Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9512496

ITEM 1 - REPORT TYPE	TEM 1 - REPORT TYPE							
✓ New report								
Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD)								
ITEM 2 - PARTY CERTIFYING THE REPORT	T							
Indicate the party certifying the report (select only one). Instrument 81-106 Investment Fund Continuous Disclos	e). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National							
☐ Investment fund issuer	tosare and the companion policy to 141 01 100.							
✓ Issuer (other than an investment fund	nd)							
Underwriter								
-								
ITEM 3 - ISSUER NAME AND OTHER IDEN								
Provide the following information about the issuer, or if								
Full legal name Xebra Brands Ltd.								
Previous full legal name 1198365	65 B.C. Ltd							
If the issuer's name changed in the last 12 mon	onths, provide most recent previous legal name.							
Website	(if applicable)							
If the issuer has a legal entity identifier, provide below. I	v. Refer to Part B of the Instructions for the definition of "legal entity identifier".							
Legal entity identifier								
If two or more issuers distributed a single security, provi	ovide the full legal name(s) of the co-issuer(s) other than 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 u	e 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, pr	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.					
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 5 1 1 1 3					
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.					
Exploration Development Production					
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.					
☐ Mortgages ☐ Real estate ☐ Commercial/business debt ☐ Consumer debt ☐ Private companies					
☐ Cryptoassets					
b) Number of employees					
Number of employees: ✓ 0 - 49					
c) SEDAR profile number					
Does the issuer have a SEDAR profile?					
✓ No ☐ Yes If yes, provide SEDAR profile number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					
If the issuer does not have SEDAR profile complete item 5(d) - (h).					
d) Head office address					
Street address 1090 Hamilton Street Province/State British Columbia					
Municipality Vancouver Postal code/Zip code V6B 2R9					
Country Canada Telephone number 6046383474					
e) Date of formation and financial year-end					
Date of formation 2019 02 21 Financial year-end 02 28 YYYY MM DD MM DD					
f) Reporting issuer status					
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes					
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.					
AII AB BC MB NB NL NT					
□ NS □ NU □ ON □ PE □ QC □ SK □ YT					
g) Public listing status					
If the issuer has a CUSIP number, provide below (first 6 digits only)					
CUSIP number					
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.					
Exchange name					
h) Size of issuer's assets					

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

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

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION						
If the issuer is an inves	tment fund, provide the following information.						
a) Investment fund ma	anager information						
Full legal name							
Firm NRD number	(if applicable)						
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.						
Street address							
Municipality	Province/State						
Country	Postal code/Zip code						
Telephone number	Website (if applicable)						
b) Type of investment	fund						
Type of investment fund tha	nt most accurately identifies the issuer (select only one) .						
Money market	☐ Equity ☐ Fixed income ☐ Balanced						
Alternative strateg	gies Cryptoasset Other (describe)						
Indicate whether one or bot	h of the following apply to the investment fund .						
Invests primarily in	n other investment fund issuers						
☐ Is a UCITs Fund¹							
¹ Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.						
c) Date of formation a	and financial year-end of the investment fund						
Date of forma	tion Financial year-end MM DD MM DD						
d) Reporting issuer 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 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 on an exchange and h							
f) Net asset value (NAV) 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	Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.									
√	Canadian dollar US	6 dollar] Euro	Other (describe)					
b)	Distribution date(s)									
as b	State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report.									
	Start date	2021	05	27	End date	2021	05	27		
		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		Each Subscription Receipt will entitle the holder to receive one common share and one-half of one common share purchase warrant	6,512,262.00	0.2000		1,302,452.40

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.

Convertible / exchangeable security code		Underlying Exercise pric (Canadian \$					Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)	
	-					Lowest	Highest			
W	N	Т	С	М	S	0.3500		2022-05-27	1/1	The Company will be entitled to accelerate the Warrant Expiry Date should the closing price of the common shares, if listed, be at or greater than CDN\$0.50 per share for 10 consecutive trading days.

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 ² purchasers	Total amount (Canadian \$)
Mexico	NI 45-106 2.5 [Family, friends and business associates]	2	27,800.00
United States	NI 45-106 2.3 [Accredited investor]	2	104,652.40

British Columbia	NI 45-106 2.3 [Accredited investor]	2	1,010,000.00
Ontario	NI 45-106 2.3 [Accredited investor]	5	130,000.00
Québec	NI 45-106 2.3 [Accredited investor]	2	30,000.00
	1,302,452.40		

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

g) Net proceeds to the investment fund by jurisdiction

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

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

³"Net proceeds" means the gross proceeds realized in the jurisdiction from the distributions for which the report is being filed, less the gross redemptions that occurred during the distribution period covered by the report.

h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia.

