# Form 45-106F1 Report of Exempt Distribution (Non-investment fund issuer)

| ITEM 1 – REPOR  | T TYPE                     |                                    |  |  |  |  |
|---|----------------------------|------------------------------------|--|--|--|--|
| ✓ New report  |                            |                                    |  |  |  |  |
| Amended report  | If amended, provide        | Submission ID of report that is    | s being amended:   | (Example: EDR1234567890-123)                 |  |  |
|   |                            |                                    |  |  |  |  |
| ITEM 2 – PARTY  | CERTIFYING TH              | IE REPORT                          |  |  |  |  |
|   |                            |                                    | garding whether an issuer is an ir<br>I the companion policy to NI 81-10 | vestment fund, refer to section 1.1 of<br>6. |  |  |
| ✓ Issuer (Other than  | an investment fund)        |                                    |  |  |  |  |
| Underwriter   |                            |                                    |  |  |  |  |
|   |                            |                                    |  |  |  |  |
| ITEM 3 - ISSUEF   | R NAME AND OT              | HER IDENTIFIERS                    |  |  |  |  |
| Provide the following Full legal name   | information about the      | e issuer, or if the issuer is an i | nvestment fund, about the fund.  |  |  |  |
| Dominion Water Rese   | erves Corp.                |                                    |  |  |  |  |
| Previous full legal nar   | ne If the issuer's nan     | ne changed in the last 12 mor      | nths, provide most recent previou  | s legal name.                                |  |  |
|   |                            |                                    |  |  |  |  |
| Website (if applicable  | ·)                         |                                    |  |  |  |  |
|   |                            |                                    |  |  |  |  |
| If the issuer has a leg   | gal entity identifier, pro | ovide below. Refer to Part B o     | f the Instructions for the definition                                    | of "legal entity identifier".                |  |  |
| Legal entity identifier   |                            | 1                                  |  |  |  |  |
|   |                            |                                    |  |  |  |  |
| Did two or more co-is   | suers distribute a sing    | gle security? ✓ No ☐ Yes           |  |  |  |  |
| If two or more issuers  | distributed a single se    | ecurity, provide the full legal n  | name(s) of the co-issuer(s) other  | han the issuer named above.                  |  |  |
| Full legal name(s) of c   | o-issuer(s)                |                                    |  |  |  |  |
|   |                            |                                    |  |  |  |  |
|   |                            |                                    |  |  |  |  |
| ITEM 4 – UNDER  | RWRITER INFOR              | MATION                             |  |  |  |  |
|   | ompleting the report, p    | rovide the underwriter's full le   | gal name and firm NRD number.  |  |  |  |
| Full legal name   |                            |                                    |  |  |  |  |
| Does the Underwriter's Firm have an NRD Number? Firm NRD number   |                            |                                    |  |  |  |  |
| No Yes  | S FIIIII IIAVE AII NRD I   | Number? Fill IND I                 | lumber   |  |  |  |
| If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter. |                            |                                    |  |  |  |  |
| Street address  |                            | Municipality                       | Province/State   | Postal/ZIP code                              |  |  |
| Country   |                            | Tolombono numbono                  | Mahaita (if ar : II - I.I.)  |  |  |  |
| Country   |                            | Telephone number                   | Website (if applicable)  |  |  |  |

