# Form 45-106F1 Report of Exempt Distribution

ITEM 1 - REPORT TYPE					
✓ New report					
☐ Amended report If amended, p	provide filing date of report th	at is being am	ended	(YYYY-MM-DD)	
ITEM 2 - PARTY CERTIFYING THE REPO	DRT				
Indicate the party certifying the report (select only Instrument 81-106 Investment Fund Continuous D			vestment fund, refer to sectio	on 1.1 of National	
☐ Investment fund issuer	isclosure and the companion policy is	111 01-100.			
✓ Issuer (other than an investment	fund)				
Underwriter					
ITEM 3 - ISSUER NAME AND OTHER ID					
Provide the following information about the issuer,		about the fund.			
	455 B.C. Ltd.				
Previous full legal name					
If the issuer's name changed in the last 12	months, provide most recent previou	s legal name.			
Website		(if applicab	le)		
If the issuer has a legal entity identifier. provide be	low. Refer to Part B of the Instruction	for the definition	of "legal entity 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 named above.					
Full legal name(s) of co-issuer(s)		(if applicabl	le)		
ITEM 4 - UNDERWRITER INFORMATION	M				
		G 1122			
If an underwriter is completing the report, provide	the underwriter's full legal name and	fırm 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	Posta	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 2 6 9 8 9
If the issuer is in the <b>mining industry</b> , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.
Exploration Development Production
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.  Mortgages Real estate Commercial/business debt Consumer debt Private companies
Cryptoassets
b) Number of employees
Number of employees: ✓ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more
c) SEDAR profile number
Does the issuer have a SEDAR profile?
No  ✓ Yes If yes, provide SEDAR profile number  0 0 0 5 2 2 4 4
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 Financial year-end
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	it most accurately identifies the issuer (select only one) .				
Money market	☐ Equity ☐ Fixed income ☐ Balanced				
Alternative strate	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					
	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union of ollective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.				
c) Date of formation a	nd financial year-end of the investment fund				
Date of forma	tion Financial year-end 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 T				
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					
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					
-	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 S500M to under \$1B S1B 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 jur

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
-------------

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 dollar Euro Other (describe)

### b) Distribution date(s)

State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report.

Start date 2021 05 07

YYYY MM DD

End date 2021 05 07

#### 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 (if applicable)		CUSIP number (if applicable)	Description of security  Number of securities		Single or lowest price	Highest price	Total amount
;	SUB		Subscription Receipts at \$0.50 per Subscription Receipt.	13,289,000.00	0.5000		6,644,500.00

#### 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.

e	exch	vertib angea urity c	able		derlyi urity c			se price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
		-					Lowest	Highest			
•	S	U	В	С	M	S	0.5000				Each subscription receipt upon conversion, without payment of additional consideration or further action on the part of the purchaser, shall receive one common share in the capital of the company.

#### 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 No.		Number of unique <sup>28</sup> purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	105	2,448,500.00
Alberta	NI 45-106 2.3 [Accredited investor]	7	130,000.00
Manitoba	NI 45-106 2.3 [Accredited investor]	1	5,000.00
Ontario	NI 45-106 2.3 [Accredited investor]	52	3,591,500.00

Germany	NI 45-106 2.3 [Accredited investor]	9	324,500.00
Monaco	NI 45-106 2.3 [Accredited investor]	1	30,000.00
Netherlands	NI 45-106 2.3 [Accredited investor]	1	10,000.00
Panama	NI 45-106 2.3 [Accredited investor]	1	50,000.00
Bahamas	NI 45-106 2.3 [Accredited investor]	1	20,000.00
United Kingdom	NI 45-106 2.3 [Accredited investor]	1	25,000.00
Austria	NI 45-106 2.3 [Accredited investor]	1	10,000.00
	Total dollar amount of se	curities distributed	6,644,500.00
	Total number of unique purchasers <sup>2b</sup>	180	

<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.

