Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9411689

ITEM 1 - REPORT TYPE								
✓ New report								
☐ Amended report If amended, provide filing date of report that is being amended ☐ ☐ ☐ (YYYY-MM-DD)								
ITEM 2 - PARTY CERTIFYING THE	REPORT							
Indicate the party certifying the report (seld Instrument 81-106 Investment Fund Conti				estment fund, refer to sect	ion 1.1 of National			
Investment fund issuer	idous Disclosure and the comp	amon policy to W	01 100.					
✓ Issuer (other than an inves	tment fund)							
Underwriter	anoni rana)							
ITEM 3 - ISSUER NAME AND OT								
Provide the following information about the Full legal name								
_	GameOn Entertainmen	it rechnologie	S IIIC.					
Previous full legal name								
If the issuer's name changed in the	e last 12 months, provide most	recent previous leg	gal name.					
Website	Website www.v2g.io/			(if applicable)				
If the issuer has a legal entity identifier, pro	ovide below. Refer to Part B of t	he Instructions for	the definition	of "legal entity identifier".				
Legal entity identifier								
If two or more issuers distributed a single s	ecurity, provide the full legal no	ame(s) of the co-is	suer(s) other th	an the issuer named above	2.			
Full legal name(s) of co-issuer(s)			(if applicabl	e)				
ITEM 4 - UNDERWRITER INFORM	AATION							
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm	n NRD number.		٦			
	Full legal name							
Firm NRD number	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	Street address							
Municipality		Pro	vince/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 1 9 1 9 0
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.
Exploration Development Production
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.
☐ Mortgages ☐ Real estate ☐ Commercial/business debt ☐ Consumer debt ☐ Private companies
☐ Cryptoassets
b) Number of employees
Number of employees: ✓ 0 - 49
c) SEDAR profile number
Does the issuer have a SEDAR profile?
No
If the issuer does not have SEDAR profile complete item 5(d) - (h).
d) Head office address
Street address Province/State
Municipality Postal code/Zip code
Country Telephone number
e) Date of formation and financial year-end
Date of formation Financial year-end MM DD 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.
AII AB BC MB NB NL NT
NS NU ON PE QC SK YT
g) Public listing status
If the issuer has a CUSIP number, provide below (first 6 digits only)
CUSIP number
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.
Exchange name
h) Size of issuer's assets

Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.

☐ \$0 to under \$5M	☐ \$5M to under \$25M	☐ \$25M to under \$100M
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION			
If the issuer is an inves	tment fund, provide the following information.			
a) Investment fund ma	anager information			
Full legal name				
Firm NRD number	(if applicable)			
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.			
Street address				
Municipality	Province/State			
Country	Postal code/Zip code			
Telephone number	Website (if applicable)			
b) Type of investment	fund			
Type of investment fund tha	nt most accurately identifies the issuer (select only one) .			
Money market	☐ Equity ☐ Fixed income ☐ Balanced			
Alternative strateg	gies Cryptoasset Other (describe)			
Indicate whether one or bot	h of the following apply to the investment fund .			
Invests primarily in	n other investment fund issuers			
☐ Is a UCITs Fund¹				
¹ Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.			
c) Date of formation a	and financial year-end of the investment fund			
Date of forma	tion Financial year-end MM DD MM DD			
d) Reporting issuer status of the investment fund				
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes			
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.			
☐ AII ☐	AB BC MB NB NL NT			
□ NS □	NU ON PE QC SK YT			
e) Public listing status	s of the investment fund			
If the investment fund has a	CUSIP number, provide below (first 6 digits only)			
	CUSIP number			
	blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the not a trading facility such as, for example, an automated trading system.			
Exchange on an exchange and h				
-	AV) of the investment fund			
	investment fund as of the date of the most recent NAV calculation (Canadian \$).			
\$0 to under \$5M	s5M to under \$25M s25M to under \$100M			
\$100M to under \$500	DM \$500M to under \$1B \$1B or over Date of NAV calculation: YYYY MM DD			

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

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

a)	Currency				
Sele	ct the currency or currencies in	which the distribut	ion was made. All	dollar amounts provided in	the report must be in Canadian dollars.
√	Canadian dollar U	IS dollar	Euro	Other (describe)	
b)	Distribution date(s)				
as Ł		the report is being f	J		y one distribution date, provide the distribution date basis, include the start and end dates for the