If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in those jurisdictions.

In Ontario, if the offering materials listed in the table are required to be filed with or delivered to the Ontario Securities Commission (OSC), attach an electronic version of the offering materials that have not been previously filed with or delivered to the OSC.

Description	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)

^{2b} In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

ITEM 8 - COMPENSATIO	rem 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 compens	ation was paid, or will be p	aid, in connecti	on with the distribution	l.			
No ✓ Yes	If yes, indicate nui	mber of perso	ons compensated.	5			
a) Name of person comp	ensated and registration	n status					
Indicate whether the person con	npensated is a registrant.		✓ No	Yes			
If the person compensated is an	individual, provide the nar	ne of the individ	dual.				
Full legal name of indiv	idual Icaza		Rodrigo				
	Family I	name	First giver	n name	Secondary given names		
If the person compensated is no	t an individual, provide the	following infor	mation.				
Full legal name	of non-individual						
Fi	rm NRD number			(if app	olicable)		
Indicate whether the person con	∟ npensated facilitated the di	stribution throu	ah a fundina portal or	 an internet-based	portal. No Yes		
b) Business contact inform	-						
If a firm NRD number is not pro		the husiness co	entact information of th	e nerson heina coi	mnensated		
	Cerro del Hombre 122,						
Ļ							
· · ·	Mexico City			Province/State	CDMX		
Country [Mexico		Posta	I code/Zip code	04310		
Email address			Tele	ephone number			
c) Relationship to issuer	or investment fund man	ager					
Indicate the person's relationshi the Instructions and the meanin					aning of "connected" in Part B(2) of		
Connect with the issue	er or investment fund man	ager	Inside	er of the issuer (ot	her than an investment fund)		
Director or officer of the	ne investment fund or inves	stment fund ma	inager Empl	oyee of the issuer	or investment fund manager		
✓ None of the above							
d) Compensation details							
Canadian dollars. Include cash c	ommissions, securities-base ch as clerical, printing, legal	ed compensation	n, gifts, discounts or oth services. An issuer is no	ner compensation. It required to ask f	stribution. Provide all amounts in Do not report payments for services or details about, or report on, internal		
Cash commissions pa	id			Security code 1	Security code 2 Security code 3		
Value of all securitie distributed as compensation	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	Security codes	C M S			
Describe to	erms of warrants, options of	or other rights					
Other compensation	n ⁵	Describe					
Total compensation pa	1,000.00						
Check box if the per	rson will or may receive an				ights exercisable to acquire		

inciuae aererrea compensatio

a) Name of person compensated and registration	on status								
Indicate whether the person compensated is a registrant.		✓ No		Yes	3				
If the person compensated is an individual, provide the name of the individual.									
Full legal name of individual Aguirre		Armando							
Family	y name	IFii	rst given	name			Seconda	ry given r	names
If the person compensated is not an individual, provide the following information.									
Full legal name of non-individual									
Firm NRD number						(if appl	icable)		
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), provid	de the business co	ntact informatio	on of th	e perso	n bei	ing con	pensated.		
Street address Miguel Olaranza 161,	Col. Merced G	omez							
Municipality				Provii	nce/S	State			
Country Mexico			Postal						
Email address				phone	•				
			1 616	priorie	e nui	incei			
c) Relationship to issuer or investment fund ma	-								
Indicate the person's relationship with the issuer or invest the Instructions and the meaning of "control" in section 1							ining of "conn	ected" in	Part B(2) of
Connect with the issuer or investment fund ma	anager		Inside	er of the	e issu	uer (oth	ner than an inv	estment	fund)
Director or officer of the investment fund or inv	restment fund ma	nager \square	Emplo	oyee o	f the	issuer	or investment	fund ma	nager
✓ None of the above		• Ш							ŭ
d) Compensation details	., .,	C 11 12 0(1)							
Provide details of all compensation paid, or to be paid, to Canadian dollars. Include cash commissions, securities-ba	•								
incidental to the distribution, such as clerical, printing, leg allocation arrangements with the directors, officers or emp							r details about	or repo	rt on, internal
Cash commissions paid	ployees of a non-	ιπαινιαμαί соттр	erisatea		e issui	er. 			
·				П	rity co		Security code	2 Sec	urity code 3
Value of all securities distributed as compensation⁴ 1,224.0	0 8	Security codes		С	M	S			
Describe terms of warrants, options	or other rights								
Other compensation ⁵	Describe								
Total compensation paid 1,224.00	0								
Check box if the person will or may receive a	⊐ any deferred com	pensation (des	cribe th	e term	s bel	ow)			
4. Openide the appropriate of a Call and a C	d		4			-41		1- 4-	
⁴ Provide the aggregate value of all securities distributed additional securities of the issuer. Indicate the security of	codes for all secu								
rights exercisable to acquire additional securities of the ⁵ Do not include deferred compensation.	issuer.								