| ITEM 5 – ISSUER INFORMATION   |  |  |
|---|--|--|
| a) Primary industry   |  |  |
| Provide the issuer's North American Indus<br>corresponds to the issuer's primary busine |  | digits only) that in your reasonable judgment most closely   |
| NAICS industry code   |  |  |
| 221310  |  |  |
|   | nat best describes the issuer's stage of opera   | t apply to issuers that provide services to issuers operating in ations.   |
| · · · · · · · · · · · · · · · · · · ·   | all or substantially all of its assets in any of t<br>cial/business debt ☐ Consumer debt ☐ Pr  | - · · · · · · · · · · · · · · · · · · ·  |
| b) Number of employees  |  |  |
| <b>√</b> 0 - 49   | or more  |  |
| c) SEDAR profile number   |  |  |
| Does the issuer have a <u>SEDAR</u> profile?  ☐ No ☑ Yes                                | If yes, provide SEDAR profile number: 00049737   | If the issuer's SEDAR profile is a "private" profile, please provide a screenshot of the issuer's profile by e-mail to exemptmarketfilings@osc.gov.on.ca |
| d) Head office address  | If the i   | issuer does not have a SEDAR profile, complete Item 5(d) – (h).  |
| Street address  | Municipality Province/Sta  | ate Postal/ZIP code  |
|   |  |  |
| Country   | Telephone number   |  |
| e) Date of formation and financial yea  | rand   |  |
|   |  |  |
| Date of formation   | Financial year-end   |  |
| f) Departing inquer status  |  |  |
| f) Reporting issuer status  |  |  |
| Is the issuer a reporting issuer in any jurison No Yes                                  | diction of Canada?   |  |
| If yes, select the jurisdictions of Canada in   | n which the issuer is a reporting issuer.  NB NL NT  |  |
| NS NU ON PE   | QC SK YT   |  |
| INO INO ON IT   |  |  |
| g) Public listing status  |  |  |
| Does the issuer have a CUSIP number? ☐ No ☐ Yes   | CUSIP number (provide first 6 digits only)   | ı  |
|   | name of the exchange on which the issuer's on a specific state of the exchange on which the issuer's one of the contract of th | equity securities primarily trade. Provide only the name of an   |
| Exchange name:  Not Applicable  Toro  | onto Stock Exchange TSX Venture  | Exchange Canadian Securities Exchange  |
| ☐ Aequitas Neo Exchange ☐ Aus   | tralian Securities Exchange 🗌 Deutsche Bo  | perse Euronext   |
| ☐ London Stock Exchange ☐ Nas   | daq New York St  | tock Exchange Shanghai Stock Exchange  |
| Shenzhen Stock Exchange Stoc  | ck Exchange Of Hong Kong 🗌 Tokyo Stock   | Exchange OTHER   |
| If other, describe:   |  |  |
| h) Size of issuer's assets  |  |  |
| Select the size of the issuer's assets base   | d on its most recently available annual finar  | ncial statements (Canadian \$). If the issuer has not prepared annual  |
| financial statements for its first financial ye   | ear, provide the size of the issuer's assets a<br>I to under \$25M \qquad \qquad \$25M to und  | at the distribution end date.  |
| \$100M to under \$500M\$50  | OM to under \$1B   |  |

# 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

| 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) Currency  |
| 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 | End Date   |  |  |
|------------|------------|--|--|
| 2020-10-16 | 2020-10-16 |  |  |

#### c) Detailed purchaser information

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

2020-10-16-DWR - (Form 45-106F1 Schedule 1).xlsx - 90 KB

#### 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 \$            |               |              |  |  |
|--|--------------------------|----------------------|------------------------|---------------|--------------|--|--|
| Security code                          | CUSIP<br>number          | Number of securities | Single or lowest price | Highest price | Total amount |  |  |
| CMS                                    |                          | 104,455.0000         |                        |               |              |  |  |
| Description of security:               | Description of security: |                      |                        |               |              |  |  |
| UBS 6,500,000.0000 0.1000 650,000.0000 |                          |                      |                        |               |              |  |  |
| Description of security:               |                          |                      |                        |               |              |  |  |

# 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.

#### Not Applicable

| Convertible / exchangeable security code   | •    | (Cana  | se price<br>dian \$) | Expiry date<br>(YYYY-MM-DD) | Conversion ratio |
|--|------|--------|----------------------|-----------------------------|------------------|
| Scounty code   | Code | Lowest | Highest              |                             |                  |
| UBS  | WNT  | 0.1500 |                      | 2023-10-16                  | 1: 1             |
| Describe other terms: Each Warrant entitles the holder thereof to purchase one additional Share at a price of \$0.15 per Share for a period of 36 months following the closing of the Financing. |      |        |                      |                             |                  |

# 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 of Canada, state the province or territory, otherwise state country.

| Province or country | Exemption relied on                  | No. of unique purchasers <sup>2a</sup> | Total amount<br>(Canadian \$) |
|---------------------|--------------------------------------|--|-------------------------------|
| Ontario             | NI 45-106 2.14 [Securities for debt] | 1                                      | 60,455.0000                   |
| Quebec              | NI 45-106 2.14 [Securities for debt] | 1                                      | 44,000.0000                   |
| Ontario             | NI 45-106 2.3 [Accredited investor]  | 13                                     | 545,000.0000                  |
| Quebec              | NI 45-106 2.3 [Accredited investor]  | 10                                     | 105,000.0000                  |
|                     | 754,455.0000                         |  |                               |
|                     | Total number of unique purchasers    | 2b 25                                  |                               |

<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.

