# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9056930

ITEM 1 - REPORT TYPE					
✓ New report					
☐ Amended report If ame	nded, provide filing date	of report that i	s being ame	ended	(YYYY-MM-DD)
ITEM 2 - PARTY CERTIFYING TH	e Report				
Indicate the party certifying the report (sel Instrument 81-106 Investment Fund Conti				restment fund, refer to sect	ion 1.1 of National
Investment fund issuer	naous Disclosure and the comp	amon policy to W	01 100.		
✓ Issuer (other than an investigation)	stment fund)				
Underwriter	surround raina,				
ITEM 3 - ISSUER NAME AND OT					
Provide the following information about the			out the fund.		
Full legal name	HEMP FOR HEALTH I	NC.			
Previous full legal name	Euro Grow Ltd.				
If the issuer's name changed in th	e last 12 months, provide most	recent previous leg	gal name.		
Website	www.hempforhealth.eu	1	(if applicabl	e)	
If the issuer has a legal entity identifier. pr	ovide below. Refer to Part B of t	he Instructions for	the definition (	of "legal entity identifier".	
Legal entity identifier					
If two or more issuers distributed a single :	security, provide the full legal no	ame(s) of the co-is	suer(s) other th	an the issuer named above	2.
Full legal name(s) of co-issuer(s)			(if applicabl	e)	
ITEM 4 - UNDERWRITER INFORM	MATION				
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm	n NRD number.		_
Full legal name					
Firm NRD number		(if ap	oplicable)		
If the underwriter does not have a firm NR	D number, provide the head off	ice contact inform	ation of the un	derwriter.	
Street address					
Municipality		Pro	vince/State		1
Country		Postal cod	de/Zip code		j
Telephone number			Website		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  1 1 1 9 9 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.  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  Cryptoassets  Number of employees:  Number of employees:  Vo - 49 50 - 99 100 - 499 500 or more  SEDAR profile number  Does the issuer have a SEDAR profile?  No Yes If yes, provide SEDAR profile number  O 0 0 4 7 9 3 8  If the issuer does not have SEDAR profile complete item 5(d) - (h).  Head office address  Municipality  Postal code/Zip code  Telephone number  Date of formation and financial year-end  Date of formation and financial year-end  Province/State  Financial year-end  The profile issuer status
AlCS industry code    1
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  b) Number of employees:  Number of employees: ✓ 0 - 49
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 9 3 8  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  f) Reporting issuer status
Does the issuer have a SEDAR profile?  No Yes If yes, provide SEDAR profile number 0 0 0 4 7 9 3 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  The postal code is a serie of the complete item 5(d) - (h).  Telephone number  Financial year-end  No 0 0 4 7 9 3 8  Frovince/State  Province/State  Frovince/State  Telephone number  Telephone number
No   Yes   If yes, provide SEDAR profile number   0   0   0   4   7   9   3   8    If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address   Street address   Province/State   Postal code/Zip code   Postal code/Zip
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  f) Reporting issuer status
d) Head office address  Street address  Municipality  Country  Date of formation and financial year-end  Postal code/Zip code  Telephone number  Financial year-end  Financial year-end  MM DD  Financial year-end  The postal code/Zip code  Telephone number  Financial year-end  The postal code/Zip code  Telephone number  Financial year-end  The postal code/Zip code  Telephone number  Telephone number  Telephone number
Street address Province/State Postal code/Zip code Country Telephone number  e) Date of formation and financial year-end  Date of formation Province/State Postal code/Zip code Telephone number  Financial year-end Province/State Postal code/Zip code Telephone number
Municipality  Country  Postal code/Zip code  Telephone number  Date of formation and financial year-end  Pinancial year-end  Financial year-end  MM DD  MM DD
Country  Telephone number  e) Date of formation and financial year-end  Date of formation  YYYYY MM DD  Financial year-end  MM DD  MM DD
e) Date of formation and financial year-end  Date of formation Financial year-end MM DD  f) Reporting issuer status
Date of formation Financial year-end MM DD  f) Reporting issuer status
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 a	and financial year-end of the investment fund
Date of forma	tion 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	s 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
	blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the not a trading facility such as, for example, an automated trading system.
Exchange on an exchange and h	
-	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.