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.	ITEM 8 - COMPENSATION INFORMATION						
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.							
	Indicate whether any compensation was paid, or will be paid, in connection with the distribution.						
No ✓ Yes If yes, indicate number of persons compensated. 8	No ✓ Yes If yes, indicate number of persons compensated. 8						

a) Name of person comp	ensated and regis	stration sta	tus						
Indicate whether the person cor	mpensated is a regist	rant.		☐ No		$\checkmark$	Yes		
If the person compensated is an	individual, provide	the name of	the individ	dual.					
Full legal name of indiv	ridual								
		Family name			First	t given n	ame	· · · · · · · · · · · · · · · · · · ·	Secondary given names
If the person compensated is no	et an individual, prov	ide the follo	wing infori	mation.					
Full legal name	of non-individual	Research	Capital (	Corporati	on				
F	irm NRD number	3 (	7	0				(if appl	icable)
Indicate whether the person cor	mpensated facilitated	the distribu	ıtion throu	gh a fundi	ng port	al or an	interne	t-based p	ortal. ✓ No ☐ Yes
b) Business contact infor	mation								
If a firm NRD number is not pro	ovided in Item 8 (a), <sub>I</sub>	provide the b	ousiness co	ntact info	mation	of the p	person b	eing com	pensated.
Street address									
Municipality						Р	rovince	e/State	
Country					Р	ostal c	ode/Zip	o code	
Email address						Telep	hone n	umber	
c) Relationship to issuer	or investment fun	d 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)									
Connect with the issu	er or investment fur	u manager			Ш'	msider	oi tile is	suei (oiii	er man an invesiment idiid)
Director or officer of the	he investment fund (	or investme	nt fund ma	nager		Employ	ee of the	e issuer d	or investment fund manager
✓ None of the above									
d) Compensation details									
	commissions, securiti ch as clerical, printin	es-based cor g, legal or a	mpensation ccounting	n, gifts, dis services. A	counts ( n issuer	or other is not r	comper equired	nsation. E to ask foi	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
Cash commissions pa	aid 218,2	65.00					Security	code 1	Security code 2 Security code 3
Value of all securitie distributed as compensatio	· 1		8	Security co	des		O P		Southly seas 2 Cooliny seas 9
Describe t	erms of warrants, op	otions or oth	er rights	compen	sation s sold	option under	s at 7% the Offe	6 of the i	6,530 non-transferable number of Subscription an exercise price of \$0.50 ng date.
Other compensation	n <sup>5</sup>		Describe						
Total compensation pa	218,20	65.00							
Check box if the pe	rson will or may rec	eive any def	erred com	pensation	(descr	ibe the	terms b	elow)	
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire act <sup>5</sup> Do not include deferred comp	ier. Indicate the secuditional securities o	urity codes f	for all secu						

a) Name of person comp	ensated and regis	stration s	tatus						
Indicate whether the person con	npensated is a regist	rant.		☐ No		$\checkmark$	Yes		
If the person compensated is an	individual, provide	the name	of the indivi	dual.					
Full legal name of indiv	idual								
		Family nan	ne		First	t given n	ame		Secondary given names
If the person compensated is no	t an individual, prov	ide the fol	llowing infor	rmation.					
Full legal name	of non-individual	Richard	lson Wealt	h Limited					
Fi	rm NRD number	2	1 9	7	0			(if appli	cable)
Indicate whether the person con	npensated facilitated	the distri	ibution thro	ugh a fundi	ng port	al or an	interne	t-based p	ortal.    No  Yes
b) Business contact infor	mation								
If a firm NRD number is not pro	vided in Item 8 (a), ¡	provide th	e business co	ontact infor	mation	of the p	oerson b	eing com	pensated.
Street address									
Municipality						Р	rovince	/State	
Country				ĺ	Р	ostal c	ode/Zip	code	
Email address						Telep	hone n	umber	
c) Relationship to issuer	or investment fun	d manag	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.									
Connect with the issue	Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)								
Director or officer of the	ne investment fund o	or investm	nent fund ma	anager		Employ	ee of the	e issuer c	or investment fund manager
✓ None of the above									
d) Compensation details									
	ommissions, securiti h as clerical, printin	es-based o g, legal or	compensation caccounting	on, gifts, dis services. A	counts n issuer	or other is not r	comper equired	nsation. D to ask for	ribution. Provide all amounts in To not report payments for services To details about, or report on, internal
Cash commissions pa	id 107,1	25.00					Security	code 1	Security code 2 Security code 3
Value of all securitie distributed as compensation	· 1		:	Security co	des		O P		Southly seed 2 Cootally seed 6
Describe to	erms of warrants, op	otions or c	other rights	compen	sation s sold	option under	s at 5% the Offe	of the rering at	1 214,250 non-transferable number of Subscription an exercise price of \$0.50 ng date.
Other compensation	n <sup>5</sup>		Describe						
Total compensation pa	id 107,12	25.00							
Check box if the per	son will or may rec	eive any o	deferred con	npensation	(descr	ibe the	terms be	elow)	
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire ac <sup>5</sup> Do not include deferred compa	er. Indicate the secu Iditional securities o	urity code	s for all sec						

