# Form 45-106F1 Report of Exempt Distribution

| This is system-generated preview of your report. Do not submit this document.                                       |  |                                     |                      |                  |                                |                    |  |  |
|---|--|-------------------------------------|----------------------|------------------|--------------------------------|--------------------|--|--|
| ITEM 1 - REPORT TYPE  |  |                                     |                      |                  |                                |                    |  |  |
| ✓ New report  |  |                                     |                      |                  |                                |                    |  |  |
| Amended report  | Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD)  |                                     |                      |                  |                                |                    |  |  |
| ITEM 2 - PARTY CERTIF   | YING THE   | REPORT                              |                      |                  |                                |                    |  |  |
| Indicate the party certifying th<br>Instrument 81-106 Investment  |  |                                     |                      |                  | estment fund, refer to section | on 1.1 of National |  |  |
| Investment fund   | issuer   |                                     |                      |                  |                                |                    |  |  |
| ✓ Issuer (other than  | n an inves   | tment fund)                         |                      |                  |                                |                    |  |  |
|   |  |                                     |                      |                  |                                |                    |  |  |
| ITEM 3 - ISSUER NAME  | AND OT   | HER IDENTIFIERS                     |                      |                  |                                |                    |  |  |
| Provide the following informat  | tion about th  | e issuer, or if the issuer is an in | vestment fund, ab    | out the fund.    |                                |                    |  |  |
| Full le   | legal name 1258481 B.C. Ltd.   |                                     |                      |                  |                                |                    |  |  |
| Previous full le  | Previous full legal name   |                                     |                      |                  |                                |                    |  |  |
| If the issuer's name ch   | If the issuer's name changed in the last 12 months, provide most recent previous legal name. |                                     |                      |                  |                                |                    |  |  |
|   | Website  |                                     |                      | (if applicabl    | e)                             |                    |  |  |
| If the issuer has a legal entity  | identifier <u>,</u> pro  | ovide below. Refer to Part B of t   | the Instructions for | the definition o | of "legal entity identifier".  |                    |  |  |
| Legal entity  | / identifier   |                                     |                      |                  |                                |                    |  |  |
| If two or more issuers distribut  | ted a single so  | ecurity, provide the full legal n   | ame(s) of the co-is  | suer(s) other th | an the issuer named above      |                    |  |  |
| Full legal name(s) of co  | o-issuer(s)  |                                     |                      | (if applicable   | e)                             |                    |  |  |
| ITEM 4 - UNDERWRITER  | r Inform   | IATION                              |                      |                  |                                |                    |  |  |
| If an underwriter is completing   | g the report, p  | provide the underwriter's full le   | egal name and firm   | n NRD number.    |                                |                    |  |  |
| Full legal name   |  |                                     |                      |                  |                                | ]                  |  |  |
| Firm NRD number (if applicable)   |  |                                     |                      |                  |                                |                    |  |  |
| If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter. |  |                                     |                      |                  |                                |                    |  |  |
| Street address  |  |                                     | 1                    |                  |                                |                    |  |  |
| Municipality  |  |                                     | Pro                  | ovince/State     |                                |                    |  |  |
| Country   |  |                                     | Postal co            | de/Zip code      |                                |                    |  |  |
