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. (YYYY-MM-DD) | | | | | | | | | | |
| ITEM 2 - PARTY C | 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) Underwriter | | | | | | | | | | |
| ITEM 3 – ISSUER N | Name and Other Identifiers | | | | | | | | | |
| Provide the following inform | nation about the issuer, or if the issuer is an investment fund, about the fund. | | | | | | | | | |
| Full le | legal name Draganfly Inc. | | | | | | | | | |
| Previous full le | | | | | | | | | | |
| If the issuer's nam | ne changed in the last 12 months, provide most recent previous legal name. | | | | | | | | | |
| | Website draganfly.com (if applicable) | | | | | | | | | |
| If the issuer has a legal entit | ty identifier, provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier". | | | | | | | | | |
| Legal entit | ity identifier | | | | | | | | | |
| ITEM 4 - UNDERW | WRITER INFORMATION | | | | | | | | | |
| | ting the report, provide the underwriter's full legal name and firm National Registration Database (NRD) number. | | | | | | | | | |
| Full legal name | J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | | | | | | | | |
| Firm NRD number | | | | | | | | | | |
| If the underwriter does not h | If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter. | | | | | | | | | |
| Street address | | | | | | | | | | |
| Municipality | Province/State | | | | | | | | | |
| Country | Postal code/Zip code | | | | | | | | | |
| Telephone number | nber 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 3 3 6 4 1 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 | | | | | | | |
| Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply. Mortgages Real estate Commercial/business debt Consumer debt Private companies | | | | | | | |
| b) Number of employees | | | | | | | |
| Number of employees: X 0 – 49 50 – 99 100 – 499 500 or more | | | | | | | |
| c) SEDAR profile number | | | | | | | |
| Does the issuer have a SEDAR profile? No X Yes If yes, provide SEDAR profile number 0 0 0 4 8 2 1 7 | | | | | | | |
| If the issuer does not have a SEDAR profile complete Item 5(d) – (h). | | | | | | | |
| d) Head office address | | | | | | | |
| Street address Province/State | | | | | | | |
| Municipality Postal code/Zip code | | | | | | | |
| Country Telephone number | | | | | | | |
| e) Date of formation and financial year-end | | | | | | | |
| Date of formation Financial year-end MM DD MM DD | | | | | | | |
| f) Reporting issuer status | | | | | | | |
| Is the issuer a reporting issuer in any jurisdiction of Canada? 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. \$\begin{align*} \\$0 \to \text{under \$5M} \\ \\$5M \to \text{under \$25M} \\ \\$25M \to \text{under \$100M} \\ \\$0 \ | | | | | | | |
| \$100M to under \$500M \$500M to under \$1B \$1B or over | | | | | | | |

| ITEM 6 – INVESTMENT FUND ISSUER INFORMATION | | | | | | | |
|---|--|--|--|--|--|--|--|
| If the issuer is an investment fund, provide the following information. | | | | | | | |
| a) Investment fund manager information | | | | | | | |
| Full legal name | | | | | | | |
| Firm NRD Number (if applicable) | | | | | | | |
| | | | | | | | |
| If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street Address | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Country Postal code/Zip code | | | | | | | |
| Telephone number Website (if applicable) | | | | | | | |
| b) Type of investment fund | | | | | | | |
| Type of investment fund that most accurately identifies the issuer (select only one). | | | | | | | |
| Money market Equity Fixed income Balanced Alternative strategies Other (describe) | | | | | | | |
| | | | | | | | |
| Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers | | | | | | | |
| Is a UCITs Fund ¹ | | | | | | | |
| ¹ Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow | | | | | | | |
| collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state. | | | | | | | |
| c) Date of formation and financial year-end of the investment fund | | | | | | | |
| Date of formation Financial year-end MM DD MM DD | | | | | | | |
| d) Reporting issuer status of the investment fund | | | | | | | |
| Is the investment fund a reporting issuer in any jurisdiction of Canada? No Yes | | | | | | | |
| If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. | | | | | | | |
| All BC MB NB NL NT | | | | | | | |
| NS NU ON PE QC SK YT | | | | | | | |
| e) Public listing status of the investment fund | | | | | | | |
| If the investment fund has a CUSIP number, provide below (first 6 digits only). | | | | | | | |
| CUSIP number | | | | | | | |
| If the investment fund is publicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for which the investment fund has applied for and received a listing, which excludes, for example, automated trading systems. | | | | | | | |
| Exchange names | | | | | | | |
| f) Net asset value (NAV) of the investment fund | | | | | | | |
| Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$). | | | | | | | |
| \$0 to under \$5M \$5M to under \$25M \$25M to under \$100M | | | | | | | |
| \$100M to under \$500M \$500M to under \$1B \$1B or over Date of NAV calculation: | | | | | | | |