a) Name of person comp	ensated and regis	stration sta	atus						
Indicate whether the person con	npensated is a regist	rant.		☐ No		$\checkmark$	Yes		
If the person compensated is an	individual, provide	the name of	f the individ	lual.					
Full legal name of indivi	idual								
		Family name	)		First	given n	ame		Secondary given names
If the person compensated is no	t an individual, prov	ide the follo	owing inform	mation.					
Full legal name	of non-individual	Canacco	rd Genuit	y Corp.					
Fi	rm NRD number	9	0 0					(if appl	icable)
Indicate whether the person con	npensated facilitated	the distrib	ution throu	gh a fundii	ng porto	al or an	interne	t-based p	portal.    No  Yes
b) Business contact inform	mation								
If a firm NRD number is not pro	vided in Item 8 (a), ¡	provide the	business co	ntact infor	mation	of the p	oerson b	eing com	npensated.
Street address									
Municipality						Р	rovince	e/State	
Country					Po	ostal c	ode/Zip	o code	
Email address						Telep	hone n	umber	
c) Relationship to issuer	or investment fund	d manage	r						
									ning 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	ne investment fund o	or investme	ent fund ma	ınager		Employ	ee of th	e issuer (	or investment fund manager
✓ None of the above									
d) Compensation details									
	ommissions, securiti h as clerical, printin	es-based co g, legal or a	mpensation accounting	n, gifts, disc services. Ar	counts c n issuer	or other is not r	comper equired	nsation. L to ask fo	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
Cash commissions pa		50.00	s of a non-	mutviuuut	.оттрет				
Value of all securitie		30.00					Security O P		Security code 2 Security code 3
distributed as compensation	· 1		8	Security co	des	L	<u> </u>	'	
Describe to	erms of warrants, op	otions or oth	her rights	compens	sation (	option under t	s at 5% the Off	6 of the ering at	77,500 non-transferable number of Subscription an exercise price of \$0.50 ing date.
Other compensation	n <sup>5</sup>		Describe						
Total compensation pa	id 38,75	50.00							
Check box if the per	son will or may rece	eive any de	eferred com	pensation	(descri	be the	terms b	elow)	
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire ac <sup>5</sup> Do not include deferred compe	er. Indicate the secu Iditional securities o	urity codes	for all secu						