| Telephone number  |  |                                     |                      | 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 in your reasonable judgment most closely corresponds to the issuer's primary business activity.  |  |  |  |  |  |  |
| NAICS industry code 5 2 6 9 8 9   |  |  |  |  |  |  |
| If the issuer is in the <b>mining industry,</b> 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  |  |  |  |  |  |  |
| b) Number of employees  |  |  |  |  |  |  |
| Number of employees: 🗹 0 - 49 🗌 50 - 99 🗌 100 - 499 🗌 500 or more   |  |  |  |  |  |  |
| c) SEDAR profile number   |  |  |  |  |  |  |
| Does the issuer have a SEDAR profile?   |  |  |  |  |  |  |
| ✓     No     Yes     If yes, provide SEDAR profile number   |  |  |  |  |  |  |
| If the issuer does not have SEDAR profile complete item 5(d) - (h).   |  |  |  |  |  |  |
| d) Head office address  |  |  |  |  |  |  |
| Street address Suite 2050 - 1055 West Georgia Province/State British Columbia   |  |  |  |  |  |  |
| Municipality Vancouver Postal code/Zip code V6E 3P3   |  |  |  |  |  |  |
| Country Canada Telephone number   |  |  |  |  |  |  |
| e) Date of formation and financial year-end   |  |  |  |  |  |  |
| Date of formation 2020 07 23 Financial year-end 12 31   |  |  |  |  |  |  |
| YYYY MM DD MM DD  |  |  |  |  |  |  |
| f) Reporting issuer status  |  |  |  |  |  |  |
| Is the issuer a reporting issuer in any jurisdication of Canada? 🔽 No 🗌 Yes   |  |  |  |  |  |  |
| If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.   |  |  |  |  |  |  |
| 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 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   | S5M to under \$25M  | \$25M to under \$100M |  |  |  |
| \$100M to under \$500M  | S500M to under \$1B | \$1B or over          |  |  |  |

| If the issue is an investment fund, provide the following information:     a) Investment fund manager information     Full legal name     Furn NRD number      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 Municipality Province/State Guntry Postal code/Zip code Telephone number D Type of investment fund Tree of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Indicate whether one or both of the following apply to the investment fund. Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment of Transferable Securities funds (UCIT's Funds) are investment funds regulated by the European Union (C) Date of formation and financial year-end of the investment fund Suppresent fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund hars a CUSP number, provide below (first 6 digits only) CUSP number On O Public listing status of the investment fund is a reporting issuer. All All All </th  |
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| 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 Municipality   Province/State  |
| 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 Municipality County Postal code/Zip code County Telephone number Postal code/Zip code Do Type of investment fund Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Do Type of investment fund that most accurately identifies the issuer (select only one). Do Money market De Quity De County De C  |
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| CUSIP number  |
|   |
| name of an exchanae and not a tradina facility such as, for example, an automated tradina system  |
|   |
| Exchange name   |
| 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 \$).  |
| L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad \text{ to under \$\mathbf{S}M \qquad \text{to under \$\mathbf{S}M |
| \$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**

| purchasers resident in that ju  | f Canada completes a distribution in a juris<br>risdiction of Canada only. Do not include i<br>ion, which must be disclosed in Item 8. The   | n Item 7 securities issue   | ed as payment of c   | ommissions or fi                               | inder's fees in                    |  |  |
|---|--|---|--|--|------------------------------------|--|--|
| a) Currency   |  |   |  |  |                                    |  |  |
| Select the currency or currenc  | cies in which the distribution was made. All   | dollar amounts provid   | ed in the report m   | ust be in Canadi                               | an dollars.                        |  |  |
| ✓ Canadian dollar   | US dollar Euro   | Other (describe   | e)   |  |                                    |  |  |
| b) Distribution date(s)   | 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. |  |   |  |  |                                    |  |  |
| Star  | rt date 2020 12 11   | End dat   | te 2020 -  | 12 11  |                                    |  |  |
|   | YYYY MM DD   |   | YYYY   | MM DD  |                                    |  |  |
| c) Detailed purchaser i   |  |   |  |  |                                    |  |  |
| -   | this form for each purchaser and a   | ttach the schedule  | to the complete  | ed report.                                     |                                    |  |  |
| d) Types of securities of   |  |   |  |  |                                    |  |  |
|   | ation for all distributions reported on a per<br>e CUSIP number, indicate the full 9-digit Cl  |   |  |  | ow to indicate the                 |  |  |
|   |  |   |  | Canadian \$                                    | 5                                  |  |  |
