Form 45-106F1 Report of Exempt Distribution

ITEM 1 – REPORT TYPE										
X 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 (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.										
Investment fund issuer										
X Issuer (other than an investment fund)										
Underwriter										
ITEM 3 - ISSUER NAME AND OTHER IDENTIFIERS										
Provide the following information about the issuer, or if the issuer is an investment fund, about the fund.										
Full legal name PODA Lifestyle and Wellness Ltd.										
Previous full legal name										
If the issuer's name changed in the last 12 months, provide most recent previous legal name.										
Website https://podalifestyle.com (if applicable)										
If the issuer has a legal entity identifier, provide below. Refer to Part B of the Instructions for the definition of "legal entity i	identifier".									
Legal entity identifier										
If two or more issuers distributed a single security, provide the full legal name(s) of the co-issuer(s) other than the issuer no	amed above.									
Full legal name(s) of co-issuer(s) (if applicable)										
ITEM 4 – UNDERWRITER INFORMATION										
If an underwriter is completing the report, provide the underwriter's full legal name and firm 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										
Municipality Province/State										
Country Postal 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. 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 2 3 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. Commercial/business debt Mortgages Real estate Consumer debt Private companies Cryptoassets Number of employees Number of employees: 0 - 4950 - 99100 - 499500 or more SEDAR profile number Does the issuer have a **SEDAR** profile? No X Yes If yes, provide SEDAR profile number 0 If the issuer does not have a SEDAR profile complete Item 5(d) - (h). Head office address Street address Province/State Municipality Postal code/Zip code Country Telephone number Date of formation and financial year-end Date of formation Financial year-end MM DD MM DD f) Reporting issuer status Yes Is the issuer a reporting issuer in any jurisdiction of Canada? If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. ΑII AΒ BC MB NB NT NL NS NU ON PF QC SK ΥT 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 investment fund, provide the following information.											
a) Investment fund manager information											
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											
Country Postal code/Zip code											
Telephone number Website (if applicable)											
b) Type of investment fund											
Type of investment fund that most accurately identifies the issuer (select only one). Money market Equity Fixed income Balanced Other (describe)											
Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Is a UCITs Fund¹ 1Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.											
c) Date of formation and financial year-end of the investment fund											
Date of formation Financial year-end MM DD											
d) Reporting issuer status of the investment fund											
Is the investment fund a reporting issuer in any jurisdiction of Canada? No Yes											
If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. All AB BC MB NB NL NT NS NU ON PE QC SK YT											
e) Public listing status of the investment fund											
If the investment fund has a CUSIP number, provide below (first 6 digits only). CUSIP number If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's 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											
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 \$). \$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: YYYY MM DD											