<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.

<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.

# ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

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.

# √ Not Applicable

|    | Description | Date of<br>document or<br>other material | Previously filed with or delivered to regulator? | Previously filed<br>Submission ID | Filename |
|----|-------------|--|--|-----------------------------------|----------|
| 1. |             |  | $\square$ Y $\square$ N                          |                                   |          |

| 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. <b>Complete additional copies of this page if more than one person was, or will be, compensated.</b>  |  |  |                                  |  |   |                                    |  |  |
| Indicate whether any compensation ☐ No ☑ Yes   | Indicate whether any compensation was paid, or will be paid, in connection with the distribution.  ☐ No ☑ Yes                                  |  |                                  |  |   |                                    |  |  |
| PERSON 1   |  |  |                                  |  |   |                                    |  |  |
| a) Name of person compensat  | ted and registration   | n status   |                                  |  |   |                                    |  |  |
| Indicate whether the person com ☐ No ✓ Yes   | pensated is a regist   | trant.   |                                  |  |   |                                    |  |  |
| If the person compensated is an Family name  | If the person compensated is an individual, provide the full legal name of the individual.  Family name First given name Secondary given names |  |                                  |  |   |                                    |  |  |
|  |  |  |                                  |  |   |                                    |  |  |
| If the person compensated is not Full legal name of non-individual   | an individual, provi   | de the following inform                              | nation.                          | Firm NRD number (if                                | annlicable)                             |                                    |  |  |
| EMD Financial Inc.   |  |  |                                  | 36480  |   |                                    |  |  |
| Indicate whether the person com  | pensated facilitated   | the distribution throu                               | gh a funding                     | portal or an internet-ba                           | ased portal.                            |                                    |  |  |
| b) Business contact information  | on   |  |                                  |  |   |                                    |  |  |
| If a firm NPD number is not prov   | ided in Item 8(a) no   | ravida tha husinass ca                               | antact inform                    | ation of the nerson hei                            | ing compensated                         |                                    |  |  |
| Street address   | Municipa   | provide the business contact info<br>pality Province |                                  | •  | Postal/ZIP code                         |                                    |  |  |
|  |  | ,  |                                  |  |   |                                    |  |  |
| Country  | Telepho  | ne number  | Email addre                      | ss   |   |                                    |  |  |
|  |  |  |                                  |  |   |                                    |  |  |
| c) Relationship to issuer or in  | vestment fund ma   | nager  |                                  |  |   |                                    |  |  |
| Indicate the person's relationship Part B(2) of the Instructions and  Connected with the issuer or in  | the meaning of "cor  | ntrol" in section 1.4 of                             | NI 45-106 fo                     |  | pleting this section                    | 1.                                 |  |  |
| Insider of the issuer (other tha   | n an investment fun  | d)   | ✓ None                           | e of the above                                     |   |                                    |  |  |
| Director or officer of the invest  | ment fund or investr   | ment fund manager                                    |                                  |  |   |                                    |  |  |
| d) Compensation details  |  |  |                                  |  |   |                                    |  |  |
| Provide details of all compensation Canadian dollars. Include cash for services incidental to the distraction of the distractio | h commissions, sec<br>ribution, such as cle  | urities-based comper<br>erical, printing, legal c    | nsation, gifts,<br>or accounting | discounts or other cor<br>services. An issuer is   | npensation. Do no<br>not required to as | t report payments<br>k for details |  |  |
| ✓ Cash commissions paid  | 49,000.0000  |  |                                  |  |   |                                    |  |  |
| Value of all securities  | 32,500.0000  | Security code1 CMS                                   | S See                            | curity code2 WNT                                   | Security code                           | 3                                  |  |  |
| distributed as compensation 4  |  | Describe terms of wa                                 | arrants, option                  | ns or other rights                                 |   |                                    |  |  |
| ·  |  |  | rants each er                    | eemed price of \$0.10 patitles the holder to pure. |   | at \$0.15 per Share                |  |  |
| Other compensation <sup>5</sup>  |  | Describe   |                                  |  |   |                                    |  |  |
|  |  |  |                                  |  |   |                                    |  |  |
| Total compensation Paid  | 81,500.0000  |  |                                  |  |   |                                    |  |  |
| Check box if the person will o   | or may receive any o   | deferred compensation                                | n (describe th                   | ne terms below)                                    |   |                                    |  |  |
|  |  |  |                                  |  |   |                                    |  |  |