a) Name of person comp	ensated and regis	stration s	status						
Indicate whether the person cor	npensated is a regist	rant.		☐ No		$\checkmark$	Yes		
If the person compensated is an	individual, provide i	the name	of the ind	lividual.					
Full legal name of indiv	idual								
		Family nar	me	<u>'</u>	Firs	t given n	ame		Secondary given names
If the person compensated is no	t an individual, prov	ide the fo	llowing in	formation.					
Full legal name	of non-individual	Echelo	n Wealth	Partners I	nc.				
F	irm NRD number	3	2	4 2	0			(if appli	icable)
Indicate whether the person cor	mpensated facilitated	the distr	ibution thi	rough a fund	ling port	tal or an	interne	t-based p	ortal. ✓ No ☐ Yes
b) Business contact infor	mation								
If a firm NRD number is not pro	ovided in Item 8 (a), p	provide th	e business	contact info	ormation	of the p	person b	eing com	pensated.
Street address									
Municipality						Р	rovince	e/State	
Country					P	ostal c	ode/Zip	o code	
Email address						Telep	hone n	umber	
c) Relationship to issuer	or investment fun	d manag	ger						
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 issu	er or investment fun	d manag	er		Ш	Insider	of the is	suer (oth	er than an investment fund)
Director or officer of the	ne investment fund o	or investr	nent fund	manager		Employ	ee of the	e issuer o	or investment fund manager
✓ None of the above									
d) Compensation details									
	ommissions, securiti ch as clerical, printin	es-based g, legal o	compensa r accountii	tion, gifts, di ng services. A	scounts An issuer	or other r is not r	r compei required	nsation. D to ask for	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
Cash commissions pa	id 3,2	00.00					Security	code 1	Security code 2 Security code 3
Value of all securitie distributed as compensatio	· 1			Security c	odes		O P		
Describe to	erms of warrants, op	otions or	other right	compe Receip	nsation ts sold	option under	s at 5% the Offe	of the rering at	red 6,400 non-transferable number of Subscription an exercise price of \$0.50 ng date.
Other compensation	n <sup>5</sup>		Describ	е					
Total compensation pa	id 3,20	00.00							
Check box if the pe	rson will or may rece	eive any	deferred c	compensation	n (descr	ibe the	terms b	elow)	
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ac <sup>5</sup> Do not include deferred comp	ier. Indicate the secu Idditional securities o	urity code	es for all se						

a) Name of person comp	ensated and regis	stration status							
Indicate whether the person con	npensated is a regist	rant.		☐ No		$\checkmark$	Yes		
If the person compensated is an	individual, provide i	the name of the	individ	lual.					
Full legal name of indivi	dual								
		Family name		•	First	t given n	ame	•	Secondary given names
If the person compensated is no	•	•	•						
Full legal name	of non-individual	Haywood Se	curitie	s Inc.					
Fi	rm NRD number	1 6	3	0				(if appl	icable)
Indicate whether the person con	npensated facilitated	the distribution	n throu	gh a fundi	ng port	al or an	interne	t-based p	ortal.    No  Yes
b) Business contact inform	mation								
If a firm NRD number is not pro	vided in Item 8 (a), ¡	provide the busi	ness co	ntact info	rmation	of the p	oerson b	eing com	pensated.
Street address									
Municipality						Р	rovince	e/State	
Country					Р	ostal c	ode/Zip	o code	
Email address						Telep	hone n	umber	
c) Relationship to issuer	or investment fund	d manager							
									ning 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 issue	er or investment fun	d manager			Ш	Insider	of the is	suer (oth	er than an investment fund)
Director or officer of the	ne investment fund o	or investment fu	ınd ma	nager		Employ	ee of the	e issuer o	or investment fund manager
✓ None of the above									
d) Compensation details									
incidental to the distribution, suc	ommissions, securiti h as clerical, printin	es-based compe g, legal or accou	ensatior unting s	n, gifts, dis services. A	counts n issuer	or other is not r	comper equired	nsation. E to ask foi	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
allocation arrangements with the Cash commissions pa		00.00	u non-ı	naiviauai	comper	isatea b	y the iss	suer.	
·		50.00					Security O P		Security code 2 Security code 3
Value of all securitie distributed as compensation	· 1		S	ecurity co	des		0   P	Т	
Describe to	erms of warrants, op	otions or other r	ights	compen Receipt	sation s sold	option under	s at 5% the Offe	6 of the i	0,000 non-transferable number of Subscription an exercise price of \$0.50 ng date.
Other compensation	15	Des	cribe						
Total compensation pa	id 10,00	00.00							
Check box if the per	son will or may reco	eive any deferre	ed com	pensation	(descr	ibe the	terms b	elow)	
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire acc <sup>5</sup> Do not include deferred compe	er. Indicate the secu Iditional securities o	urity codes for a							