pi cc	urcha. onnec	sers res tion wi	idei th ti	nt in the	at juri ibutio	isdicti	on of Canada	only. Do not	in a jurisdiction of (include in Item 7 se m 8. The informatic	curities	issued a	s payment o	f commission	s or finder's fees i	in
a) Currency															
Se				y or cui n dolla		es in v	which the dist		nade. All dollar am Euro Other	ounts p (descr	_	n the report	must be in C	anadian dollars.	
b) Distribution date(s)															
do	ate as	both t	he s		d end	dates	. If the report		filed for securities d for securities distrib			-	-		
	Start date 2021 06 24 YYYY MM DD End date 2021 06 24 YYYY MM DD														
	C)) De	taile	ed pur	chas	er inf	ormation								
С	отр	lete S	che	dule 1	l of t	his f	orm for eac	h purchase	r and attach the	sched	lule to	the comple	eted report	•	
	d)) Тур	oes	of sec	curitie	es dis	tributed								
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.															
			-							ı		Single or	Canadian	1 \$ 	_
		ecurity code		CUSIF (if app	onumb plicabl			Description of s	n of security Nu se			lowest price	Highest price	Total amount	
	U	В	3				share and on	e-half of one tra	subordinate voting transferable ourchase warrant		76,943	0.70		4,603,860.10	
															_
			+												_
	e)) De	tails	s of rig	hts a	ınd c	onvertible/e	xchangeable	e securities						
									e exercise price and						e
SE	l			I	u, pro	viae i		se price	cribe any other teri	ris jor e	acri com	ленивиелехст Т	ипуеаые ѕес	инцу.	٦
	exc	nvertible hangea curity co	ble		nderlyir urity co	•		dian \$) Highest	Expiry date (YYYY-MM-DD)	Conve ra		Descri	(if applicable)		
}	W	N	Т	С	М	S	1.00		2023-06-24	1:	:1		N/A		
	f)	Su	mm	narv of	the o	distrik	oution by iur	isdiction and	d exemption						
St							• • • •		umber of purchaser	rs for ea	ch iurisa	liction of Car	nada and fore	eian iurisdiction w	here a
рі	urcha	ser resi	des	and for	r each	exem	nption relied o	on in Canada j	for that distribution	. Howev	er, if an	issuer locate	d outside of		
			-						purchasers resident		-		-		
									where a purchaser i ada, and (iii) each e						
	risdic		<i></i>	, y a pa	. criusi	1631	ar a jurist	accept of Care	and, and (all each e	pill	, C. (C. C. C	on ar canac	, y a paren	aser resides ard p	z. c.g.r
Fo	or juri	sdiction	75 N	vithin C	anado	a, stat	e the province	e or territory, o	otherwise state the	country.					
	Pro	ovince o	r co	ountry			E	xemption relied	lon		Numbe purc	r of unique hasers ^{2a}	Total amou	unt (Canadian \$)	
	Bri	tish C	olu	mbia			NI 45-106	2.3 [Accredi	ted Investor]			46	1,5	26,716.80	
	Bri	tish C	olu	mbia				2.5 [Friend				9		81,398.80	
		Albe							ted Investor]			21		51,000.00	
	-	Mani						_	ted Investor]			1		49,000.00	-
ı	Saskatchewan NI 45-106 2.3 [Accredited Investor] 1 99.400.00														

1,282,849.40

17,500.00

14

NI 45-106 2.3 [Accredited Investor]

NI 45-106 2.3 [Accredited Investor]

Ontario

Yukon

	urities distributed 111	4,000,000.10	
	4,603,860.10		
Costa Rica	NI 45-106 2.3 [Accredited Investor]	1	21,000.00
Switzerland	NI 45-106 2.3 [Accredited Investor]	1	21,000.00
Monaco	Monaco NI 45-106 2.3 [Accredited Investor]		63,000.00
Cayman	NI 45-106 2.3 [Accredited Investor]	3	552,499.50
Paraguay	NI 45-106 2.3 [Accredited Investor]	1	42,000.00
United Kingdom	NI 45-106 2.3 [Accredited Investor]	2	84,000.00
United States	NI 45-106 2.5 [Friends & Familiy]	9	112,495.60

^{2a}ln 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.³ 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&}quot;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)
1.				
2.				
3.				

^{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 X Yes If yes, indicate number of persons compensated.										
a) Name of person compensated and registration status										
Indicate whether the person compensated is a registrant. No X Yes										
If the person compensated is an individual, provide the name of the individual.										
Full legal name of individual										
Family name First given name Secondary given names										
If the person compensated is not an individual, provide the following information. Full legal name of non-individual Leede Jones Gable										
Firm NRD number 5 7 7 0 (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.										
X 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										
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. Connected 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										
X None of the above										
d) Compensation details										
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer. Cash commissions paid \$28,689.50										
Value of all securities distributed as Security code 1 Security code 2 Security code 3 Security code 1 Security code 2 Security code 3										
compensation ⁴ W N T C M S										
Describe terms of warrants, options or other rights, 40,985 Finder's Options, each option is convertible into one one subordinate voting share at an exercise price of \$1.00, for a period of 2 years from issuance										
Other compensation ⁵ Describe										
Total compensation paid \$28,689.50										
Check box if the person will or may receive any deferred compensation (describe the terms below)										
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. ⁵ Do not include deferred compensation.										