| Security<br>code CUSIP number<br>(if applicable)  | Description of security  | Number of securities  | Single or<br>lowest<br>price                                 | Highest price                                  | Total amount                       |  |  |
| W N T c   | Special Warrants at \$0.05 per<br>Special Warrant. Each Special<br>Warrant will automatically<br>convert, without the payment of<br>any additional consideration, into<br>one Common Share of the<br>Company.  | 1,000,000.00  | 0.0500   |  | 50,000.00                          |  |  |
| e) Details of rights and  | I convertible/exchangeable securities  |   |  |  |                                    |  |  |
| were distributed, provide the   | ptions) were distributed, provide the exercis<br>e conversion ratio and describe any other te  |   |  |  | exchangeable securities            |  |  |
| Convertible /<br>exchangeable<br>security code<br>Underlying<br>security code   |  | Expiry date<br>(YYYY- MM-DD)  | Conversion<br>ratio Describe other items                     |  | items (if applicable)              |  |  |
|   |  |   |  |  |                                    |  |  |
| f) Summary of the distribution by jurisdiction and exemption  |  |   |  |  |                                    |  |  |
| purchaser resides and for eac<br>distribution in a jurisdiction o<br>This table requires a separate<br>purchaser resides, if a purcha<br>jurisdiction.  | t of securities distributed and the number o<br>ch exemption relied on in Canada for that c<br>of Canada, include distributions to purchase<br>e line item for: (i) each jurisdiction where a<br>aser resides in a jurisdiction of Canada, and<br>da, state the province or territory, otherwise | listribution. However, if<br>ers resident in that juris<br>purchaser resides, (ii) e<br>l (iii) each exemption re | an issuer located<br>diction of Canada<br>ach exemption reli | outside of Canad<br>only.<br>ed on in the juri | da completes a<br>sdiction where a |  |  |
| Province or country   | Exemption relied of  | in  | Number of unique <sup>2</sup><br>purchasers                  | <sup>a</sup> Total a                           | mount (Canadian \$)                |  |  |
| Alberta   | NI 45-106 2.3 [Accredited inv  | estor]  |  | 2  | 500.00                             |  |  |
| British Columbia  | NI 45-106 2.3 [Accredited inv  | estor]  | 3  | 36   | 12,950.00                          |  |  |
| British Columbia  | NI 45-106 2.5 [Family, friends associates]   | s and business  | 11   | 7  | 34,550.00                          |  |  |
| Ontario   | NI 45-106 2.3 [Accredited inv  | estor] 3 1,2  |  |  | 1,250.00                           |  |  |

| Ontario  | NI 45-106 2.5 [Family, friends and business associates]  |   |   |                  | 5        |  | 750.00           |  |  |
|--|--|---|---|------------------|----------|--|------------------|--|--|
|  |  | Total dollar amo                                      | unt of sec                              | curities distrib | uted     |  | 50,000.00        |  |  |
|  | Total number of unique purchasers <sup>2b</sup> 163  |   |   |                  |          |  |                  |  |  |
| <sup>2a</sup> In calculating the number of   | <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 numb<br>the issuer distributed multiple   |  |   |   |                  | rchasei  | r only once, regard                      | lless of whether |  |  |
| g) Net proceeds to the inv   | vestment fund by jurisdict   | ion   |   |                  |          |  |                  |  |  |
| purchaser resides. <sup>3</sup> If an issuer lo  | 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. <sup>3</sup> 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 ne   | et proceeds to the investme  | ent fund  |   |                  |          |  |                  |  |  |
| <sup>3</sup> "Net proceeds" means the gro<br>redemptions that occurred duri  |  |   | ributions fo                            | or which the rep | ort is b | peing filed, less the                    | e gross          |  |  |
| h) Offering materials - Th   | is section applies only in S   | Saskatchewan, Onta                                    | rio, Quél                               | bec, New Bru     | nswick   | and Nova Scot                            | ia.              |  |  |
| If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering<br>materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in<br>those jurisdictions.<br>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<br>electronic version of the offering materials that have not been previously filed with or delivered to the OSC. |  |   |   |                  |          |  |                  |  |  |
|  | Description  | Date of document or<br>other material<br>(YYYY-MM-DD) | Previou<br>with or del<br>regula<br>(Y/ | ator?            | de       | viously filed or<br>slivered<br>Y-MM-DD) |                  |  |  |
|  |  |   |   |                  |          |  |                  |  |  |

| <b>ITEM 8 - COMPENSATION</b>  | INFORMATION   |                                 |  |   |  |
|---|---|---------------------------------|--|---|--|
| Provide information for each person the distribution. <b>Complete additi</b>  |   |                                 |  | -   | ny compensation in connection with ed. |