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

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

| | a) | Currency | | | | | | |
|--------|-------|-----------------------------|------|---------------------|--------|---------------|--------------------|--|
| Select | t the | currency or currencies in w | hich | the distribution wa | is mad | le. All dolla | r amounts provided | in the report must be in Canadian dollars. |
| | | Canadian dollar | Х | 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 | 02 | 05 | End date | 2021 | 02 | 05 |
|------------|------|--------|----|----------|------|----|----|
| | YYYY | M M | DD | | YYYY | MM | DD |

c) Detailed purchaser information

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

d) Types of securities distributed

Provide the following information for all distributions that take place in a jurisdiction of Canada on a per security basis. Refer to Part A of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

| | | | | | | | Canadian \$ | |
|---------------|---|---|---------------------------------|--|----------------------|------------------------|------------------------|--------------|
| Security code | | , | CUSIP number (if applicable) | Description of security | Number of securities | Single or lowest price | Highest price | Total amount |
| U | В | S | | One common share and one common share purchase warrant | 6,671,992 | USD\$0.47 CDN\$0.60 | USD\$0.47 CDN\$0.60 | 4,003,195.20 |

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.

| Se | Security code s | | e Underlying security code Exercise price (Canadian \$) Lowest Highest | | Expiry date Conversio | Describe other terms (if applicable) | | | | |
|----|-----------------|---|---|---|-----------------------|--------------------------------------|---------|--------------|---------|--------|
| | | | | | oae | Lowest | Highest | (YYYY-MM-DD) | n ratio | , II , |
| W | N | Т | С | М | S | USD\$0.71 | | 2023-02-05 | 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 purchasers | Total amount (Canadian \$) |
|---------------------|---------------------------|----------------------|----------------------------|
| BC | 2.3 of NI 45-106 | 1 | 24,000.00 |
| AB | 2.3 of NI 45-106 | 4 | 33,240.00 |
| SK | 2.3 of NI 45-106 | 3 | 24,000.00 |
| MB | 2.3 of NI 45-106 | 1 | 6,000.00 |
| ON | 2.3 of NI 45-106 | 12 | 397,853.40 |
| QC | 2.3 of NI 45-106 | 3 | 9,000.00 |
| US | Other - SKFSC Rule 72-901 | 432 | 3,261,217.80 |
| UK | Other - SKFSC Rule 72-901 | 8 | 60,553.80 |
| Australia | Other - SKFSC Rule 72-901 | 4 | 18,022.80 |
| Bulgaria | Other - SKFSC Rule 72-901 | 1 | 3,900.00 |
| France | Other - SKFSC Rule 72-901 | 1 | 2,808.00 |