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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 X Yes If yes, indicate number of persons compensated.										
Name of person compensated and registration status										
Indicate whether the person compensated is a registrant. No X Yes										
If the person compensated is an individual, provide the name of the individual.										
Full legal name of individual Family name First given name Secondary given names										
If the person compensated is not an individual, provide the following information.										
Full legal name of non-individual PI Financial Corp.										
Firm NRD number 5 2 9 0 (if applicable)										
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. X 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										
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. Connected 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										
x None of the above										
d) Compensation details										
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not repor payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.										
Cash commissions paid \$21,070										
Value of all securities distributed as Security code 1 Security code 2 Security code 2 Security code 3										
compensation ⁴ WNTCMS										
Describe terms of warrants, options or other rights 16,000 Finder's Options, each option is convertible into one one subordinate voting share at an exercise price of \$1.00, for a period of 2 years from issuance										
Other compensation ⁵ Describe										
Total compensation paid \$21,070										
Check box if the person will or may receive any deferred compensation (describe the terms below)										
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer.										
⁵ Do not include deferred compensation.										

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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 X Yes If yes, indicate number of persons compensated.										
Name of person compensated and registration status										
Indicate whether the person compensated is a registrant. No X Yes										
If the person compensated is an individual, provide the name of the individual.										
Full legal name of individual										
Family name First given name Secondary given names If the person compensated is not an individual, provide the following information.										
Full legal name of non-individual Canaccord Genuity Corp.										
Firm NRD number 9 0 0 0 (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. X 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										
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. Connected 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 X None of the above										
d) Compensation details										
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer. Cash commissions paid \$95,501										
Value of all securities Security code 1 Security code 2 Security code 3										
distributed as compensation ⁴ Security codes W N T C M S										
Describe terms of warrants, options or other rights 136,430 Finder's Options, each option is convertible into one one subordinate voting share at an exercise price of \$1.00, for a period of 2 years from issuance										
Other compensation ⁵ Describe										
Total compensation paid \$95,501										
Check box if the person will or may receive any deferred compensation (describe the terms below)										
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer.										
⁵ Do not include deferred compensation.										

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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 X Yes If yes, indicate number of persons compensated.										
Name of person compensated and registration status										
Indicate whether the person compensated is a registrant. No X Yes										
If the person compensated is an individual, provide the name of the individual.										
Full legal name of individual										
Family name First given name Secondary given names										
If the person compensated is not an individual, provide the following information. Full legal name of non-individual Haywood Securities Inc.										
Firm NRD number 1 6 3 0 (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.										
X 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										
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. Connected 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										
x None of the above										
d) Compensation details										
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.										
Cash commissions paid \$25,234.80										
Value of all securities Security code 1 Security code 2 Security code 3										
distributed as compensation ⁴ Security codes W N T C M S										
Describe terms of warrants, options or other rights 36,049 Finder's Options, each option is convertible into one one subordinate voting share at an exercise price of \$1.00, for a period of 2 years from issuance										
Other compensation ⁵ Describe										
Total compensation paid \$25,234.80										
Check box if the person will or may receive any deferred compensation (describe the terms below)										
⁴ Provide the aggregate value of all securities distributed as compensation, excluding options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, including options, warrants or other rights exercisable to acquire additional securities of the issuer. ⁵ Do not include deferred compensation.										

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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 X Yes If yes, indicate number of persons compensated.											
Name of person compensated and registration status											
Indicate whether the person compensated X No Yes	l is a registrant.										
If the person compensated is an individua		individual.				1					
Full legal name of individual	Savage Family name	Fi	Richar			Se	econda	rv aiven	names		
Family name First given name Secondary given names If the person compensated is not an individual, provide the following information.											
Full legal name of non-indivi											
Firm NRD nur	mber			(if	applic	able)					_
	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.										
b) Business contact information	on										
If a firm NRD number is not provided in It	tem 8(a), provide the busir	ness contact	informa	tion c	f the p	erson b	peing c	ompen	sated.		
Street address 5620 Pta	armingan Place										
Municipality North Va	ancouver		Prov	ince/	State	ВС					
Country Canada		Pos	tal code	e/Zip	code	V7F	R 4S3				
Email address richards	avage3@yahoo.ca	Te	elephor	ne nu	mber	778	-999-	9497			
c) Relationship to issuer or inv	vestment fund manage	er									
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. Connected 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 X None of the above										in	
d) Compensation details											
Provide details of all compensation paid, of amounts in Canadian dollars. Include cast payments for services incidental to the distribution details about, or report on, internal allocatissuer. Cash commissions paid \$54,701	h commissions, securities- stribution, such as clerical, tion arrangements with th	based comp printing, leg	ensation Jal or ac	n, gifts count	, disco	unts or vices. A	other An issu	compei er is no	nsation. ot require	Do not reed to ask	eport for
Value of all securities			Secu	rity co	de 1	Sec	urity co	de 2	Secui	rity code 3	
distributed as	Sec	urity codes	W	N	T	С	M	S	Coodi	nty codo o	
compensation ⁴		78,145 Find							no ono s	ubordinate	
Describe terms of warrants	s, options or other rights	voting share									3
Other compensation ⁵	Describe										
Total compensation paid \$54,701	1.44										
Check box if the person will or ma											
⁴ Provide the aggregate value of all securities distr issuer. Indicate the security codes for all securitie the issuer.											
⁵ Do not include deferred compensation.											

