ode 3
distributed as compensation				S	Security co	des	L	VV   1	<u> </u>			
Describe :	terms of warra	nts, options	or other r	ights								
Other compensation	n <sup>5</sup>		Des	cribe		f \$0.5				ach warrant is e months from the		e at
Total compensation pa	aid	42,000.00										
Check box if the pe	erson will or ma	ay receive a	ny deferre	ed com	npensation	(descri	be the	terms b	elow)			
<sup>4</sup> Provide the aggregate value additional securities of the iss rights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate th Idditional secui	e security o	odes for a	ensatio all secu	on, <u>excludir</u> urities distri	<u>g</u> optic buted a	ons, wa as com <sub>i</sub>	errants c pensation	or other ri on, <u>includ</u>	ights exercisable <u>ding</u> options, warr	to acquire ants or oth	er

a) Name of person comp	pensated and reg	gistration status									
Indicate whether the person co	mpensated is a reg	istrant.	☐ No	$\checkmark$	Yes						
If the person compensated is an	n individual, provid	le the name of the indi	vidual.								
Full legal name of indiv	/idual										
		Family name	F	irst given n	ame	Secondary	given names				
If the person compensated is no	ot an individual, pro	ovide the following info	ormation.								
Full legal name	of non-individua	Echelon Wealth	Partners Inc.								
F	irm NRD numbe	er 3 2 4	2 0		(if a	applicable)					
Indicate whether the person co	mpensated facilitat	ted the distribution thro	ough a funding p	ortal or an	internet-bas	ed portal.	No Yes				
b) Business contact info	rmation										
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.											
Street address	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.  Connect with the issuer or investment fund manager  Director or officer of the investment fund or investment fund manager  Employee of the issuer or investment fund manager											
None of the above			<u> </u>	,							
d) Compensation details											
Provide details of all compensate Canadian dollars. Include cash a incidental to the distribution, su allocation arrangements with the	commissions, secur ich as clerical, print ne directors, officers	ities-based compensat ting, legal or accountin s or employees of a noi	ion, gifts, discoun g services. An issi	ts or othei ier is not i	r compensation required to as	on. Do not report pay	ments for services				
Cash commissions pa	aid 1,	,407.00			Security code	1 Security code 2	Security code 3				
Value of all securitie distributed as compensation			Security codes		W N	Γ					
Describe t	terms of warrants,	options or other rights				ach warrant is exe months from the o					
Other compensatio	n <sup>5</sup>	Describe									
Total compensation pa	aid 1,	,470.00									
Check box if the pe	erson will or may re	eceive any deferred co	mpensation (des	scribe the	terms below)						
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the se additional securities	ecurity codes for all se									

a) Name of person comp	ensated and reg	istration status								
Indicate whether the person con	npensated is a regi	strant.	☐ No	✓ Yes	i					
If the person compensated is an	individual, provide	the name of the indiv	idual.							
Full legal name of indiv	idual									
		Family name	Firs	t given name		Secondary of	jiven names			
If the person compensated is no	t an individual, pro	vide the following info	rmation.							
Full legal name	of non-individua	Canaccord Genui	ity Corp./Corpora	ation Canad	cord Gen	uity		]		
Fi	rm NRD number	9 0 0			(if app	licable)				
Indicate whether the person con	mpensated facilitate	ed the distribution thro	ugh a funding port	al or an inter	 net-based <sub>l</sub>	portal.	No Ye	es		
b) Business contact infor	mation									
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				Provin	nce/State			Ī		
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.  Connect with the issuer or investment fund manager  Insider of the issuer (other than an investment fund)  Director or officer of the investment fund or investment fund manager  Employee of the issuer or investment fund manager										
None of the above										
d) Compensation details										
Provide details of all compensate Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with th Cash commissions pa	ommissions, securi ch as clerical, printi e directors, officers	ties-based compensations, legal or accounting	on, gifts, discounts g services. An issuer	or other com is not requir	pensation. I ed to ask fo	Do not report payr	ments for service			
·	·	000.00			rity code 1	Security code 2	Security code 3			
Value of all securitie distributed as compensation	-		Security codes	W	N T					
Describe to	erms of warrants, o	options or other rights				ach warrant is e. nonths from the				
Other compensation	n <sup>5</sup>	Describe								
Total compensation pa	id							_		
Check box if the pe	rson will or may re	ceive any deferred co	mpensation (descr	ibe the terms	s below)					
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ac <sup>5</sup> Do not include deferred comp	er. Indicate the sed Iditional securities	curity codes for all sec								