| to acquire additional securities of <sup>5</sup> Do not include deferred compens   | the issuer.   | e. a eccarrioo diotri  | 20.00                            | polication, morading                        | spacing, narrante or or                            | ge skorolodbio               |  |  |
|--|---|--|----------------------------------|---|--|------------------------------|--|--|
| PERSON 2   | PERSON 2  |  |                                  |   |  |                              |  |  |
|  | a) Name of person compensated and registration status |  |                                  |   |  |                              |  |  |
| Indicate whether the person comp   |   |  |                                  |   |  |                              |  |  |
| If the person compensated is an individual, provide the full legal name of the individual. Family name Secondary given names   |   |  |                                  |   |  |                              |  |  |
|  |   |  |                                  |   |  |                              |  |  |
| If the person compensated is not a   | an individual, provi                                  | de the following infori  | mation.                          | Firm NDD mumb on                            | (if applicable)                                    |                              |  |  |
| Full legal name of non-individual  PowerOne Capital Markets Limite   | d   |  |                                  | Firm NRD number (17010                      | п аррисавіе)                                       |                              |  |  |
| Indicate whether the person comp  ✓ No ☐ Yes   |   | the distribution throu   | igh a funding                    |   | based portal.                                      |                              |  |  |
| b) Business contact information  | n   |  |                                  |   |  |                              |  |  |
| If a firm NRD number is not provid<br>Street address   | ded in Item 8(a), pr                                  |  | ontact informa                   | •   | eing compensated. Postal/ZIP code                  |                              |  |  |
|  |   |  |                                  |   |  |                              |  |  |
| Country  | Telepho   | ne number  | Email addre                      | SS  |  |                              |  |  |
|  |   |  |                                  |   |  |                              |  |  |
| c) Relationship to issuer or inv   | restment fund ma                                      | ınager   |                                  |   |  |                              |  |  |
| Part B(2) of the Instructions and the Connected with the issuer or in Insider of the issuer (other than Director or officer of the investment of the investm | vestment fund mar                                     | nager<br>d)  | Emp                              |   | mpleting this section. r investment fund mana      | ger                          |  |  |
| d) Compensation details  |   |  |                                  |   |  |                              |  |  |
| Provide details of all compensatio<br>in Canadian dollars. Include cash<br>for services incidental to the distri<br>about, or report on, internal alloca   | commissions, sec<br>bution, such as cle               | urities-based comper<br>erical, printing, legal o                              | nsation, gifts,<br>or accounting | discounts or other c<br>services. An issuer | ompensation. Do not re<br>is not required to ask f | eport payments<br>or details |  |  |
| Cash commissions paid  | 16,000.0000   |  |                                  |   |  |                              |  |  |
| Value of all securities distributed as compensation 4  | 0.0000  | Security code1 WN Describe terms of w 80,000 finder's warrs expiring 36 months | arrants, option                  | itles the holder to pu                      | Security code3                                     | 0.15 per Share               |  |  |
| Other compensation <sup>5</sup>  |   | Describe   |                                  |   |  |                              |  |  |
| Total compensation Paid  | 16,000.0000   |  |                                  |   |  |                              |  |  |
| Check box if the person will or  |   | deferred components  | ın (deseribe +                   | ne terms helow                              |  |                              |  |  |
| Check box if the person will of  | may receive any o                                     | аетеней сотгренвано  | in (describe tr                  | le terms below)                             |  |                              |  |  |
| <sup>4</sup> Provide the aggregate value of a securities of the issuer. Indicate the to acquire additional securities of   | ne security codes t                                   |  |                                  |   |  |                              |  |  |

 $^{5}\,\mathrm{Do}$  not include deferred compensation.