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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 X Yes If yes, indicate number of persons compensated.												
Name of person compensated and registration status												
Indicate whether the person comper X No Yes	isated is a regist	rant.										
If the person compensated is an indi	·		e individual.				1					
Full legal name of individual	Pres		Fi	Josep rst given			Stan		rv aiven	names		
Family name First given name Secondary given names If the person compensated is not an individual, provide the following information.												
	Full legal name of non-individual											
Firm NRI	O number				(if	applic	able)					_
Indicate whether the person comper		the distributio	n through a	funding	`	• •	,	et-base	ed porto	al.		
b) Business contact infor	mation											
If a firm NRD number is not provide	d in Item 8(a), p	rovide the busi	ness contact	inform	ation o	of the p	erson Ł	peing c	ompen	sated.		
Street address 119	11 Dunford R	oad										
Municipality Rich	hmond			Prov	vince/	/State	ВС					
Country Car	nada		Pos	tal cod	le/Zip	code	V7E	3M6				
Email address joer	oreswick@gm	ail.com] Te	elepho	ne nı	ımber	604	-315-	5559			
c) Relationship to issuer	or investment	fund manage		·								
Part B(2) of the Instructions and the Connected with the issuer Insider of the issuer (other Director or officer of the in	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. Connected 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										'in	
d) Compensation details												
Provide details of all compensation pamounts in Canadian dollars. Include payments for services incidental to the details about, or report on, internal dissuer. Cash commissions paid	de cash commiss the distribution, s	ions, securities such as clerical,	-based comp , printing, leg	ensatio gal or a	n, gifts ccount	s, discou ting ser	unts or vices. A	other An issu	compei er is no	nsation. et require	Do not i ed to ask	report for
Value of all securities	ψ000.01			Seci	urity co	ide 1	Sec	urity co	de 2	Secur	ity code 3	3
distributed as		Sec	urity codes	W	N	T	С	M	S	Occur	ity code (
compensation ⁴			1 000 Finds							0.000.011	hordinato	=
Describe terms of wa	rrants, options o	or other rights	1,000 Finde voting share issuance									
Other compensation ⁵		Describe										
Total compensation paid	\$699.97											
Check box if the person will	·		·									
⁴ Provide the aggregate value of all securiti issuer. Indicate the security codes for all se the issuer.												
⁵ Do not include deferred compensation.												

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 X Yes If yes, indicate number of persons compensated.						
a) Name of person compensated and registration status						
Indicate whether the person compensated is a registrant. X No Yes						
If the person compensated is an individual, provide the name of the individual.						
Full legal name of individual Family name First given name Secondary given names						
Family name First given name Secondary given names If the person compensated is not an individual, provide the following information.						
Full legal name of non-individual AM Collections Inc.						
Firm NRD number (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. X 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 Unit 101 – 334 East Kent Ave S						
Municipality Vancouver Province/State BC						
Country Canada Postal code/Zip code V5X 4N6						
Email address am@am-collections.com Telephone number 604 731 6868						
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. Connected 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						
X None of the above						
d) Compensation details						
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.						
Cash commissions paid \$30,198.01	1					
Value of all securities distributed as Security code 1 Security code 2 Security code 2 Security code 3						
compensation ⁴ W N T C M S]					
Describe terms of warrants, options or other rights 43,140 Finder's Options, each option is convertible into one one subordinate voting share at an exercise price of \$1.00, for a period of 2 years from issuance						
Other compensation ⁵ Describe						
Total compensation paid \$30,198.01						
Check box if the person will or may receive any deferred compensation (describe the terms below)						
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities the issuer.						
⁵ Do not include deferred compensation.						