| Indicate whether any compensati   | on was paid, or will be po                                  | aid, in connecti                | on with the distribu                           | ition.  |  |
| ✓ No 🗌 Yes  | If yes, indicate num  | nber of perso                   | ns compensated                                 | 1.  |  |
| a) Name of person compen  | sated and registration                                      | status                          |  |   |  |
| Indicate whether the person comp  | ensated is a registrant.                                    |                                 | 🗌 No   | Yes   |  |
| If the person compensated is an in  | dividual, provide the nam                                   | ne of the individ               | lual.  |   |  |
| Full legal name of individu   | lal   |                                 |  |   |  |
|   | Family n  | ame                             | First g  | given name  | Secondary given names                  |
| If the person compensated is not a  | n individual, provide the †                                 | following infor                 | nation.  |   |  |
| Full legal name of  | non-individual  |                                 |  |   |  |
| Firm  | NRD number  |                                 |  | (if appli   | cable)                                 |
| Indicate whether the person comp  |   | tribution throu                 | gh a funding porta                             | l or an internet-based p                              | ortal. 🗌 No 🗌 Yes                      |
| b) Business contact informa   |   |                                 |  |   |  |
| If a firm NRD number is not provid  | led in Item 8 (a), provide t                                | the business co                 | ntact information o                            | of the person being com                               | pensated.                              |
| Street address  |   |                                 |  |   |  |
| Municipality  |   |                                 |  | Province/State  |  |
| Country   |   |                                 | Po   | stal code/Zip code                                    |  |
| Email address   |   |                                 | -  | Telephone number                                      |  |
| c) Relationship to issuer or  | investment fund mana  | ager                            |  |   |  |
| Indicate the person's relationship w<br>the Instructions and the meaning o  |   |                                 |  |   | ning of "connected" in Part B(2) of    |
|   | or investment fund mana                                     |                                 | · · ·  |   | er than an investment fund)            |
| Director or officer of the  | investment fund or inves                                    | tment fund ma                   | nager 🗌 E                                      | mployee of the issuer of                              | or investment fund manager             |
| None of the above   |   |                                 |  |   |  |
| d) Compensation details   |   |                                 |  |   |  |
| allocation arrangements with the a  | nmissions, securities-based<br>as clerical, printing, legal | d compensation<br>or accounting | n, gifts, discounts o<br>services. An issuer i | r other compensation. D<br>'s not required to ask for |  |
| Cash commissions paid   |   |                                 |  | Security code 1                                       | Security code 2 Security code 3        |
| Value of all securities<br>distributed as compensation <sup>4</sup>   |   | S                               | ecurity codes                                  |   |  |
| Describe tern   | ns of warrants, options of                                  | r other rights                  |  |   |  |
| Other compensation <sup>5</sup>   |   | Describe                        |  |   |  |
| Total compensation paid   |   |                                 |  |   |  |
| Check box if the perso  | on will or may receive any                                  | y deferred com                  | pensation (describ                             | be the terms below)                                   |  |
|   |   |                                 |  |   |  |
| <sup>4</sup> Provide the aggregate value of a<br>additional securities of the issuer.<br>rights exercisable to acquire addi<br><sup>5</sup> Do not include deferred compen- | Indicate the security cod<br>tional securities of the iss   | des for all secu                |  |   |  |

| ITEM 9 - DIRECTORS, EXECU   | ITIVE OFFICERS   | AND PROMOT            | TERS OF THE ISS         | SUER   |                       |           |                          |    |
|---|--|-----------------------|-------------------------|--|-----------------------|-----------|--------------------------|----|
| If the issuer is an investment fun  | d, do not complete   | Item 9. Procced to    | Item 10.                |  |                       |           |                          |    |
| Indicate whether the issuer is any o  | f the following (seled   | ct 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 i   | n any jurisdiction of | Canada <sup>6</sup>     |  |                       |           |                          |    |