<sup>4</sup> Provide the aggregate value of all securities distributed as compensation, excluding options, warrants or other rights exercisable to acquire additional

| ITEM 9 – D   | IRECTORS, EXECUTIVE OFFICERS  | S AND PROMOTERS OF 1   | THE ISSUER  |   |  |  |  |  |
|--|---|--|---|---|--|--|--|--|
| Indicate whet  | her the issuer is any of the following (select the  | one that applies - if more than on   | e applies, select only one).  |   |  |  |  |  |
| Reporting  | Reporting issuer in any jurisdiction of Canada  |  |   |   |  |  |  |  |
| Foreign p  | Foreign public issuer   |  |   |   |  |  |  |  |
| •  | ned subsidiary of a reporting issuer in any juris   | diction of Canada <sup>6</sup>   |   |   |  |  |  |  |
| Wholly ow  | ned subsidiary of a foreign public issuer <sup>6</sup>  |  |   |   |  |  |  |  |
|  | ame of foreign public issuer  |  |   |   |  |  |  |  |
|  |   |  |   |   |  |  |  |  |
|  | tributing only eligible foreign securities and the  | •  | •   |   |  |  |  |  |
| <sup>6</sup> An issue<br>securities<br><sup>7</sup> Check th | uer is at least one of the above, do not com<br>r is a wholly owned subsidiary of a reporting is<br>that are required by law to be owned by its dire<br>his box if it applies to the current distribution eve<br>efer to the definitions of "eligible foreign securit | suer or a foreign public issuer if all<br>ectors, are beneficially owned by t<br>ren if the issuer made previous dis | Il of the issuer's outstanding voting se<br>the reporting issuer or the foreign pub<br>stributions of other types of securities | olic issuer, respectively.                                  |  |  |  |  |
| ☐ If the issu  | uer is none of the above, check this box an   | d complete Item 9(a) – (c).  |   |   |  |  |  |  |
| a) Directors   | executive officers and promoters of the iss   | suer   |   |   |  |  |  |  |
|  | llowing information for each director, executive wise state the country. For "Relationship to iss   |  |   | he province or  |  |  |  |  |
| Individual?  | Organization or company name  | Family name<br>First given name<br>Secondary given name  | Business location of non-individual or residential jurisdiction of individual   | Relationship to issuer (select all that apply)              |  |  |  |  |
| YN   |   |  |   | □D □O □P  |  |  |  |  |
|  |   |  |   |   |  |  |  |  |
|  |   |  |   |   |  |  |  |  |
| b) Promoter  | information   |  |   |   |  |  |  |  |
|  | r listed above is not an individual, provide the f<br>a, state the province or territory, otherwise state   |  |   |   |  |  |  |  |
|  | Organization or company name  | Family name<br>First given name<br>Secondary given name  | Residential jurisdiction of individual  | Relationship to promoter (select one or both if applicable) |  |  |  |  |
|  |   |  |   | □ D □ O   |  |  |  |  |
|  |   |  |   |   |  |  |  |  |
|  |   |  |   |   |  |  |  |  |
| c) Residenti   | al address of each individual   |  |   |   |  |  |  |  |
|  | hedule 2 of this form providing the full resid completed report. Schedule 2 also requires   |  |   |   |  |  |  |  |

## **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 exempt distribution.

By completing the information below, I certify, on behalf of the issuer/underwriter, 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/agent             | erwriter/agent Dominion Water Reserves Corp. |                    |            |                          |  |  |
|--|--|--------------------|------------|--------------------------|--|--|
| Full legal name - Family name First given na |  | ıme                |            | Secondary given names    |  |  |
| Kostic                                       | Kosta  | Kosta              |            |                          |  |  |
| Title  |  | Telephone number E |            | Email address            |  |  |
| Legal Counsel                                |  | 5149875025         |            | Kosta.Kostic@mcmillan.ca |  |  |
| Signature Kosta Kostic                       |  | Date 2             | 2020-10-21 |                          |  |  |

#### 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 - Family name  | First given name | Secondary given names |       | Title              |  |  |  |
| Liu  | Haoran           |                       |       | Paralegal          |  |  |  |
| Name of company  |                  | Telephone number      | Email | address            |  |  |  |
| McMillan LLP   |                  | 5143755126            | aman  | da.liu@mcmillan.ca |  |  |  |

## Notice - Collection and use of personal information

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

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

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

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

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

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