ω, σωσσ,				
Select the currency or cur	rencies in which the dist	ribution 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)

Currency

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 2020 03 10

YYYY MM DD

End date 2020 03 10

#### 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 \$	
	ecuri code	,	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
U	В	S	42371G107	Each Unit will be comprised of one common share and one-half of one common share purchase warrant ("Warrant"),	5,100,000.00	0.2000		1,020,000.00

## 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.

exc	nvertib hange: curity c	able		derlyi urity c			se price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
						Lowest	Highest			
W	N	Т	С	М	S	0.3000		2022-03-10	2:1	Each whole Warrant entitling the holder to purchase 1 common share at a price of \$0.30 per share for a period of 24 months. The term of the Warrants may be reduced should the shares trade at or above \$0.50 for 30 consecutive days on the CSE.

## 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>28</sup> purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	16	195,000.00
Alberta	NI 45-106 2.3 [Accredited investor]	5	65,000.00

Ontario	NI 45-106 2.3 [Accredited investor]	14	460,000.00
Mexico	NI 45-106 2.5 [Family, friends and business associates]	1	100,000.00
Italy	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	1	200,000.00
	Total dollar amount of se	curities distributed	1,020,000.00
	Total number of unique purchasers <sup>2b</sup>	37	

<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. <b>Complete additional copies of this page if more than one person was, or will be, compensated.</b>
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.
No ✓ Yes If yes, indicate number of persons compensated. 1

a) Name of person compensated and registration status											
Indicate whether the person co	ompensated is a regist	rant.		☐ No		$\checkmark$	Yes				
If the person compensated is a	If the person compensated is an individual, provide the name of the individual.										
Full legal name of indi	vidual										
		Family name			First (	given r	name	•	Secondary (	given names	
If the person compensated is n	•	•									
Full legal name of non-individual Canaccord Genuity Corp.											
Firm NRD number 9 0 0 (if applicable)											
Indicate whether the person co	ompensated facilitated	the distributio	n throu	ıgh a fund	ing porta	l or ar	n interne	t-based p	oortal. 🗸	No 🗌	Yes
b) Business contact info	rmation										
If a firm NRD number is not pr	ovided in Item 8 (a), p	provide the bus	iness co	ontact info	rmation o	of the	person b	eing com	pensated.		
Street address	2200-609 Granvill	e St									
Municipality	Vancouver					F	Province	e/State	British Colum	bia	
Country	Canada				Po	stal o	code/Zi	p code	V7Y 1H2		
Email address					-	Telep	hone n	umber	6046437300		
c) Relationship to issue	or investment fun	d manager		1							
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)											
<u> </u>		-	und m	22222	_			•		•	
_	the investment fund of	or investment i	una ma	anagei	□ -	mpioy	ee or un	e issuei (	or investment fun	u manager	
✓ 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 57,600.00 Security code 1 Security code 2 Security code 3											
Value of all securiti	es			Security of	ndes		WN				
distributed as compensation	on⁴	Security codes VV IV I									
Describe terms of warrants, options or other rights  Each whole Warrant entitling the holder to purchase one common share of Hemp for Health at a price of \$0.30 per share for a period of 24 months from closing. The term of the Warrants may be reduced should the Company's shares trade at or above \$0.50											
Other compensation	on <sup>5</sup>	Des	scribe								
Total compensation p	aid 57,6	00.00									
Check box if the person will or may receive any deferred compensation (describe the terms below)											
<sup>4</sup> Provide the aggregate value of all 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. <sup>5</sup> Do not include deferred compensation.											

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER					
If the issuer is an investment fund, do not complete 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 juris	sdiction 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 officer	s and promoters o	of the issuer							
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									
Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.									
Organization or company name			Secondary given names	, , I IIIISAICTIA					
				Province or country		D	0	Р	
b) Promoter information									
If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.									
Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual	jurisdiction of (select o		ntionship to promoter one or both if applicable)		
	gainzation of company name Training name			Province or country			0		
c) Residential address of each individual									
Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.									

# **ITEM 10 - CERTIFICATION**

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

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

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

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

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of 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	Hemp for Health Inc.								
Full legal name	Arca Gary								
	Family name	First given name		Secondary given names					
Title	CFO and Corporate Secretary	,							
Telephone number	6046024935	Email address	hcalderor	deron@hempforhealth.eu					
Signature	Gary Arca Date		2020	03	12				
			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	Calderon	Hilda		Title	Corporate Records		
	Family name	First given name	Secondary given names	_			
Name of company	Hemp for Health Inc.						
Telephone number	6046024935	Em	ail address hcalderon@	hempforl	nealth.eu		

### 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.