# Form 45-106F1 Report of Exempt Distribution

ITEM 1 - REPORT TYPE					
☐ New report					
Amended report If amended, provide filing date of report that is being amended 2021 03 19 (YYYY-MM-DD)					
ITEM 2 - PARTY CERTIFYING THE REPORT					
Indicate the party certifying the report (select only one). For guide Instrument 81-106 Investment Fund Continuous Disclosure and t			vestment fund, refer to section	on 1.1 of National	
☐ Investment fund issuer					
✓ Issuer (other than an investment fund)					
☐ Underwriter					
ITEM 3 - ISSUER NAME AND OTHER IDENTIFIERS					
Provide the following information about the issuer, or if the issue	r is an investment	fund, about the fund.			
Full legal name GameOn Enterta	ainment Tech	nologies Inc.			
Previous full legal name					
If the issuer's name changed in the last 12 months, provi	If the issuer's name changed in the last 12 months, provide most recent previous legal name.				
Website www.v2g.io/	Website www.v2g.io/ (if applicable)				
If the issuer has a legal entity identifier, provide below. Refer to P	art B of the Instru	ctions for the definition	of "legal entity identifier".		
Legal entity identifier					
If two or more issuers distributed a single security, provide the ful	l legal name(s) of	the co-issuer(s) other th	an the issuer named above.		
Full legal name(s) of co-issuer(s)	(if applicable)				
ITEM 4 - UNDERWRITER INFORMATION					
If an underwriter is completing the report, provide the underwrite	r's full leaal name	e and firm NRD number.			
Full legal name	- 1, -9, -				
Firm NRD number		(if applicable)		ļ	
If the underwriter does not have a firm NRD number, provide the	a firm NRD number, provide the head office contact information of the underwriter.				
Street address					
Municipality		Province/State			
Country	P	ostal code/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 <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
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	
<sup>1</sup> 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 st	atus 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	\$5M to under \$25M \$25M 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 i	n which the di	stribution	was mad	e. All dollar amounts provided	in the repor	t must be	in Canad	dian dollars.	
<b>√</b>	Canadian dollar	JS dollar		] Euro	Other (describe)					
b)	Distribution date(s)									
as b		the report is l		٠.	f for securities distributed on or ities distributed on a continuou	,				date
	Start dat	e 2021	03	11	End date	2021	03	11		
		YYYY	MM	DD	·	YYYY	MM	DD	_	

#### c) Detailed purchaser information

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

### d) Types of securities distributed

Provide the following information for all distributions 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 (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
S U B		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

#### 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.

ex		tible / jeable code		nderlyi curity 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.	

# f) Summary of the distribution by jurisdiction and exemption

State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only.

This table requires a separate line item for: (i) each jurisdiction where a purchaser resides, (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign jurisdiction.

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

Province or country	Exemption relied on	Number of unique <sup>28</sup> purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	87	3,456,101.60
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	7	109,129.30
Alberta	NI 45-106 2.3 [Accredited investor]	23	584,070.55
Alberta	NI 45-106 2.5 [Family, friends and business associates]	3	23,974.65

Ontario	NI 45-106 2.3 [Accredited investor]	21	706,538.70
Ontario	NI 45-106 2.5 [Family, friends and business associates]	4	40,474.70
Québec	NI 45-106 2.3 [Accredited investor]	2	30,249.80
Manitoba	NI 45-106 2.3 [Accredited investor]	3	77,000.00
Yukon	NI 45-106 2.3 [Accredited investor]	2	200,039.00
United States	NI 45-106 2.3 [Accredited investor]	10	221,274.55
Netherlands	NI 45-106 2.3 [Accredited investor]	1	14,999.95
New Zealand	NI 45-106 2.3 [Accredited investor]	1	9,975.00
Liechtenstein	NI 45-106 2.3 [Accredited investor]	1	16,100.00
Germany	NI 45-106 2.3 [Accredited investor]	1	35,000.00
Switzerland	NI 45-106 2.3 [Accredited investor]	1	99,750.00
New Brunswick	NI 45-106 2.3 [Accredited investor]	1	106,750.00
China	NI 45-106 2.3 [Accredited investor]	1	9,975.00
Australia	NI 45-106 2.3 [Accredited investor]	2	25,559.80
Manitoba	NI 45-106 2.5 [Family, friends and business associates]	1	9,975.00
	Total dollar amount of se	curities distributed	5,776,937.60
	Total number of unique purchasers <sup>2b</sup>	172	

<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.