a) Name of person com	pensated and regi	stration status							
Indicate whether the person compensated is a registrant. No Yes									
If the person compensated is an individual, provide the name of the individual.									
Full legal name of indi	vidual Gianulis		Peter						
		Family name	Fire	st given na	ame		Secondary	given names	
If the person compensated is n	ot an individual, prov	vide the following infor	mation.						
Full legal name	of non-individual								
Firm NRD number (if applicable)									
Indicate whether the person co	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes								
b) Business contact info	rmation								
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the business co	ontact information	n of the p	erson bei	ing com	pensated.		
Street address	670 Warren Lane	;							
Municipality	Key Biscayne			Pr	rovince/	State	Florida		
Country	United States		F	Postal co	ode/Zip	code	33149		
Email address				Teleph	none nui	mber			
c) Relationship to issuer	or investment fur	d manager							
Indicate the person's relationsh							ning of "connecte	ed" in Part B(2) of	
the Instructions and the meaning	•		or the purposes o	•	•		or than an invoc	mont fund)	
Connect with the issu							er than an invest		
Director or officer of	the investment fund	or investment fund ma	anager	Employe	ee of the	issuer o	or investment fun	d manager	
✓ None of the above									
d) Compensation details	5								
Provide details of all compensa									
Canadian dollars. Include cash incidental to the distribution, su									
allocation arrangements with t									
Cash commissions p	aid			3	Security co	ode 1	Security code 2	Security code 3	
Value of all securiti	7 0								
distributed as compensation Describe	JII	ptions or other rights							
Other compensation		Describe							
Total compensation p		72.20							
	·					,			
Check box if the po	erson will or may red	eive any deferred con	npensation (desc	ribe the t	erms bel	ow)			
⁴ Provide the aggregate value									
additional securities of the iss rights exercisable to acquire a	additional securities		ırıtıes distributed	as comp	ensation	, <u>includ</u>	<u>ıng</u> options, warr	ants or other	
⁵ Do not include deferred com	pensation.								

a) Name of person comp	pensated and registration status							
Indicate whether the person co	ompensated is a registrant.	☐ No ✓ Yes						
If the person compensated is an individual, provide the name of the individual.								
Full legal name of indi	vidual							
	Family name	First given name	Secondary given names					
If the person compensated is not an individual, provide the following information.								
Full legal name	e of non-individual Hampton Securitie	es Ltd						
Firm NRD number (if applicable)								
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes								
b) Business contact info	rmation							
If a firm NRD number is not pr	rovided in Item 8 (a), provide the business co	ontact information of the person being con	npensated.					
Street address	620-1360 Boul René-Lévesque O							
Municipality	Montréal	Province/State	Québec					
Country	Canada	Postal code/Zip code	H3G 0E8					
Email address		Telephone number						
c) Relationship to issuer	or investment fund manager							
	nip with the issuer or investment fund mand							
	ing of "control" in section 1.4 of NI 45-106 ; uer or investment fund manager	<u> </u>	ner than an investment fund)					
<u> </u>	•		ŕ					
Director or officer of	the investment fund or investment fund ma	anager Employee of the issuer	or investment fund manager					
✓ None of the above								
d) Compensation details	3							
Canadian dollars. Include cash incidental to the distribution, su	tion paid, or to be paid, to the person ident commissions, securities-based compensatic uch as clerical, printing, legal or accounting he directors, officers or employees of a non-	n, gifts, discounts or other compensation. services. An issuer is not required to ask fo	Do not report payments for services					
Cash commissions p	aid 90,400.00	Security code 1	Security code 2 Security code 3					
Value of all securiti distributed as compensation	00 400 00	Security codes S U B						
Describe terms of warrants, options or other rights Each Agent's warrant will be exercisable at \$0.20. Agent's warrants expire 24 months from date of issue.								
Other compensation	on ⁵ Describe	warrants expire 24 months nom da	te of issue.					
Total compensation pa	aid 180,800.00							
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	on excluding ontions warrants or other ri	ights evergisable to acquire					
additional securities of the iss	uer. Indicate the security codes for all sec additional securities of the issuer.	ภเ, <u>excluding</u> บุคมิกเร, พลาสิทธิ บา Utiler II urities distributed as compensation, <u>includ</u>	gnis exercisable to acquire <u>ding</u> options, warrants or other					