Start date End date 2021 03 2021

YYYY

Detailed purchaser information

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

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 \$	
Secur		CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
S U	В		Subscription Receipts – each Subscription Receipt will automatically convert into one Unit upon satisfaction of escrow conditions.	16,505,536.00	0.3500	0.3500	5,776,937.60

Details of rights and convertible/exchangeable securities

YYYY

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.

exch	vertibli angea urity co	able		derlyir urity c			se price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)	
						Lowest	Highest				
S	U	В	U	В	S	0.3500		2023-03-11		Each Subscription Receipt will automatically convert into one Unit upon satisfaction of escrow conditions.	

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 iurisdiction.

For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Exemption relied on	Number of unique ²⁹ purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	84	1,939,143.50
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	9	72,904.55
Alberta	NI 45-106 2.3 [Accredited investor]	20	698,700.10
Alberta	NI 45-106 2.5 [Family, friends and business associates]	5	100,675.00

Ontario	NI 45-106 2.3 [Accredited investor]	26	1,955,179.45	
Ontario	NI 45-106 2.5 [Family, friends and business associates]	1	9,975.00	
Québec	NI 45-106 2.3 [Accredited investor]	1	10,500.00	
Québec	NI 45-106 2.5 [Family, friends and business associates]	1	21,000.00	
Manitoba	NI 45-106 2.3 [Accredited investor]	4	56,700.00	
Yukon	NI 45-106 2.3 [Accredited investor]	2	29,925.00	
United States	NI 45-106 2.3 [Accredited investor]	10	414,351.35	
Netherlands	NI 45-106 2.3 [Accredited investor]	1	17,500.00	
New Zealand	NI 45-106 2.3 [Accredited investor]	1	25,039.11	
Liechtenstein	NI 45-106 2.3 [Accredited investor]	1	105,000.00	
Germany	NI 45-106 2.3 [Accredited investor]	1	35,000.00	
Switzerland	NI 45-106 2.3 [Accredited investor]	1	21,000.00	
New Brunswick	NI 45-106 2.3 [Accredited investor]	1	106,750.00	
China	NI 45-106 2.3 [Accredited investor]	1	98,000.00	
Australia	NI 45-106 2.3 [Accredited investor]	2	31,999.45	
	Total dollar amount of securities distributed			
	Total number of unique purchasers ^{2b}	172		

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides. If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Net proceeds (Canadian \$)
Total net proceeds to the investment fund	

³"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)

^{2b} 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 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 ✓ Yes If yes, indicate number of persons compensated. 10

a) Name of person comp	pensated and regi	stration status				
Indicate whether the person co	mpensated is a regis	trant.	✓ No	Yes		
If the person compensated is ar	n individual, provide	the name of the indivi	dual.			
Full legal name of indiv	/idual					
		Family name	Fire	st given name	Secondary given names	
If the person compensated is no	•	_				
Full legal name	of non-individual	Edge Holdings Inv	vestors			
F	irm NRD number			(if app	icable)	
Indicate whether the person co	mpensated facilitate	d the distribution thro	ugh a funding por	tal or an internet-based p	oortal. 🗸 No 🗌	Yes
b) Business contact infor	rmation					
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business co	ontact informatio	n of the person being con	npensated.	
Street address	1209-777 Richar	ds St				
Municipality	Vancouver			Province/State	British Columbia	
Country	Canada		j .	Postal code/Zip code	V6B 0M6	
Email address]	Telephone number		
c) Relationship to issuer	or investment fur	nd manager				
Indicate the person's relationsh the Instructions and the meanin Connect with the issu Director or officer of t	ng of "control" in secure	tion 1.4 of NI 45-106 j	for the purposes o	f completing this section. Insider of the issuer (other)	nning of "connected" in Part E ner than an investment fund) or investment fund manager	!(2) of
✓ None of the above						
d) Compensation details						
Provide details of all compensate Canadian dollars. Include cash concidental to the distribution, sur allocation arrangements with the	commissions, securit ch as clerical, printii	ies-based compensationg, legal or accounting	on, gifts, discounts services. An issue	or other compensation. In its not required to ask fo	Do not report payments for se	rvices
Cash commissions pa	aid			Security code 1	Security code 2 Security co	de 3
Value of all securities	11 11 1	579.00	Security codes	WNT		
distributed as compensation)	77 3.00				
Describe t	terms of warrants, c	ptions or other rights	additional Ga \$0.52 subject	meOn Share for a per to acceleration in the	cisable to acquire one iod of 24 months at a pric event the GameOn Share d of 10 consecutive tradir	es
Other compensatio	n ⁵	Describe				
Total compensation pa	nid					
Check box if the pe	erson will or may red	ceive any deferred con	mpensation (desc	ribe the terms below)		
⁴ Provide the aggregate value of additional securities of the issurights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec additional securities	curity codes for all sec				er