## 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	

<sup>&</sup>lt;sup>3</sup>"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)

<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 8 - COMPENSATION INFORMATION
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. <b>Complete additional copies of this page if more than one person was, or will be, compensated.</b>
Indicate whether any compensation 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 re	gistration status									
Indicate whether the person co	mpensated is a reg	istrant.	<b>✓</b>	No			Yes				
If the person compensated is ar	n individual, provid	le the name of the ir	ndividua	ıl.							
Full legal name of indiv	/idual										
		Family name			Firs	t given	name		Secondar	given names	
If the person compensated is no	-	_									
Full legal name	of non-individua	MiAnna Consu	ılting a	nd Des	sign						
F	irm NRD numbe	er						(if app	licable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.											
b) Business contact information											
If a firm NRD number is not pro	ovided in Item 8 (a	), provide the busine	ss conto	act infor	mation	of the	person l	peing con	npensated.		
Street address 14166 28A Ave											
Municipality	Surrey					ı	Province	e/State	British Colu	nbia	
Country	Canada				P	Postal	code/Zi	p code	V4P 2H8		
Email address						Tele	phone n	umber			
c) Relationship to issuer or investment fund manager											
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.  Connect with the issuer or investment fund manager  Insider of the issuer (other than an investment fund)  Director or officer of the investment fund or investment fund manager  Employee of the issuer or investment fund manager											
✓ None of the above											
d) Compensation details					0():						
Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, su allocation arrangements with the	commissions, secui ch as clerical, prin	rities-based compens ting, legal or accoun	sation, g ting ser	gifts, dis vices. A	counts n issuei	or other is not	er compe required	nsation. I to ask fo	Do not report po	yments for sei	rvices
Cash commissions pa	aid						Security	code 1	Security code 2	Security cod	de 3
Value of all securities	30	,000.00	Sec	urity co	des		W	ΙТ			
distributed as compensatio		options or other rig	a \$ tr	ddition 0.52 sı	al Gar ıbject	neOn to acc	Share faceleration	or a per on in the	rcisable to acc iod of 24 mon event the Ga d of 10 conse	ths at a price neOn Share	es
Other compensatio	n <sup>5</sup>	Descr	ibe								
Total compensation pa	nid										
Check box if the person will or may receive any deferred compensation (describe the terms below)											
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the so additional securities	ecurity codes for all									r

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								
	1	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 compensated facilitated the distribution through a funding portal or an internet-based portal.									
b) Business contact information									
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.									
Street address	Street address 506-521 Old Canmore Rd								
Municipality	Canmore		Province/State	Alberta					
Country	Canada		T1W 0M4						
Email address		Telephone number							
c) Relationship to issuer or investment fund manager									
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.  Connect with the issuer or investment fund manager  Insider of the issuer (other than an investment fund)									
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager									
✓ 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 issuer	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	WNT					
distributed as compensation	OII		F1-00	- 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 <sup>5</sup>	Describe							
Total compensation pa	aid								
Check box if the person will or may receive any deferred compensation (describe the terms below)									
<sup>4</sup> Provide the aggregate value additional securities of the iss rights exercisable to acquire a <sup>5</sup> 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 compens	ated and registration	status									
Indicate whether the person compen	sated is a registrant.		✓ No		Yes	5					
If the person compensated is an indi	vidual, provide the name	e of the individ	lual.								
Full legal name of individua	al										
	Family na	ame		First given	name			Seco	ndary giv	ven naı	mes
If the person compensated is not an	individual, provide the f	ollowing inforr	mation.								
Full legal name of n	on-individual Senta	Capital Inc.									
Firm !	NRD number					(	if appl	icable)			
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.											
b) Business contact information											
If a firm NRD number is not provide	d in Item 8 (a), provide t	he business co	ntact inform	nation of the	e perso	n beir	ng com	pensated.			
Street address 500	Street address 500-666 Burrard St										
Municipality	couver				Provir	nce/S	State	British C	olumb	ia	
Country	ada			Postal	code/	Zip c	ode	V6C 3P	6		
Email address		Telephone number					nber				
c) Relationship to issuer or investment fund manager											
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of											
the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.											
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)											
Director or officer of the in	vestment fund or invest	ment fund ma	nager	Emplo	oyee of	the is	ssuer o	or investme	nt fund	mana	iger
None of the above											
d) Compensation details											
Provide details of all compensation p											
Canadian dollars. Include cash comn incidental to the distribution, such as											
allocation arrangements with the dir										•	
Cash commissions paid					Secur	rity co	de 1	Security co	de 2	Securi	ty code 3
Value of all securities	2,400.00	S	ecurity cod	es	С	М	s				
distributed as compensation <sup>4</sup>		other rights									
Г	of warrants, options or	· ·									
Other compensation <sup>5</sup>		Describe									
Total compensation paid											
Check box if the person	will or may receive any	deferred com	pensation (	describe the	e terms	s belo	w)				
<sup>4</sup> Provide the aggregate value of all	securities distributed as	s compensatio	n, excludina	g options. w	varrant!	s or o	ther ric	nhts exercis	sable to	асаці	ire
additional securities of the issuer. It rights exercisable to acquire addition	ndicate the security cod	les for all secu									
<sup>5</sup> Do not include deferred compensa											