ITEM 9 – DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER									
If the issuer is an investment fund, do not complete Item 9. Proceed to Item 10.									
Indicate whether the issuer is any of th	ne following (select th	ne one that appl	ies – if more th	nan one (applies, sele	ct only one).			
X Reporting issuer in any jurisdiction of Canada									
Foreign public issuer									
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶									
Provide name of reporting issuer									
Wholly owned subsidiary of a foreign public issuer ⁶									
Provide name of foreign public issuer									
Issuer distributing only eligible foreign securities and the distribution is to permitted clients only ⁷									
If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10. 6An 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. 7Check 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.									
If the issuer is none of the a		-		(c).					
a) Directors, executive office	cers and promoter	s of the issue	r						
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. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.									
Organization or company name	Family name	First given name	Secondary given names		Business location of non-individual or residential jurisdiction of individual		Relationship to issuer (select all that apply)		
					Province or country		D	0	Р
b) Promoter information									
If the promoter listed above is not an illocations within Canada, state the pro Officer.	•								
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)			
					ince or	D		0	
				- 00	ountry				
c) Residential address of e	each individual								

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

Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and

ITEM 10 - CERTIFICATION

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

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

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

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

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

By completing the information below, I certify, on behalf of the issuer/underwriter/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	PODA Lifestyle and Wellness Ltd.					
Full legal name	Selby Ryan					
	Family name	First given nam	е	Secondary given names		
Title	CEO					
Telephone number	604-207-5584	Email address	ryan.s@po	١		
Signature	"Ryan Selby"	Date	2021	07	05	
			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.

iestions 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	Lisa	Kowan		Corporate Admin			
	Family name	First given name	e Secondary given names	iven			
Name of company	Meraki Corporate Services Inc.						
Telephone number	604-813-9995		Email address	lisa@merakicsi.ca			

Notice - Collection and use of personal information

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

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

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

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

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

SCHEDULE 1 TO FORM 45-106F1 (CONFIDENTIAL PURCHASER INFORMATION)

Schedule 1 must be filed in the format of an Excel spreadsheet in a form acceptable to the securities regulatory authority or regulator.

The information in this schedule 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.

a) General information (provide only once)

- 1. Name of issuer
- 2. Certification date (YYYY-MM-DD)

Provide the following information for each purchaser that participated in the distribution. For each purchaser, create separate entries for each distribution date, security type and exemption relied on for the distribution.

b) Legal name of purchaser

If two or more individuals have purchased a security as joint purchasers, provide information for each purchaser under the columns for family name, first given name and secondary given names, if applicable, and separate the individuals' names with an ampersand. For example, if Jane Jones and Robert Smith are joint purchasers, indicate "Jones & Smith" in the family name column.

- 1. Family name
- 2. First given name
- 3. Secondary given names (if applicable)
- 4. Full legal name of non-individual (if applicable)

c) Contact information of purchaser

- 1. Residential street address
- 2. Municipality
- 3. Province/State
- 4. Postal code/Zip code
- 5. Country
- 6. Telephone number
- 7. Email address (if available)

d) Details of securities purchased

- 1. Date of distribution (YYYY-MM-DD)
- 2. Number of securities
- 3. Security code
- 4. Amount paid (Canadian \$)

e) Details of exemption relied on

- 1. Rule, section and subsection number
- 2. If relying on section 2.3 [Accredited investor] of NI 45-106, provide the paragraph number in the definition of "accredited investor" in section 1.1 of NI 45-106 that applies to the purchaser. (select only one if the purchaser is a permitted client that is not an individual, "NIPC" can be selected instead of the paragraph number)
- 3. If relying on section 2.5 [Family, friends and business associates] of NI 45-106, provide:
 - a. the paragraph number in subsection 2.5(1) that applies to the purchaser (select only one); and
 - b. if relying on paragraphs 2.5(1)(b) to (i), provide:
 - i. the name of the director, executive officer, control person, or founder of the issuer or affiliate of the issuer claiming a relationship to the purchaser. (Note: if Item 9(a) has been completed, the name of the director, executive officer or control person must be consistent with the name provided in Item 9 and Schedule 2.)
 - ii. the position of the director, executive officer, control person, or founder of the issuer or affiliate of the issuer claiming a relationship to the purchaser.
- **4.** If relying on subsection 2.9(2) or, in Alberta, New Brunswick, Nova Scotia, Ontario, Québec, or Saskatchewan, subsection 2.9(2.1) [Offering memorandum] of NI 45-106 and the purchaser is an eligible investor, provide the paragraph number in the definition of "eligible investor" in section 1.1 of NI 45-106 that applies to the purchaser. (select only one)

f) Other information

Paragraphs f)1. and f)2. do not apply if any of the following apply:

- (a) the issuer is a foreign public issuer;
- (b) the issuer is a wholly owned subsidiary of a foreign public issuer;
- (c) the issuer is distributing only eligible foreign securities and the distribution is to permitted clients only.
- 1. Is the purchaser a registrant? (Y/N)
- 2. Is the purchaser an insider of the issuer? (Y/N) (not applicable if the issuer is an investment fund)
- 3. Full legal name of person compensated for distribution to purchaser. If a person compensated is a registered firm, provide the firm NRD number only. (Note: the names must be consistent with the names of the persons compensated as provided in Item 8.)

INSTRUCTIONS FOR SCHEDULE 1

Any securities issued as payment for commissions or finder's fees must be disclosed in Item 8 of the report, not in Schedule 1.

Details of exemption relied on – When identifying the exemption the issuer relied on for the distribution to each purchaser, refer to the rule, statute or instrument in which the exemption is provided and identify the specific section and, if applicable, subsection or paragraph. For example, if the issuer is relying on an exemption in a National Instrument, refer to the number of the National Instrument, and the subsection or paragraph number of the specific provision. If the issuer is relying on an exemption in a local blanket order, refer to the blanket order by number.

For exemptions that require the purchaser to meet certain characteristics, such as the exemption in section 2.3 [Accredited investor], section 2.5 [Family, friends and business associates] or subsection 2.9(2) or, in Alberta, New Brunswick, Nova Scotia, Ontario, Québec, or Saskatchewan, subsection 2.9(2.1) [Offering memorandum] of NI 45-106, provide the specific paragraph in the definition of those terms that applies to each purchaser.

Reports filed under paragraph 6.1(1)(j) [TSX Venture Exchange offering] of NI 45-106 – For reports filed under paragraph 6.1(1)(j) [TSX Venture Exchange offering] of NI 45-106, Schedule 1 must list the total number of purchasers by jurisdiction only, and is not required to include the name, residential address, telephone number or email address of the purchasers.

SCHEDULE 2 TO FORM 45-106F1 (CONFIDENTIAL DIRECTOR, EXECUTIVE OFFICER, PROMOTER AND CONTROL PERSON INFORMATION)

Schedule 2 must be filed in the format of an Excel spreadsheet in a form acceptable to the securities regulatory authority or regulator.

Complete the following only if Item 9(a) is required to be completed. This schedule also requires information to be provided about control persons of the issuer at the time of the distribution.

The information in this schedule 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.

a) General information (provide only once)

- 1. Name of issuer
- 2. Certification date (YYYY-MM-DD)

b) Business contact information of Chief Executive Officer (if not provided in Item 10 or 11 of report)

- 1. Email address
- 2. Telephone number

c) Residential address of directors, executive officers, promoters and control persons of the issuer

Provide the following information for each individual who is a director, executive officer, promoter or control person of the issuer at the time of the distribution. If the promoter or control person is not an individual, provide the following information for each director and executive officer of the promoter and control person. (Note: names of directors, executive officers and promoters must be consistent with the information in Item 9 of the report, if required to be provided.)

- 1. Family name
- 2. First given name
- 3. Secondary given names
- 4. Residential street address
- 5. Municipality
- 6. Province/State
- 7. Postal code/Zip code
- 8. Country
- 9. Indicate whether the individual is a control person, or a director and/or executive officer of a control person (*if applicable*)

d) Non-individual control persons (if applicable)

If the control person is not an individual, provide the following information. For locations within Canada, state the province or territory, otherwise state the country.