a) Name of person comp	pensated and regi	istration status						
Indicate whether the person co	mpensated is a regis	strant.	✓ No	Yes				
If the person compensated is an	n individual, provide	the name of the indivi	dual.					
Full legal name of indiv	vidual							
		Family name	Fir	st given name	Secondary of	given names		
If the person compensated is no	•	_						
Full legal name	of non-individual	Green Code Cons	sulting Ltd.					
F	irm NRD number			(if ap	plicable)			
Indicate whether the person co	mpensated facilitate	ed the distribution throu	ugh a funding poi	rtal or an internet-based	f portal.	No Yes		
b) Business contact infor	rmation							
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business co	ontact informatio	n of the person being co	ompensated.			
Street address	955 Melbourne A	ve						
Municipality	North Vancouver			Province/State	British Colum	bia		
Country	Canada] !	Postal code/Zip code	V7R 1P1			
Email address				Telephone number	-			
c) Relationship to issuer	or investment fur	nd 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. Connect with the issuer or investment fund manager Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager								
✓ None of the above								
d) Compensation details								
Provide details of all compensate Canadian dollars. Include cash a incidental to the distribution, su allocation arrangements with th	commissions, securit Ich as clerical, printii	ties-based compensationg, legal or accounting	on, gifts, discounts services. An issue	s or other compensation er is not required to ask	. Do not report payr	ments for services		
Cash commissions pa	aid			Security code 1	Security code 2	Security code 3		
Value of all securities	1/2 (994.91	Security codes	W N T				
distributed as compensation Describe to	on	options or other rights	additional Ga \$0.52 subject	On Warrant will be ex meOn Share for a po to acceleration in th 3 or greater for a per	eriod of 24 month e event the Gam	s at a price of eOn Shares		
Other compensatio	n ⁵	Describe						
Total compensation pa	aid							
Check box if the pe	erson will or may red	ceive any deferred con	npensation (desc	cribe the terms below)				
⁴ Provide the aggregate value of additional securities of the issurights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec additional securities	curity codes for all sect						

a) Name of person comp	pensated and r	egistration	status									
Indicate whether the person co	mpensated is a r	egistrant.		\checkmark	No			Yes				
If the person compensated is ar	n individual, prov	ride the nam	ne of the ind	ividual.								
Full legal name of indiv	/idual											
		Family n	ame			Firs	t given	name	<u>'</u>	Seconda	y given names	<u> </u>
If the person compensated is no			-									
Full legal name	of non-individ	ual MiAnr	na Consul	ing an	d Des	sign						
F	irm NRD numl	oer							(if app	licable)		
Indicate whether the person co	mpensated facili	tated the dis	tribution th	rough a	ı fundi	ng port	tal or a	n intern	= et-based _l	portal.	✓ No □	Yes
b) Business contact infor	rmation											
If a firm NRD number is not pro	ovided in Item 8	(a), provide	the business	contac	ct infor	mation	of the	person	being con	mpensated.		
Street address	14166 28A Av	'e										
Municipality	Surrey						ı	Provinc	e/State	British Colu	mbia	
Country	Canada					F	Postal	code/Z	ip code	V4P 2H8		
Email address							Tele	phone r	number			
c) Relationship to issuer	or investment	fund mana	ager									
Indicate the person's relationsh the Instructions and the meanin Connect with the issu Director or officer of t	ng of "control" in	section 1.4	of NI 45-10 ager	6 for th	e purp	oses of	f comp Inside	leting the	is section. ssuer (otl	-	estment fund))
✓ None of the above												
d) Compensation details												
Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with the	commissions, sec och as clerical, pr	urities-base inting, legal	d compensa or accounti	tion, gi ng servi	fts, dis ices. A	counts n issuei	or other	er compe required	ensation. I to ask fo	Do not report p	ayments for se	ervices
Cash commissions pa	aid							Security	code 1	Security code 2	Security co	ode 3
Value of all securities		30,000.00		Secu	rity co	des		1 W	N T			
distributed as compensation				_								
Describe t	terms of warrant	s, options o	r other right	ad \$0 tra	dition: .52 su	al Gar ıbject	neOn to acc	Share celeration	for a per on in the	rcisable to ac riod of 24 mor event the Ga od of 10 conse	iths at a prid meOn Shar	res
Other compensatio	n ⁵		Describ	е								
Total compensation pa	aid											
Check box if the pe	erson will or may	receive any	y deferred o	ompen	sation	(descr	ribe the	e terms l	pelow)			
⁴ Provide the aggregate value additional securities of the issurights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the Idditional securit	security cod	des for all s									er