a) Name of person com	pensated and registration statu	ıs							
Indicate whether the person co	ompensated is a registrant.		✓ No		Yes				
If the person compensated is a	n individual, provide the name of th	ne individ	lual.						
Full legal name of indi	vidual								
	Family name		Firs	t given r	name		Secondary g	iven names	
If the person compensated is n	ot an individual, provide the followi	ing inforn	nation.						
Full legal name	e of non-individual 2296281 Al	lberta In	ıc.						
F	Firm NRD number				(it	appli	cable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  V No Yes									
b) Business contact information									
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.									
Street address 180 Lake Acadia PI SE									
Municipality	Calgary			F	Province/St	ate	Alberta		
Country	Canada	Canada				ode	T2J 3B8		
Email address				Telep	ohone num	ber			
c) Relationship to issuer or investment fund manager									
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.  Connect with the issuer or investment fund manager  Insider of the issuer (other than an investment fund)									
Director or officer of the investment fund or investment fund manager  Employee of the issuer or investment fund manager									
✓ None of the above	<u> </u>								
d) Compensation details	<b>,</b>								
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	pensation ounting s	n, gifts, discounts services. An issuer	or othe r is not	er compensat required to a	ion. D isk for	o not report payr	nents for services	
Cash commissions p	aid				Security cod	e 1	Security code 2	Security code 3	
Value of all securiti distributed as compensation	3 067 00	s	ecurity codes		WN	Т			
·	terms of warrants, options or other		additional Gar \$0.52 subject	neOn to acc	Share for a eleration in	perion	cisable to acquod of 24 month event the Gamel of 10 consecu	s at a price of eOn Shares	
Other compensation	on <sup>5</sup> De	escribe							
Total compensation pa	aid	'							
Check box if the po	erson will or may receive any defer	rred com	pensation (descr	ibe the	terms belov	v)			
additional securities of the iss	of all securities distributed as comp suer. Indicate the security codes for additional securities of the issuer. pensation.								

a) Name of person comp	ensated and regi	stration status							
Indicate whether the person cor	mpensated is a regis	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	Firs	st given name	Secondary given names				
If the person compensated is no	ot an individual, prov	vide the following info	rmation.						
Full legal name	of non-individual	Haywood Securiti	es Inc.						
F	irm NRD number	1 6 3	0	(if ap	plicable)				
Indicate whether the person co	mpensated facilitate	d the distribution thro	ugh a funding por	tal or an internet-based	d portal. ✓ No ☐ Yes				
b) Business contact information									
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.									
Street address									
Municipality				Province/State	)				
Country			-	Postal code/Zip code					
Email address				Telephone number	r				
c) Relationship to issuer or investment fund manager									
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.									
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)									
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager									
✓ None of the above									
d) Compensation details									
Canadian dollars. Include cash o	commissions, securit ch as clerical, printir	ies-based compensationg, legal or accounting	on, gifts, discounts services. An issue	or other compensation r is not required to ask	distribution. Provide all amounts in . Do not report payments for services for details about, or report on, internal				
Cash commissions pa	aid 60,2	245.98		Security code 1	Security code 2 Security code 3				
Value of all securitie distributed as compensatio	172 1	31.00	Security codes	W N T					
·	"	ptions or other rights	additional Gai \$0.52 subject	meOn Share for a pe to acceleration in th	ercisable to acquire one eriod of 24 months at a price of e event the GameOn Shares iod of 10 consecutive trading				
Other compensatio	n <sup>5</sup>	Describe							
Total compensation pa	id								
Check box if the pe	rson will or may red	eive any deferred cor	mpensation (desc	ribe the terms below)					
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire at <sup>5</sup> Do not include deferred comp	uer. Indicate the sec additional securities	curity codes for all sec			rights exercisable to acquire uding options, warrants or other				