| Provide nar   | ne of reporting issue  | er                    |                         |  |                       |           |                          |    |
| Wholly owned subsidiary of  | a foreign public iss   | uer <sup>6</sup>      |                         |  |                       |           |                          | _  |
| Provide name of   | f foreign public issue   | er                    |                         |  |                       |           |                          | ]  |
| Issuer distributing only eligi  | ble foreign securitie  | s and the distributio | on is to permitted clie | ents only <sup>7</sup>   |                       |           |                          | _  |
| If the issuer is at least one of the  | above, do not com  | plete Item 9(a) – (   | c). Proceed to Item     | 10.  |                       |           |                          |    |
| securities that are required by law to<br>respectively.<br><sup>7</sup> Check this box if it applies to the cu<br>clients. Refer to the definitions of "e | <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. |                       |                         |  |                       |           |                          |    |
| a) Directors, executive officer   | s and promoters  | of the issuer         |                         |  |                       |           |                          |    |
| Provide the following information fo<br>territory; otherwise state the country  |  |                       |                         |  |                       | state the | province                 | or |
| Organization or company name  | Family name  | First given name      | Secondary given names   | Business loc<br>non-individ<br>resident<br>jurisdictio<br>individu | ual or<br>ail<br>n of |           | onship to<br>ct all that |    |
|   |  |                       |                         | Province or  | country               | D         | 0                        | Р  |
|   | Varshney   | Hari                  |                         | British Columb   | ia                    | ✓         |                          |    |
|   | Brar   | Satnam                |                         | British Columb   | ia                    | ✓         |                          |    |
|   | Varshney   | Praveen               |                         | British Columb   | ia                    | ✓         |                          |    |
| b) Promoter information   |  |                       |                         |  |                       |           |                          |    |
| If the promoter listed above is not ar within Canada, state the province or   |  |                       |                         |  |                       |           |                          |    |
| Organization or company name  | Family name  | First given name      | Secondary given names   | Residential jurisdiction of individual                             |                       |           | to promo<br>oth if app   |    |
|   |  |                       |                         | Province or<br>country   | D                     |           | C                        | )  |
|   |  |                       |                         |  |                       |           |                          |    |
| c) Residential address of eac   | h individual   |                       |                         |  |                       |           |                          |    |
| Complete Schedule 2 of this form<br>completed report. Schedule 2 also   |  |                       |                         |  | (a) and (b)           | ) and at  | tach to t                | he |
|   |  |                       | pers                    |  |                       |           |                          |    |

### **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/<br>investment fund manager/agent | 1258481 B.C. Ltd. |                  |          |         |              |      |
|--|-------------------|------------------|----------|---------|--------------|------|
| Full legal name  | Varshney          | Hari             |          |         |              |      |
|  | Family name       | First given name | Ľ        | Seconda | iry given na | ames |
| Title  | Director          |                  |          |         |              |      |
| Telephone number   | 6046842181        | Email address    | hari@var | shneyca | pital.com    | 1    |
| Signature  | "Hari Varshney"   | Date             | 2020     | 12      | 21           |      |
|  |                   |                  | 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  |             |                  |                       | Title |  |
|------------------|-------------|------------------|-----------------------|-------|--|
|                  | Family name | First given name | Secondary given names | _     |  |
| Name of company  |             |                  |                       |       |  |
| Telephone number |             | Er               | nail address          |       |  |
|                  |             |                  |                       |       |  |

#### 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.