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

ITEM 1 – REPORT TYPE								
New report								
✓ Amended report  If amended, provide	Submission ID of report that is	being amended:	EDR1632175564-668	(Example: EDR1234567890-123)				
ITEM 2 - PARTY CERTIFYING TH	IE 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.							
✓ Issuer (Other than an investment fund)								
Underwriter								
ITEM 3 – ISSUER NAME AND OT	HER IDENTIFIERS							
Provide the following information about the Full legal name	issuer, or if the issuer is an in	ovestment fund, a	bout the fund.					
MYND Life Sciences Inc.								
Previous full legal name If the issuer's nam	ne changed in the last 12 mont	hs, provide most	recent previous legal name.					
Website (if applicable)								
https://myndsciences.com								
If the issuer has a legal entity identifier, pro	ovide below. Refer to Part B of	the Instructions t	or the definition of "legal en	tity identifier".				
Legal entity identifier								
Did two or more co-issuers distribute a sing	gle security? ✓ No ☐ Yes							
If two or more issuers distributed a single se	ecurity, provide the full legal na	ame(s) of the co-i	ssuer(s) other than the issue	er named above.				
Full legal name(s) of co-issuer(s)								
ITEM 4 – UNDERWRITER INFOR	MATION							
If an underwriter is completing the report, p	rovide the underwriter's full leg	al name and firm	NRD number.					
Full legal name								
Does the Underwriter's Firm have an NRD Number?  No Yes  Firm NRD number								
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/Z	IP code				
Country	Telephone number	Website (if app	licable)					

ITEM 5 - ISSUER INFORMATION		
a) Primary industry		
Provide the issuer's North American Indust corresponds to the issuer's primary busine	try Classification Standard (NAICS) code (6 digits only) that in ess activity.	your reasonable judgment most closely
NAICS industry code		
541714		
	icate the stage of operations. This does not apply to issuers to at best describes the issuer's stage of operations. Ition	hat provide services to issuers operating in
	all or substantially all of its assets in any of the following? If ye cial/business debt Consumer debt Private companies	
b) Number of employees		
✓0 - 49	or more	
c) SEDAR profile number		
Does the issuer have a <u>SEDAR</u> profile ? ☐ No ✓ Yes	screenshot of the	DAR profile is a "private" profile, please provide a e issuer's profile by e-mail to ngs@osc.gov.on.ca
d) Head office address	If the issuer does not h	nave a SEDAR profile, complete Item 5(d) – (h).
Street address	Municipality Province/State	Postal/ZIP code
Country	Telephone number	
e) Date of formation and financial year	r-end	
Date of formation	Financial year-end	
f) Reporting issuer status		
Is the issuer a reporting issuer in any jurison No Yes	liction of Canada?	
If yes, select the jurisdictions of Canada in		
∐AII	NB NL NT	
NS NU ON PE	QC USK UYT	
g) Public listing status		
Does the issuer have a CUSIP number?	CUSIP number (provide first 6 digits only)	
	ame of the exchange on which the issuer's equity securities parts, for example, an automated trading system.	rimarily trade. Provide only the name of an
Exchange name:  Not Applicable  Toro	into Stock Exchange TSX Venture Exchange	Canadian Securities Exchange
☐ Aequitas Neo Exchange ☐ Aust	tralian Securities Exchange 🗌 Deutsche Boerse	Euronext
London Stock Exchange Nasc	daq New York Stock Exchange	Shanghai Stock Exchange
Shenzhen Stock Exchange Stoc	k Exchange Of Hong Kong 🗌 Tokyo Stock Exchange	OTHER
If other, describe:		
h) Size of issuer's assets		
financial statements for its first financial ye	d on its most recently available annual financial statements (C	· · · · · · · · · · · · · · · · · · ·
	to under \$25M	

# 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.

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):
h) Distribution data(a)

#### 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	
2021-09-08	2021-09-08	

#### c) Detailed purchaser information

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

MYND-Sch-1-Amended-Oct-18-21.XLSX - 47 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 number	Number of securities	Single or lowest price	Highest price	Total amount
CVD		3,000,000.0000	1.0000	1.0000	3,000,000.0000
Description of security: Convertible debenture units (the "Debenture Units"), with each Debenture Unit consisting of: (i) \$1,000 in principal amount seni					

#### 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	Underlying security	7	se price dian \$)	Expiry date (YYYY-MM-DD)	Conversion ratio
security code	code	Lowest	Highest	(1111-101101-00)	
CVD	CMS	0.7500	0.7500	2023-09-08	1:1
	Describe other terms: In addition, each Warrant shall entitle the holder to acquire one additional common share (a "Warrant Share") in the capital of the issuer at a price of \$1.00 per Warrant Share for a period of 24 months from the date of issuance.				