a) Name of person compensated and registration 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 compensated facilitated the distribution through a funding portal or an internet-based portal.										
b) Business contact information										
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.										
Street address										
Municipality			Province/State							
Country			F	Postal code/Zip co	de					
Email address		Telephone number								
c) Relationship to issuer or investment fund manager										
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.										
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)										
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager										
✓ 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 or is not required to a	ion. Do not report pay sk for details about, o	ments for services				
Cash commissions pai	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 <sup>5</sup>	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	<b>'</b> )					
<sup>4</sup> Provide the aggregate value o additional securities of the issu- rights exercisable to acquire ad <sup>5</sup> Do not include deferred compe	er. Indicate the sec Iditional securities	curity codes for all sec								

a) Name of person compensated and registration status											
Indicate whether the person con	npensated is a regis	trant.		N	0	<b>√</b>	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	mation.							
Full legal name	of non-individual	Acumen Ca	pital P	artners	i						
Fi	rm NRD number	6 0	7	0				(if app	licable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  Ves											
b) Business contact information											
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.											
Street address											
Municipality							Province	e/State			
Country					ı	Postal	code/Zi	p code			
Email address		Telephone number									
c) Relationship to issuer or investment fund manager											
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.  Connect with the issuer or investment fund manager  Insider of the issuer (other than an investment fund)											
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager											
✓ 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	n, gifts, services	discounts . An issue	or other	er compe required	nsation. to ask fo	Do not report pay	ments for serv	vices
Cash commissions pa	7,0	98.00				[	Security	code 1	Security code 2	Security cod	de 3
Value of all securitie	s 20.0	280 00	:	Security	codes		WN	ΙТ			
distributed as compensation	'	280.00									
Describe to	erms of warrants, o	ptions or other	rights	additi	onal Ga subject	meOn to acc	Share f eleratio	or a pei n in the	rcisable to acquiriod of 24 month event the Gam and of 10 consec	ns at a price eOn Shares	s
Other compensation	h <sup>5</sup>	De	scribe								
Total compensation pai	d										
Check box if the per	son will or may red	eive any defer	red con	npensati	on (desc	ribe the	e terms b	elow)			
<sup>4</sup> 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									r

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 of the following (select the one that applies - if more than one applies, select only one).											
Reporting issuer in any jurisdiction of Canada											
Foreign public issuer											
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada <sup>6</sup>											
Provide name of reporting issuer											
Wholly owned subsidiary of a foreign public issuer <sup>6</sup>											
Provide name of	f foreign public issue	er						7			
Issuer distributing only eligi	ble foreign securities	and the distribution	on is to permitted clie	nts only <sup>7</sup>				_			
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (	c). Proceed to Item	10.							
If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10. <sup>6</sup> An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. <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. Perfort to the definitions of "visible foreign populity" and "permitted clients" in Part P(1) of the Instructions.											
clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.  If the issuer is none of the above, check this box and complete Item 9(a) - (c).											
a) Directors, executive officers and promoters of the issuer  Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or											
territory; otherwise state the country.						tate tne <sub>l</sub>	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	Relationship to is (select all that a					
				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	Family name	First given name	Secondary given names	Residential jurisdiction of individual			tionship to promoter one or both if applicable)				
				Province or country	1 1 1		0				
c) Residential address of eac	h individual										
Complete Schedule 2 of this form	providing the full r	esidential 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 Technologies Inc.										
Full legal name	Rempel	Sheri									
	Family name		First given name		Seconda	ary given na	ames				
Title	CFO										
Telephone number	6042839166		Email address	sheri@vio	ctorysqu	are.com					
Signature			Date	2021	06	17					
				YYYY	MM	DD					

TEM 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	Condon	Sara		Title	Filing Agent					
	Family name	First given name	Secondary given names	-						
Name of company	ARO Consutling									
Telephone number	604-428-7050	Er	mail address scondon@a	arconsulti	ng.ca					

## Notice - Collection and use of personal information

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

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

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

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

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