a) Name of person com	pensated and regis	tration status			
Indicate whether the person co	mpensated is a regist	rant.	✓ No	Yes	
If the person compensated is a	n individual, provide t	he name of the indivi	dual.		
Full legal name of indi	vidual				
	-	amily name	Firs	t given name	Secondary given names
If the person compensated is n	•		mation.		
Full legal name	e of non-individual	Jayconomics Inc.			
F	Firm NRD number			(if app	licable)
Indicate whether the person co	mpensated facilitated	the distribution throu	igh a funding port	al or an internet-based p	portal. No Yes
b) Business contact info	rmation				
If a firm NRD number is not pr	ovided in Item 8 (a), p	rovide the business co	ontact information	of the person being con	npensated.
Street address	506-521 Old Canr	nore Rd			
Municipality	Canmore			Province/State	Alberta
Country	Canada		F	ostal code/Zip code	T1W 0M4
Email address				Telephone number	
c) Relationship to issuer	or investment fund	d manager			
the Instructions and the mean		ion 1.4 of NI 45-106 f	or the purposes of	completing this section.	aning of "connected" in Part B(2) of ner than an investment fund)
Director or officer of	the investment fund o	or investment fund ma	anager	Employee of the issuer	or investment fund manager
✓ None of the above					
d) Compensation details					
Canadian dollars. Include cash	commissions, securitien commissions, securitien commissions clerical, printing	es-based compensatio g, legal or accounting	n, gifts, discounts services. An issuei	or other compensation. It is not required to ask fo	tribution. Provide all amounts in Do not report payments for services or details about, or report on, internal
Cash commissions p	aid			Security code 1	Security code 2 Security code 3
Value of all securiti	0.29	35.00	Security codes	W N T	
distributed as compensation	OII		F	- M/	
Describe	terms of warrants, op	tions or other rights	additional Gar \$0.52 subject	neOn Share for a per to acceleration in the	rcisable to acquire one iod of 24 months at a price of event the GameOn Shares d of 10 consecutive trading
Other compensation	on ⁵	Describe			
Total compensation pa	aid				
Check box if the po	erson will or may rece	eive any deferred con	npensation (descr	ibe the terms below)	
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com	uer. Indicate the secu additional securities o	ırity codes for all secu			ghts exercisable to acquire <u>ding</u> options, warrants or other