#### 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 (Canadian \$)
Alberta	NI 45-106 2.3 [Accredited investor]	6	120,000.0000
Alberta	NI 45-106 2.5 [Family, friends and business associates]	1	20,000.0000
British Columbia	NI 45-106 2.3 [Accredited investor]	6	360,000.0000
Ontario	NI 45-106 2.3 [Accredited investor]	1	2,500,000.0000
	3,000,000.0000		

<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>&</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.

# 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 document or other material	Previously filed with or delivered to regulator?	,	Filename
1.			$\square$ Y $\square$ N		

ITEM 8 – COMPENSATION INFORMATION								
Provide information for each pers connection with the distribution.	•	•			• •			
Indicate whether any compensation of the state of the st	ion was paid, or wi	ll be paid, in connectio	n with the dis	tribution.				
PERSON 1								
a) Name of person compensati	ted and registrati	on status						
Indicate whether the person com	pensated is a regis	strant.						
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 Secondary given names							
If the person compensated is not Full legal name of non-individual	an individual, prov	ide the following inforr	nation.	Firm NRD number (if a	applicable)			
Indicate whether the person com	pensated facilitate	d the distribution throu	gh a funding	portal or an internet-ba	sed portal.			
b) Business contact information	on							
If a firm NRD number is not prov	ided in Item 8(a), p	provide the business c	ontact informa	ation of the person beir	ng compensated.			
Street address	Munici		Province/Sta	•	Postal/ZIP code			
Country	Telepho	one number	Email addres	SS				
			<u></u>					
c) Relationship to issuer or in	vestment fund m	anager						
Indicate the person's relationship Part B(2) of the Instructions and  Connected with the issuer or in	the meaning of "co	ontrol" in section 1.4 of	f NI 45-106 fo		pleting this section	).		
Insider of the issuer (other tha	n an investment fu	nd)	None	e of the above				
Director or officer of the invest	ment fund or inves	ment fund manager						
d) Compensation details								
Provide details of all compensati in Canadian dollars. Include cash for services incidental to the dist about, or report on, internal alloc	h commissions, se ribution, such as c	curities-based comper lerical, printing, legal o	nsation, gifts, or accounting	discounts or other com services. An issuer is	npensation. Do not not required to asi	t report payme k for details		
Cash commissions paid								
Value of all securities		Security code1	Sec	curity code2	Security code	3		
distributed as compensation ⁴		Describe terms of wa	arrants, optior	ns or other rights				
Other compensation <sup>5</sup>		Describe						
Total compensation Paid	0.0000	]						
Check box if the person will o	or may receive any	deferred compensatio	n (describe th	e terms below)				

<sup>4</sup> Provide the aggregate value of all securities distributed as compensation, excluding options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, including options, warrants or other rights exercisable to acquire additional securities of the issuer.

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

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	issuer in any jurisdiction of Canada					
Foreign p	ublic 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 securities <sup>7</sup> Check th	uer is at least one of the above, do not com r is a wholly owned subsidiary of a reporting is that are required by law to be owned by its dire his box if it applies to the current distribution eve efer to the definitions of "eligible foreign securit	suer or a foreign public issuer if all ectors, are beneficially owned by t ren if the issuer made previous dis	Il of the issuer's outstanding voting se the reporting issuer or the foreign pub 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 First given name 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 a, state the province or territory, otherwise state					
	Organization or company name	Family name First given name Secondary given name	Residential jurisdiction of individual	Relationship to promoter (select one or both if applicable)		
				□ D □ O		
c) Residenti	c) Residential 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 MYND Life	gent MYND Life Sciences Inc.						
Full legal name - Family name	First given name		Secondary given names				
Oberg	Lyle						
Title	Telep	hone number	Email address				
Chief Executive Officer	780-9	065-0122	Lyleo@myndsciences.com				
Signature (signed) "Lyle Oberg"	Date	2021-10-28					

#### 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			
Solis	Rhea		Partner			
Name of company  Telephone number  Email address						
filler Thomson LLP 403-298-2421 rsolis@millerthomson.com						

## Notice - Collection and use of personal information

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

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

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

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

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information pertaining to the individual as set out in 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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