a) Name of person com	pensated and registratio	n status						
Indicate whether the person co	mpensated is a registrant.		☐ No	\checkmark	Yes			
If the person compensated is an individual, provide the name of the individual.								
Full legal name of indi	vidual							
	Family	name		First given	name	Secondary given names		
If the person compensated is n	ot an individual, provide the	e following infor	mation.					
Full legal name	e of non-individual EMD	Financial						
Firm NRD number (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 pr	ovided in Item 8 (a), provide	the business co	ntact informa	tion of the	e person being com	pensated.		
Street address	1910-1000 Rue Sherbr	ooke O						
Municipality	Montréal				Province/State	Québec		
Country	Canada			Postal	code/Zip code	H3A 3G4		
Email address				Tele	phone number			
c) Relationship to issuer	or investment fund mar	nager						
Indicate the person's relationsh the Instructions and the meani						ning of "connected" in Part B(2) of		
	uer or investment fund mar		л. иле <i>рагро</i> ве Г	_	-	er than an investment fund)		
<u> </u>	the investment fund or inve		nager F	_		or investment fund manager		
			age		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n manage.		
✓ 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 p	aid 2,400.00]			Security code 1	Security code 2 Security code 3		
Value of all securiti	2 400 00]	Security codes	3	W N T	Jecumy code 2 Jecumy code 3		
distributed as compensation	UII							
Describe	terms of warrants, options	or other rights			ant will be exercise months from date	sable at\$0.20. Agent's te of issue.		
Other compensation	on ⁵	Describe						
Total compensation pa	aid 4,800.00							
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.								
ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER								
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.								
Indicate whether the issuer is	any of the following (select	the one that ap	olies - 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 ⁶						
Provide nar	ne of reporting issue	r							
☐ Wholly owned subsidiary of a foreign public issuer ⁶									
Provide name of foreign public issuer									
Issuer distributing only eligi	ble foreign securities	and the distribution	n is to permitted clie	nts only ⁷				_	
If the issuer is at least one of the	above, do not com	olete Item 9(a) – (c). Proceed to Item	10.					
⁶ 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. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions. If the issuer is none of the above, check this box and complete Item 9(a) - (c).									
a) Directors, executive officer	s and promoters o	of the issuer							
Provide the following information for territory; otherwise state the country.						tate the	province	or	
						Relationship to issuer (select all that apply)			
				Province or	country	D	0	Р	
	Chemonte	Jordi		Mexico		✓			
	Giustra	Robert		British Columbi	a	✓			
	Grimaldo	Antonio		Mexico		✓			
	Gallardo	Rodrigo		Mexico			✓		
	Martinez	Jorge		British Columbi	a		✓		
	Yau	Andrew		British Columbi	a		✓		
	Freitas	Daniela		British Columbi	a		✓		
	Dalotto	Todd		United States		✓			
b) Promoter information									
If the promoter listed above is not an within Canada, state the province or	•	-							
Organization or company name Family name First given name Secondary given names Residential jurisdiction of individual Relationship to promoter (select one or both if applicable)									
				Province or country	D		C		
c) Residential address of each	h individual								
Complete Schedule 2 of this form	Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the								

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	Xebra Brands Ltd.						
Full legal name	Freitas Daniela Vivan						
	Family name	First given name		Seconda	ary given names		
Title	Corporate Secretary						
Telephone number	6046383474	Email address	daniel	a@columbu	isgroup.com		
Signature	daniela@columbusgroup.co m	Date	202 YYY		04 DD		

ITEM 11- CONTACT F	PERSON				
. 3	ness contact information for this report, if different than t		3 ,	regulator mo	ay contact with any questions
Same as individua	al certifying the report				
Full legal name				Title	
•	Family name	First given name	Secondary given names		_
Name of company					
Telephone number		Er	nail address		

Notice - Collection and use of personal information

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

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

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

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

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