a) Name of person com	pensated and regi	stration status							
Indicate whether the person co	ompensated is a regis	trant.	✓ No	Y	⁄es				
If the person compensated is a	n individual, provide	the name of the indivi	dual.						
Full legal name of indi	vidual								
		Family name	Firs	st given nan	ne	I	Secondary	given names	<u> </u>
If the person compensated is n	ot an individual, prov	vide the following infor	rmation.						
Full legal name	e of non-individual	Senta Capital Inc.							
F	Firm NRD number				(it	f appli	icable)		
Indicate whether the person co	ompensated facilitate	d the distribution thro	ugh a funding por	tal or an i	nternet-bo	ased p	ortal.	✓ No □	Yes
b) Business contact info	rmation								
If a firm NRD number is not p	rovided in Item 8 (a),	provide the business c	ontact informatio	n of the pe	erson bein	g com	pensated.		
Street address	500-666 Burrard	St							
Municipality	Vancouver			Pro	ovince/St	ate	British Colu	nbia	
Country	Canada		j .	Postal co	de/Zip co	ode	V6C 3P6		
Email address]	Telepho	one num	ber			
c) Relationship to issue	r or investment fun	d manager							
Indicate the person's relations							ning of "connec	ted" in Part	B(2) of
the Instructions and the mean			for the purposes o		-				
Connect with the iss	uer or investment fur	nd manager		Insider of	the issue	er (oth	er than an inve	stment fund))
Director or officer of	the investment fund	or investment fund ma	anager	Employee	e of the is	suer o	or investment fu	nd managei	r
✓ None of the above									
d) Compensation details	3								
Provide details of all compensa									
Canadian dollars. Include cash incidental to the distribution, so									
allocation arrangements with t							·	, ,	
Cash commissions p	aid			Se	ecurity cod	e 1	Security code 2	Security c	ode 3
Value of all securiti	2.4	.00.00	Security codes	С	М	s			
distributed as compensati	OII	30.00	,						
Describe	terms of warrants, o	ptions or other rights							
Other compensation	on ⁵	Describe							
Total compensation p	aid								
Check box if the p	erson will or may rec	eive any deferred cor	npensation (desc	ribe the te	erms belov	w)			
^⁴ Provide the aggregate value	of all securities distr	ibuted as compensati	on. excludina ont	ions. warra	ants or of	her ric	nhts exercisable	to acquire	
additional securities of the iss rights exercisable to acquire a	suer. Indicate the sec	curity codes for all sec							er
g. no onoronouble to dequite t		1000001.							

a) Name of person com	pensated and registration statu	s						
Indicate whether the person co	ompensated is a registrant.		✓ No		Yes			
If the person compensated is a	n individual, provide the name of th	e individ	lual.					
Full legal name of indi	vidual							
	Family name		Firs	t given i	name		Secondary g	iven names
If the person compensated is n	ot an individual, provide the followi	ng inforn	nation.					
Full legal name	e of non-individual 2296281 Al	berta In	IC.					
F	Firm NRD number					(if appli	cable)	
Indicate whether the person co	ompensated facilitated the distribution	on throug	gh a funding port	tal or a	n internet-l	based po	ortal.	No Yes
b) Business contact info	rmation							
If a firm NRD number is not pr	ovided in Item 8 (a), provide the bus	siness coi	ntact information	of the	person bei	ing comp	pensated.	
Street address	180 Lake Acadia PI SE							
Municipality	Calgary			F	Province/S	State	Alberta	
Country	Canada		P	ostal	code/Zip	code	T2J 3B8	
Email address				Telep	ohone nur	mber		
c) Relationship to issuer	or investment fund manager							
the Instructions and the mean	nip with the issuer or investment fun ing of "control" in section 1.4 of NI 4 uer or investment fund manager		or the purposes of	compl	eting this s	ection.	ning of "connecte	
Director or officer of	the investment fund or investment	fund mai	nager \square	Emplo	yee of the	issuer o	r investment fun	d manager
✓ None of the above			, П	•	,			J
d) Compensation details	2							
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su	tion paid, or to be paid, to the perso commissions, securities-based comp uch as clerical, printing, legal or acco he directors, officers or employees o	oensation ounting s	n, gifts, discounts services. An issuer	or othe r is not	er compens required to	ation. D ask for	o not report payr	ments for services
Cash commissions p	aid				Security co	ode 1	Security code 2	Security code 3
Value of all securiti distributed as compensation	3 067 00	S	ecurity codes		W N	Т		
·	terms of warrants, options or other		additional Gar \$0.52 subject	neOn to acc	Share for eleration	a perion	sisable to acquod of 24 month event the Game of 10 consecu	s at a price of eOn Shares
Other compensation	on ⁵ De	scribe						
Total compensation pa	aid	'						
Check box if the po	erson will or may receive any defer	red com	pensation (descr	ibe the	terms belo	ow)		
additional securities of the iss	of all securities distributed as composer. Indicate the security codes for additional securities of the issuer. Densation.							