a) Name of person comp	ensated and regis	stration	status										
Indicate whether the person co	mpensated is a regist	rant.			☐ No		$\checkmark$	Yes					
If the person compensated is ar	n individual, provide	the name	e of the in	ndivi	dual.								
Full legal name of indiv	vidual												
		Family na	ame			Firs	t given r	name		Se	condary	given name	es
If the person compensated is no	ot an individual, prov	ide the f	ollowing i	infor	mation.								
Full legal name	of non-individual	iA Priv	ate Wea	alth	Inc./iA Ge	estion	privée	de pa	trimoin	е			
F	irm NRD number	1	5	4	0	0			(if ap	oplicable)			
Indicate whether the person co	mpensated facilitated	I the dist	ribution t	hrou	ıgh a fundi	ng port	al or ar	n intern	et-base	d portal.	✓	] No [	Yes
b) Business contact infor	mation												
If a firm NRD number is not pro	ovided in Item 8 (a), p	orovide t	he busine	SS CO	ontact info	mation	of the	person	being c	ompensated	1.		
Street address													
Municipality		Province/State											
Country		Postal code/Zip code											
Email address	Email address Telephone number												
c) Relationship to issuer or investment fund manager													
Indicate the person's relationsh the Instructions and the meanin	ng of "control" in sec	tion 1.4 d	of NI 45-1			oses of	comple	eting th	is sectio	on.			
Connect 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													
_	ne investment tund (	or invest	ment tun	a ma	anager	Ш	⊨mpioy	yee or t	ne issue	er or investi	nent tur	id managi	er
✓ None of the above													
d) Compensation details													
Provide details of all compensate Canadian dollars. Include cash a incidental to the distribution, sur allocation arrangements with the Cash commissions page.	commissions, securiti ch as clerical, printin ne directors, officers o	es-basea g, legal (	compens or accoun	satio ting	n, gifts, dis services. A	counts n issuei	or othe	r comp require	ensatior d to ask	n. Do not re for details (	port pay about, oi	ments for report or	services n, internal
		00.00						Т	y code 1	Security	code 2	Security	code 3
Value of all securitie distributed as compensation				,	Security co	des		W	N T				
Describe t	erms of warrants, op	otions or	other rig	hts		\$0.50				ach warra nonths fro			e at a
Other compensatio	n <sup>5</sup>		Descri	ibe									
Total compensation pa	21,00	00.00											
Check box if the pe	erson will or may rec	eive any	deferred	con	npensation	(descr	ibe the	terms	below)				
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the secu dditional securities o	ırity cod	les for all										

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER							
If the issuer is an investment fund	d, do not complete l	Item 9. Procced to	Item 10.								
Indicate whether the issuer is any o	f the following (select	t the one that appli	es - if more than one	applies, select onl	y one).						
Reporting issuer in any jurisdiction of Canada											
Foreign public issuer											
Wholly owned subsidiary of a reporting issuer in any jurisdiction 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 only eligil	Issuer distributing only eligible foreign securities and the distribution is to permitted clients only <sup>7</sup>										
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item	10.							
<sup>6</sup> 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. <sup>7</sup> Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.											
If the issuer is none of the above, check this box and complete Item 9(a) - (c).											
a) Directors, executive officers and promoters of the issuer  Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or											
territory; otherwise state the country.							province				
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individe resident jurisdictio individe	ual or ail n of	Relationship to issuer (select all that apply)					
				Province or	country	D	0	Р			
b) Promoter information											
If the promoter listed above is not an within Canada, state the province or											
Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual			to promo				
				Province or country			C	)			
c) Residential address of eac	h individual										
Complete Schedule 2 of this form completed report. Schedule 2 also					(a) and (b)	and at	tach to t	he			

## **ITEM 10 - CERTIFICATION**

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

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

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

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

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

By completing the information below, I certify, on behalf of the issuer/underwriter/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.

Name of issuer/underwriter/ investment fund manager/agent	AMPD Ventures Inc.		
Full legal name	Brown		
	Family name	First given name	Secondary given names
Title	CEO & Director		
Telephone number	6043323329	Email address	anthony.brown@ampd.tech
Signature	Anthony Brown	Date	2021 12 06
		_	YYYY MM DD

TEM 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 individua	al certifying the report								
Full legal name	Wu	Tina			Title	Compliance and Reporting			
	Family name	First given name	e Secondary	given names					
Name of company	Varshney Capital Corp.								
Telephone number	6046842181		Email address	tina@varshn	eycapita	ıl.com			

### Notice - Collection and use of personal information

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

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

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

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

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