a) Name of person compo	ensated and regis	tration st	tatus						
Indicate whether the person con	npensated is a regist	rant.		☐ No		<b>√</b>	Yes		
If the person compensated is an	individual, provide i	he name o	of the indivi	dual.					
Full legal name of indivi	dual								
		Family nam	e		First	given n	ame		Secondary given names
If the person compensated is no	t an individual, prov	ide the foll	lowing infor	mation.					
Full legal name	of non-individual	Leede J	ones Gab	le Inc.					
Fi	rm NRD number	5	7 7	0				(if appl	icable)
Indicate whether the person con	npensated facilitated	the distril	bution throu	ıgh a fundi	ng port	al or an	interne	t-based p	oortal.  Ves
b) Business contact inform	mation								
If a firm NRD number is not pro	vided in Item 8 (a), ¡	provide the	business co	ontact infor	mation	of the p	person b	eing com	pensated.
Street address									
Municipality						Р	rovince	e/State	
Country					Р	ostal c	ode/Zip	o code	
Email address						Telep	hone n	umber	
c) Relationship to issuer	or investment fund	d manage	er	J					
									ning 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 issue	Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)								
Director or officer of the	ne investment fund o	or investm	ent fund ma	anager		Employ	ee of the	e issuer o	or investment fund manager
✓ None of the above									
d) Compensation details									
	ommissions, securiti h as clerical, printin	es-based c g, legal or	ompensatio accounting	n, gifts, dis services. A	counts ( n issuer	or other is not r	r compei required	nsation. E to ask fo	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
Cash commissions pai	id 7	50.00					Security	code 1	Security code 2 Security code 3
Value of all securitie distributed as compensation	· 1		5	Security co	des		O P		Socially society of the second
Describe te	erms of warrants, op	otions or o	ther rights	compen	sation s sold	option under	s at 5% the Off	6 of the lering at	500 non-transferable number of Subscription an exercise price of \$0.50 ng date.
Other compensation	h <sup>5</sup>		Describe						
Total compensation pai	id 7:	50.00							
Check box if the per	son will or may rece	eive any d	eferred con	npensation	(descri	ibe the	terms b	elow)	
<sup>4</sup> Provide the aggregate value o additional securities of the issu- rights exercisable to acquire and <sup>5</sup> Do not include deferred compe	er. Indicate the secu Iditional securities o	ırity codes	for all secu						

a) Name of person comp	ensated and regis	tration st	atus						
Indicate whether the person con	npensated is a regist	rant.		☐ No		$\checkmark$	Yes		
If the person compensated is an	individual, provide i	he name o	of the individ	dual.					
Full legal name of indivi	dual								
		Family name	е		First	t given n	ame	· · · · · · · · · · · · · · · · · · ·	Secondary given names
If the person compensated is no	•	-							
Full legal name	of non-individual	Raymon	d James L	_td.					
Fi	rm NRD number	8	2 4	0				(if appl	icable)
Indicate whether the person con	npensated facilitated	the distrib	oution throu	ıgh a fundi	ng port	al or an	interne	t-based p	ortal.  Ves
b) Business contact inform	mation								
If a firm NRD number is not pro	vided in Item 8 (a), ¡	provide the	business co	ontact info	mation	of the p	person b	eing com	pensated.
Street address									
Municipality						Р	rovince	e/State	
Country					Р	ostal c	ode/Zip	o code	
Email address						Telep	hone n	umber	
c) Relationship to issuer	or investment fund	d manage	er	1					
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	e investment fund o	or investme	ent fund ma	anager	Ш	Employ	ee of the	e issuer d	or investment fund manager
✓ None of the above									
d) Compensation details									
	ommissions, securiti h as clerical, printin	es-based co g, legal or o	ompensatio accounting	n, gifts, dis services. A	counts n issuer	or other is not r	comper equired	nsation. E to ask foi	tribution. Provide all amounts in Oo not report payments for services or details about, or report on, internal
Cash commissions pa		50.00			•		Security		Security code 2 Security code 3
Value of all securitie distributed as compensation	· 1		5	Security co	des		O P		Security code 2 Security code 3
•	erms of warrants, op	otions or ot	her rights	compen	sation s sold	option under	s at 5% the Offe	6 of the i	00 non-transferable number of Subscription an exercise price of \$0.50 ng date.
Other compensation	n <sup>5</sup>		Describe						
Total compensation pa	13,75	50.00							
Check box if the per	son will or may rece	eive any de	eferred com	npensation	(descr	ibe the	terms b	elow)	
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire action of the include deferred competitions.	er. Indicate the secu Iditional securities o	ırity codes	for all secu						