| Germany | Other - SKFSC Rule 72-901 | 2 | 4,500.00 |
|--------------|--|---------------------|-------------|
| Israel | Other - SKFSC Rule 72-901 | 1 | 3,600.00 |
| Malta | Other - SKFSC Rule 72-901 | 1 | 12,000.00 |
| Netherlands | Other - SKFSC Rule 72-901 | 1 | 1,920.00 |
| New Zealand | Other - SKFSC Rule 72-901 | 1 | 4,500.00 |
| Norway | Other - SKFSC Rule 72-901 | 2 | 25,800.00 |
| Singapore | Other - SKFSC Rule 72-901 | 5 | 88,289.40 |
| Sweden | Other - SKFSC Rule 72-901 | 1 | 1,380.00 |
| Switzerland | Other - SKFSC Rule 72-901 | 1 | 1,290.00 |
| South Africa | Other - SKFSC Rule 72-901 | 1 | 12,000.00 |
| UAE | Other - SKFSC Rule 72-901 | 2 | 7,320.00 |
| | Total dollar amount of sec | urities distributed | 4,003,195.2 |
| | Total number of unique purchasers ² | 488 | |

²In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

g) Net proceeds to the investment fund by 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 \$) |
|---|-------------------------------|
| N/A | |
| | |
| | |
| | |
| Total net proceeds to the investment fund | |

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

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. | N/A | | | | |
| 2. | | | | | |
| 3. | | | | | |

| ITEM 8 - COMPENSATION INFORMATION | | | | | | | | |
|--|---|---------------------------|--------------------|--------------------------|--|--|--|--|
| Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated. | | | | | | | | |
| | Indicate whether any compensation was paid, or will be paid, in connection with the distribution. No x Yes If yes, indicate number of persons compensated. | | | | | | | |
| a) Name of person compensated and registration status | | | | | | | | |
| Indicate whether the person compensated is a registrant. X No Yes | | | | | | | | |
| If the person compensated is an individual, provide the nam | ne of the individual. | | | | | | | |
| Full legal name of individual | | | L | | | | | |
| Family nat | | First given name | Secondary given | names | | | | |
| If the person compensated is not an individual, provide the Full legal name of non-individual Da | following information | | | | | | | |
| | I I I | | | | | | | |
| Firm NRD number | | (if applica | | | | | | |
| Indicate whether the person compensated facilitated the dis X No Yes | tribution through a | junaing portal or an inte | rnet-basea portai. | | | | | |
| b) Business contact information | | | | | | | | |
| If a firm NRD number is not provided in Item 8(a), provide to | | | n being compensate | ed. | | | | |
| Street address 1177 Avenue of the | Americas - 7" Fio | | | | | | | |
| Municipality New York | | Province/State | NY | | | | | |
| Country USA | - F | Postal code/Zip code | 10036 | | | | | |
| Email address etan@dalmorefg.com | <u>m</u> | Telephone number | 917-319-3000 | | | | | |
| c) Relationship to issuer or investment fund r | nanager | | | | | | | |
| Indicate the person's relationship with the issuer or investment of the Instructions and the meaning of "control" in section in Connected with the issuer or investment fund Insider of the issuer (other than an investment Director or officer of the investment fund or in | I.4 of NI 45-106 for a manager at fund) I westment fund man | the purposes of completin | | "connected" in Part B(2) | | | | |
| Employee of the issuer or investment fund m | anager | | | | | | | |
| 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 CDN\$40,066.60 | | | | | | | | |
| Value of all securities distributed | Security cod | Security code 1 | Security code 2 | Security code 3 | | | | |
| as compensation ⁴ | Security coo | 165 | | | | | | |
| Describe terms of warrants, options or o | ther rights | | | | | | | |
| Other compensation ⁵ | Describe | | | | | | | |
| Total compensation paid USD31,358.38 CDN40,066.60 | | | | | | | | |
| Check box if the person will or may receive any | deferred compensa | ation (describe the terms | s below) | | | | | |
| ⁴ Provide the aggregate value of all securities distributed as compensate Indicate the security codes for all securities distributed as compensation of the property of the security codes for all securities distributed as compensation. | | | | | | | | |