- 1. Organization or company name
- 2. Province or country of business location

Questions:

Refer any questions to:

Alberta Securities Commission

Suite 600, 250 - 5th Street SW Calgary, Alberta T2P 0R4 Telephone: 403-297-6454

Toll free in Canada: 1-877-355-0585

Facsimile: 403-297-2082

Public official contact regarding indirect collection of

information: FOIP Coordinator

British Columbia Securities Commission

P.O. Box 10142, Pacific Centre 701 West Georgia Street Vancouver, British Columbia V7Y 1L2

Inquiries: 604-899-6854

Toll free in Canada: 1-800-373-6393

Facsimile: 604-899-6581 Email: FOI-privacy@bcsc.bc.ca

Public official contact regarding indirect collection of

information: FOI Inquiries

The Manitoba Securities Commission

500 - 400 St. Mary Avenue Winnipeg, Manitoba R3C 4K5 Telephone: 204-945-2561

Toll free in Manitoba: 1-800-655-5244

Facsimile: 204-945-0330

Public official contact regarding indirect collection of

information: Director

Financial and Consumer Services Commission (New Brunswick)

85 Charlotte Street, Suite 300 Saint John, New Brunswick E2L 2J2 Telephone: 506-658-3060

Toll free in Canada: 1-866-933-2222

Facsimile: 506-658-3059 Email: info@fcnb.ca

Public official contact regarding indirect collection of information: Chief Executive Officer and Privacy Officer

Government of Newfoundland and Labrador Financial Services Regulation Division

P.O. Box 8700 **Confederation Building** 2nd Floor, West Block Prince Philip Drive

St. John's, Newfoundland and Labrador A1B 4J6

Attention: Director of Securities Telephone: 709-729-4189 Facsimile: 709-729-6187

Public official contact regarding indirect collection of

information: Superintendent of Securities

Government of the Northwest Territories

Office of the Superintendent of Securities

P.O. Box 1320

Yellowknife, Northwest Territories X1A 2L9

Telephone: 867-767-9305 Facsimile: 867-873-0243

Public official contact regarding indirect collection of

information: Superintendent of Securities

Nova Scotia Securities Commission

Suite 400, 5251 Duke Street

Duke Tower P.O. Box 458

Halifax, Nova Scotia B3J 2P8 Telephone: 902-424-7768 Facsimile: 902-424-4625

Public official contact regarding indirect collection of

information: Executive Director

Government of Nunavut Department of Justice

Legal Registries Division P.O. Box 1000, Station 570 1st Floor, Brown Building Igaluit, Nunavut XOA 0H0 Telephone: 867-975-6590 Facsimile: 867-975-6594

Public official contact regarding indirect collection of

information: Superintendent of Securities

Ontario Securities Commission

20 Queen Street West, 22nd Floor Toronto, Ontario M5H 3S8 Telephone: 416-593-8314

Toll free in Canada: 1-877-785-1555

Facsimile: 416-593-8122

Email: exemptmarketfilings@osc.gov.on.ca

Public official contact regarding indirect collection of

information: Inquiries Officer

Prince Edward Island Securities Office

95 Rochford Street, 4th Floor Shaw Building P.O. Box 2000

Charlottetown, Prince Edward Island C1A 7N8

Telephone: 902-368-4569 Facsimile: 902-368-5283

Public official contact regarding indirect collection of

information: Superintendent of Securities

Autorité des marchés financiers

800, rue du Square-Victoria, 22e étage C.P. 246, tour de la Bourse

Montréal, Québec H4Z 1G3

Telephone: 514-395-0337 or 1-877-525-0337 Facsimile: 514-873-6155 (For filing purposes only) Facsimile: 514-864-6381 (For privacy requests only) Email: financementdessocietes@lautorite.qc.ca (For

corporate finance issuers);

fonds_dinvestissement@lautorite.qc.ca (For investment

fund issuers)

Public official contact regarding indirect collection of

information: Corporate Secretary

Financial and Consumer Affairs Authority of Saskatchewan

Suite 601 - 1919 Saskatchewan Drive Regina, Saskatchewan S4P 4H2 Telephone: 306-787-5842 Facsimile: 306-787-5899

Public official contact regarding indirect collection of

information: Director

Office of the Superintendent of Securities Government of Yukon Department of Community Services

307 Black Street, 1st Floor P.O. Box 2703, C-6

Whitehorse, Yukon Y1A 2C6 Telephone: 867-667-5466 Facsimile: 867-393-6251 Email: securities@gov.yk.ca

Public official contact regarding indirect collection of

information: Superintendent of Securities