a) Name of person comp	ensated and regis	stration status			
Indicate whether the person co	mpensated is a regist	trant.	☐ No	✓ Yes	
If the person compensated is ar	individual, provide	the name of the indiv	idual.		
Full legal name of indiv	ridual				
		Family name	Fire	st given name	Secondary given names
If the person compensated is no	ot an individual, prov	ride the following info	rmation.		
Full legal name	of non-individual	Haywood Securit	ies Inc.		
F	irm NRD number	1 6 3	0	(if ap	plicable)
Indicate whether the person co	mpensated facilitated	d the distribution thro	ugh a funding por	tal or an internet-based	d portal. ✓ No ☐ Yes
b) Business contact infor	mation				
If a firm NRD number is not pro	ovided in Item 8 (a), _I	provide the business o	contact information	n of the person being co	ompensated.
Street address					
Municipality				Province/State	
Country			j i	Postal code/Zip code	
Email address				Telephone number	
c) Relationship to issuer	or investment fun	d manager			
Indicate the person's relationsh the Instructions and the meanin					eaning of "connected" in Part B(2) of n.
Connect with the issu	er or investment fur	nd manager		Insider of the issuer (c	other than an investment fund)
Director or officer of t	he investment fund	or investment fund m	nanager	Employee of the issue	r or investment fund manager
✓ None of the above					
d) Compensation details					
Canadian dollars. Include cash o	commissions, securiti ch as clerical, printin	es-based compensati g, legal or accounting	on, gifts, discounts g services. An issue	or other compensation or is not required to ask	listribution. Provide all amounts in . Do not report payments for services for details about, or report on, internal
Cash commissions pa	aid 60,2	45.98		Security code 1	Security code 2 Security code 3
Value of all securitie	172 1	31.00	Security codes	WNT	
distributed as compensation Describe t	"	otions or other rights	additional Ga	meOn Share for a pe	ercisable to acquire one eriod of 24 months at a price of
					e event the GameOn Shares od of 10 consecutive trading
Other compensatio	n ⁵	Describe			
Total compensation pa	id				
Check box if the pe	rson will or may rec	eive any deferred co	mpensation (desc	ribe the terms below)	
⁴ Provide the aggregate value of	of all securities distri	buted as compensati	ion, <u>excluding</u> opti	ions, warrants or other	rights exercisable to acquire
additional securities of the issurights exercisable to acquire a ⁵ Do not include deferred comp	dditional securities d		curities distributed	as compensation, <u>incl</u>	uding options, warrants or other

a) Name of person compo	ensated and regi	stration status				
Indicate whether the person con	npensated is a regis	trant.	☐ No	✓ Yes		
If the person compensated is an	individual, provide	the name of the indiv	idual.			
Full legal name of indivi	dual					
		Family name	Firs	st given name	Secondary	given names
If the person compensated is no	-	_				
Full legal name	of non-individual	Canaccord Genui	ty Corp.			
Fi	rm NRD number	9 0 0		(if	applicable)	
Indicate whether the person con	npensated facilitate	d the distribution thro	ugh a funding por	tal or an internet-ba	sed portal.	No Yes
b) Business contact inform	mation					
If a firm NRD number is not pro	vided in Item 8 (a),	provide the business c	ontact information	n of the person being	ı compensated.	
Street address						
Municipality				Province/Sta	ate	
Country			F	Postal code/Zip co	ode	
Email address				Telephone numb	per	
c) Relationship to issuer	or investment fur	nd manager				
Indicate the person's relationship the Instructions and the meaning			-		-	ed" in Part B(2) of
Connect with the issue	er or investment fu	nd manager		Insider of the issue	r (other than an inves	tment fund)
Director or officer of the	ne investment fund	or investment fund m	anager	Employee of the iss	suer or investment fur	nd manager
✓ None of the above						
d) Compensation details						
Provide details of all compensati Canadian dollars. Include cash co incidental to the distribution, suc allocation arrangements with the	ommissions, securit h as clerical, printir	ies-based compensationg, legal or accounting	on, gifts, discounts 1 services. An issue	or other compensate r is not required to a	ion. Do not report pay sk for details about, o	ments for services
Cash commissions pai	id 54,1	59.00		Security code	e 1 Security code 2	Security code 3
Value of all securities	15/17	740.00	Security codes	WN	Т	
distributed as compensation	'	40.00				
Describe to	erms of warrants, o	ptions or other rights	additional Gai \$0.52 subject	meOn Share for a to acceleration in	exercisable to acque period of 24 month the event the Gameriod of 10 consections.	ns at a price of neOn Shares
Other compensation	n ⁵	Describe				
Total compensation pai	d					
Check box if the per	son will or may red	eive any deferred cor	mpensation (desc	ribe the terms below	<i>(</i>)	
⁴ Provide the aggregate value o additional securities of the issu- rights exercisable to acquire ad ⁵ Do not include deferred compe	er. Indicate the sec Iditional securities	curity codes for all sec				