a) Name of person comp	ensated and regis	stration	status							
Indicate whether the person con	npensated is a regist	rant.		ı	No		<b>√</b>	Yes		
If the person compensated is an	individual, provide	the name	of the ir	ndivid	ual.					
Full legal name of indiv	dual									
		Family na	me		_	First	given n	ame		Secondary given names
If the person compensated is no	•		-	inforn	nation.					
Full legal name	of non-individual	Scotia	Capital							
Fi	rm NRD number	3	4	6	0				(if appl	icable)
Indicate whether the person con	npensated facilitated	the dist	ribution t	hroug	gh a fundi	ng port	al or an	interne	t-based p	oortal. Ves
b) Business contact infor	mation									
If a firm NRD number is not pro	vided in Item 8 (a), ¡	orovide tl	he busine	ss cor	ntact infor	mation	of the p	person b	eing com	npensated.
Street address										
Municipality							Р	rovince	e/State	
Country						Р	ostal c	ode/Zi <sub>l</sub>	p code	
Email address							Telep	hone n	umber	
c) Relationship to issuer	or investment fun	d mana	ger							
										ning 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)										
Connect with the issue	er or investment für	u manaç	jei			Ш'	msider	or the is	suer (our	ner than an investment fund)
Director or officer of the	ne investment fund (	or investi	ment fun	d mar	nager		Employ	ee of th	e issuer (	or investment fund manager
✓ None of the above										
d) Compensation details										
	ommissions, securiti h as clerical, printin	es-based g, legal o	compens or accoun	sation ting s	, gifts, dis ervices. A	counts ( n issuer	or other is not r	comper equired	nsation. L to ask fo	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
Cash commissions pa	id 12,5	00.00						Security	code 1	Security code 2 Security code 3
Value of all securitie distributed as compensation	· 1			S	ecurity co	des		O P		Southly south 2 Southly south 3
Describe te	erms of warrants, op	otions or	other rig		options	at 5% ring at	of the	numbe ercise p	r of Sub	-transferable compensation scription Receipts sold under \$0.50 for a 24 month period
Other compensation	n <sup>5</sup>		Descr	ibe						
Total compensation pa	id 12,50	00.00								
Check box if the per	son will or may rec	eive any	deferred	com	pensation	(descr	ibe the	terms b	elow)	
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire ac <sup>5</sup> Do not include deferred compa	er. Indicate the seco Iditional securities d	urity code	es for all							

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	UER						
If the issuer is an investment fund	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 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 foreign public issuer										
Issuer distributing only eligi	ble foreian securities	and the distribution	n is to permitted clie	ents only <sup>7</sup>						
If the issuer is at least one of the	•		·	·						
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.  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 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. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.  Business location of non-individual or residentail										
Organization or company name	Family name	First given name	names	jurisdictio individu						
	Thakur	Karamveer		Province or British Columb		D ✓	0	Р		
h) Promotor information	THAKUI	Karaniveer		British Columb	ıa ————					
b) Promoter information  If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.										
Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual			to promo			
				Province or country	D		C	)		
c) Residential address of each individual										
Complete Schedule 2 of this form completed report. Schedule 2 also					(a) and (b)	and at	tach to t	he		

## 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	1242455 BC Ltd.					
Full legal name	Thakur	Karamveer				
	Family name	First given name	'	Seconda	ary given nar	mes
Title	Director					
Telephone number	7789873446	Email address	kthakur	.vcc@gma	il.com	
Signature	"Karamveer Thakur"	Date	2021	05	17	
			YYYY	MM	DD	

ITEM 11- CONTACT P	PERSON				
	•	r the individual that the secu the individual certifying the	rities regulatory authority or report in Item 10.	regulator may	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		En	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.