| 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. | | | | | | | |
| Name of person compensated and registration status | | | | | | | |
| Indicate whether the person compensated is a registrant. X No Yes | | | | | | | |
| If the person compensated is an individual, provide the name of the individual. Full legal name of individual | | | | | | | |
| 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 Hybrid Financial | | | | | | | |
| | | | | | | | |
| Firm NRD number (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. X No Yes | | | | | | | |
| b) Business contact information | | | | | | | |
| If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. | | | | | | | |
| Street address 1700 - 40 King Street West | | | | | | | |
| Municipality Toronto Province/State ON | | | | | | | |
| Country Canada Postal code/Zip code M5H 3Y2 | | | | | | | |
| Email address smarshall@hybridfinancial.ca Telephone number 647-931-4015 | | | | | | | |
| 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 227,000.00 | | | | | | | |
| Value of all securities distributed as compensation ⁴ Security codes Security code 1 Security code 2 Security code 3 | | | | | | | |
| Describe terms of warrants, options or other rights | | | | | | | |
| Other compensation ⁵ Describe | | | | | | | |
| Total compensation paid 227,000.00 | | | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | |
| ⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. ⁵ Do not include deferred compensation. | | | | | | | |

| ITEM 9 – DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER | | | | | | | | | |
|--|-------------------------|--------------------|------------------------|--|---|--|---|------------|-----------|
| If the issuer is an investment fund, | do not complete Ito | em 9. Proceed t | o Item 10. | | | | | | |
| Indicate whether the issuer is any of t | he following (select a | ll that apply). | | | | | | | |
| X Reporting issuer in any juriso | liction of Canada | | | | | | | | |
| Foreign public issuer | | | | | | | | | |
| Wholly owned subsidiary of a | a reporting issuer in a | any jurisdiction o | of Canada ⁶ | | | | | | |
| Provide name of reporting issuer | | | | | | | | | |
| Wholly owned subsidiary of a foreign public issuer ⁶ | | | | | | | | | |
| Provide name of foreign public issuer | | | | | | | | | |
| Issuer distributing eligible for | eign securities only t | o permitted clie | nts ⁷ | | | | | | |
| If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10. ⁶ 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. ⁷ 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. | | | | | | | | | |
| a) Directors, executive offi | | - | | (<i>c</i>). | | | | | |
| | | | | | | | | | |
| Provide the following information for territory, otherwise state the country. | | | | | | | da, stat | te the pro | ovince or |
| Organization or company name | Family name | First given name | Secondary given names | | Business location of non-individual or residential jurisdiction of individual | | Relationship to issuer (select all that apply) | | |
| | | | | | Province or country | | D | 0 | Р |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| b) Promoter information | | | | | | | | | |
| If the promoter listed above is not an locations within Canada, state the pro Officer. | | | | | | | | | |
| Organization or company name | Family name | First given name | Secondary given | Residential jurisdiction of individual Relationship to promote (select one or both if applic | | | | | |
| | | | | | ovince or Dountry | | 0 | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| c) Residential address of a | ach 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.

8

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 | Sun | Paul | | | | |
|--|---|-----------------|------------------------|---------------------|----|--|
| | Family name | First given nam | е | Secondary given nam | | |
| Title | Chief Financial Officer & Corporate Secretary | | | | | |
| Name of issuer/underwriter/ investment fund manager | Draganfly Inc. | | | | | |
| Telephone number | 800-979-9794 | Email address | Paul.Sun@draganfly.com | | | |
| Signature | (s) "Paul Sun" | Date | 2021 02 1 | | 15 | |
| | | • | YYYY | MM | DD | |

| 1 4 | 4 ^ | | D |
|--------|-----|--------|----------|
| | | OMTACT | DEDCOK |
| ITEM 1 | | ONTACT | L EKOUN |

| 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 | Silva | Denis | | Title | Solicitor | | |
| | Family name | First given name | e Secondary given names | /en | | | |
| Name of company | DLA Piper (Canada) LLI | Р | | | | | |
| Telephone number | 604-643-2950 | | Email address | denis.silva@dla | apiper.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:

- 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.