a) Name of person comp	ensated and regis	stration s	tatus						
Indicate whether the person cor	npensated is a regist	rant.		☐ No	[✓ Yes			
If the person compensated is an	individual, provide	the name	of the indivi	idual.					
Full legal name of indiv	idual								
		Family nan	ne	•	First give	en name	•	Secondary (given names
If the person compensated is no	•		-						
Full legal name	of non-individual	PI Fina	ncial Corp.						
F	irm NRD number	5	2 9	0			(if app	licable)	
Indicate whether the person cor	mpensated facilitated	the distri	ibution thro	ugh a fund	ing portal o	or an inter	— net-based _l	portal.	No Yes
b) Business contact infor	mation								
If a firm NRD number is not pro	ovided in Item 8 (a), p	provide th	e business c	ontact info	rmation of t	the persoi	n being con	npensated.	
Street address									
Municipality						Provin	ce/State		
Country					Post	al code/	Zip code		
Email address					Te	elephone	number		
c) Relationship to issuer	or investment fun	d manag	er	_					
Indicate the person's relationship the Instructions and the meaning	ng of "control" in sec	tion 1.4 of	NI 45-106 j		ooses of con	mpleting t	his section.	-	
Connect with the issu	er or investment fur	u manage	ei			der or the	issuer (ou	ner than an invest	ment iuna)
Director or officer of the	he investment fund (or investm	nent fund m	anager	Emp	ployee of	the issuer	or investment fun	d manager
✓ None of the above									
d) Compensation details									
Provide details of all compensate Canadian dollars. Include cash concidental to the distribution, surallocation arrangements with the	ommissions, securiti ch as clerical, printin	es-based o g, legal or	compensation caccounting	on, gifts, dis services. A	scounts or o n issuer is r	other comp not requir	pensation. I ed to ask fo	Do not report payı	ments for services
Cash commissions pa	id 18,2	99.99				Secur	ity code 1	Security code 2	Security code 3
Value of all securitie	52.2	85.00	;	Security co	odes	W	N T		
distributed as compensatio	"		atha an a' aib ta	·	0.14	,			
Describe t	erms of warrants, op	otions or c	other rights	addition \$0.52 s	al GameC ubject to a	On Share accelerat	for a per ion in the	rcisable to acquiod of 24 month event the Gam d of 10 consecu	ns at a price of eOn Shares
Other compensation	n ⁵		Describe						
Total compensation pa	id								
Check box if the pe	rson will or may rec	eive any o	deferred cor	npensatior	describe	the terms	below)		
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire at ⁵ Do not include deferred comp	ier. Indicate the secu Idditional securities o	urity code	s for all sec						

a) Name of person comp	ensated and regi	stration statu	S								
Indicate whether the person con	npensated is a regis	trant.		N	0	√	Yes				
If the person compensated is an	individual, provide	the name of th	e indivi	dual.							
Full legal name of indivi	dual										
		Family name			Fire	st given	name		Secondary	given names	
If the person compensated is no	t an individual, pro	vide the followi	ng infor	rmation.							
Full legal name	of non-individual	Acumen Ca	pital P	artners	1						
Fi	rm NRD number	6 0	7	0				(if app	licable)		
Indicate whether the person con	npensated facilitate	d the distribution	n throu	ugh a fui	nding poi	tal or a	n interne	t-based _l	portal.	No 🗌	Yes
b) Business contact inform	mation										
If a firm NRD number is not pro	vided in Item 8 (a),	provide the bus	iness co	ontact in	formatio	n of the	person b	eing cor	npensated.		
Street address											
Municipality							Province	e/State			
Country					I	Postal	code/Zi	p code			
Email address						Tele	phone n	umber			
c) Relationship to issuer	or investment fur	d manager		_							_
Indicate the person's relationship the Instructions and the meanin Connect with the issue	g of "control" in sec	tion 1.4 of NI 4		-		f comp	leting this	s section.	-		3(2) of
Director or officer of the	ne investment fund	or investment	fund ma	anager		Emplo	yee of th	e issuer	or investment fur	nd manager	
✓ None of the above											
d) Compensation details											
Provide details of all compensati Canadian dollars. Include cash co incidental to the distribution, suc allocation arrangements with the	ommissions, securit h as clerical, printir	ies-based comp ng, legal or acco	ensatio ounting	on, gifts, services	discounts . An issue	or other	er compe required	nsation. to ask fo	Do not report pay	ments for se	rvices
Cash commissions pa	7,0	98.00				[Security	code 1	Security code 2	Security co	de 3
Value of all securitie	s 20.0	280.00	9	Security	codes		WN	Т			
distributed as compensation	'	280.00					I				
Describe to	erms of warrants, o	ptions or other	rights	additi	onal Ga subject	meOn to acc	Share falleration	or a pei n in the	rcisable to acquiriod of 24 montle event the Gamed of 10 consec	ns at a price eOn Share	es
Other compensation	h ⁵	De	scribe								
Total compensation pai	d										
Check box if the per	son will or may red	eive any defer	red con	npensati	ion (desc	ribe the	e terms b	elow)			
⁴ Provide the aggregate value of additional securities of the issurights exercisable to acquire action of the include deferred compared to acquire action of the include acquired to acquired to acquire action of the include acquired to acquire action of the include acquired to acquired to acquire action of the include acquired to acquired t	er. Indicate the sec Iditional securities	curity codes for									er

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	UER				
If the issuer is an investment fund	d, do not complete	Item 9. Procced to	Item 10.					
Indicate whether the issuer is any o	f the following (selec	t the one that appli	es - if more than one	applies, select onl	y one).			
Reporting issuer in any juris	sdiction of Canada							
Foreign public issuer								
Wholly owned subsidiary of	a reporting issuer in	n any jurisdiction of	Canada ⁶					
Provide nar	ne of reporting issue	er						7
Wholly owned subsidiary of	a foreign public issu	uer ⁶						_
Provide name of	f foreign public issue	er						7
Issuer distributing only eligi	ble foreign securities	s and the distribution	on is to permitted clie	nts only ⁷				_
If the issuer is at least one of the	above, do not comp	plete Item 9(a) – (c). Proceed to Item	10.				
⁶ An issuer is a wholly owned subsice securities that are required by law to respectively. ⁷ Check this box if it applies to the collections. Refer to the definitions of "e	o be owned by its dir urrent distribution ev	rectors, are benefic ren if the issuer ma	ially owned by the re de previous distributi	eporting issuer or to ions of other types	the foreign	public is	suer,	
If the issuer is none of the	-		.,	the manacaons.				
a) Directors, executive officer	•							
Provide the following information for territory; otherwise state the country.						tate the p	orovince	or
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individi resident jurisdictio individu	ual or ail n of		onship to et all that	
				Province or	country	D	0	Р
	Tejani	Shafin	Diamond	British Columb	ia		✓	
	Rempel	Sheri		British Columb	ia	✓		
b) Promoter information								
If the promoter listed above is not ar within Canada, state the province or								
Organization or company name	Organization or company name Family name First given name Secondary given names Residential jurisdiction of individual Relationship to promoter (select one or both if applicable)							
				Province or country	D		C)
c) Residential address of eac	h individual							
Complete Schedule 2 of this form	providing the full r	residential address	for each individua	l listed in Item 9	(a) and (b)	and att	ach to t	he

completed report. Schedule 2 also requires information to be provided about control persons.

ITEM 10 - CERTIFICATION

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

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

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

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

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of exemt distribution.

By completing the information below, I certify, on behalf of the issuer/underwriter/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.

Name of issuer/underwriter/ investment fund manager/agent	GameOn Entertainment Techi	meOn Entertainment Technologies Inc.									
Full legal name	Rempel	npel Sheri									
	Family name	First given name	•	Seconda	ıry given na	ames					
Title	Director	rector									
Telephone number	6042839166	Email address	sheri@vic	torysqua	are.com						
Signature	Sheri Rempel	Date	2021	03	19						
			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	Lagerbom	Lisa		Title	Paralegal
	Family name	First given name	Secondary given names	_	
Name of company	MLT Aikins LLP				
Telephone number	6046085766	Em	ail address Ilagerbom@	mltaikins	s.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 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.