Form 45-106F1 Report of Exempt Distribution

| ITEM 1 - REPORT TYPE | | |
|--|------------------------------------|--|
| ✓ New report ☐ Amended report If amended, p | provide filing date of report t | chat is being amended. (YYYY-MM-DD) |
| ITEM 2 - PARTY CERTIFYING T | THE REPORT | |
| section 1.1 of National Instrument 81-106 | 5 Investment Fund Continuous | egarding whether an issuer is an investment fund, refer to Disclosure and the companion policy to NI 81-106 (in closure and Policy Statement to Regulation 81-106 respecting |
| ☐ Investment fund issuer | | |
| Issuer (other than an investment fu | und) | |
| Underwriter | | |
| ITEM 3 - ISSUER NAME AND C | OTHER IDENTIFIERS | |
| Provide the following information about t | the issuer, or if the issuer is an | investment fund, about the fund. |
| Full legal name | PR Technology Inc. / PR Tech | hnology Inc. |
| Previous full legal name | | |
| If the issuer's name changed in t | the last 12 months, provide mo | ost recent previous legal name. |
| Website | | (if applicable) |
| If the issuer has a legal entity identifier, p | rovide below. Refer to Part B o | of the Instructions for the definition of "legal entity identifier". |
| Legal entity identifier | | |
| If two or more issuers distributed a single above. | security, provide the full legal | name(s) of the co-issuer(s) other than the issuer named |
| Full legal name(s) of co-issuer(s) | | (if applicable) |
| | | |
| ITEM 4 - UNDERWRITER INFO | RMATION | |
| If an underwriter is completing the report | , provide the underwriter's full | l legal name, firm NRD number, and SEDAR+ profile number. |
| Full legal name | | |
| Firm NRD number | | (if applicable) |
| SEDAR+ profile number | | |

| 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 335990 |
| 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 🔲 50 - 99 🔲 100 - 499 🔲 500 or more |
| c) SEDAR+ profile number |
| Provide the issuer's SEDAR+ profile number |
| 000052859 |
| |
| 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) |
| (ii applicable) |
| SEDAR+ profile number |
| b) Type of investment fund |
| Type of investment fund that most accurately identifies the issuer (select only one). |
| ☐ Money market ☐ Equity ☐ Fixed income ☐ Balanced |
| ☐ Alternative strategies ☐ Cryptoasset ☐ Other (describe) |
| |
| |

| Indicate whether one or both of the following apply to the investment fund. | | | | | | | | | |
|---|---|----------------------------------|--------------------------------|---|---------------------------|----------|---------------|----------|---------------|
| ☐ Invest primarily i | n other investme | nt fund issu | ers | | | | | | |
| ☐ Is a UCITs Fund ¹ | | | | | | | | | |
| ¹ Undertaking for the Colle | • | - | | | | - | - | Inion (E | U) directives |
| that allow collective investi | nent schemes to oper | ate throughout | the EU on a po | assport basis on authorize | ation from one me | mber sta | te. | | |
| c) Net asset v | alue (NAV) of t | he investm | nent fund | | | | | | |
| Select the NAV range o | f the investment f | und as of the | date of the | most recent NAV calc | ulation (Canadi | an \$). | | | |
| ☐ Under \$5M | | \$5M to ∪ | ınder \$25M | ☐ \$25M to und | er \$100M | Date | of NAV | calcula | ation: |
| | † F.O.O.N.4 | □ #E00N4# | d #1 D | □ #1D a# ava# | | | | | |
| \$100M to under | \$5UUIVI | \$500IVI to | o under \$1B | ☐ \$1B or over | | YY | ΥY | MM | DD |
| ITEM 7 - INFORM | AATION ARC | NIT THE | DICTRIBI | ITION | | | | | |
| ITEM / - INFORM | ARTION ABO | OI THE | וסואוכוע | JIION | | | | | |
| If an issuer located ou information about pur commissions or finder Item 7 must reconcile | chasers resident i 's fees, in connect | in that jurisd ion with the o | iction of Can distribution, | ada only. Do not incl which must be disclo | ude in Item 7 se | curities | sissued | as pay | ment of |
| a) Currency | , | , | | , , | | | | | |
| a) Currency | | | | | | | | | |
| Select the currency or dollars. | currencies in whic | th the distrib | ution was mo | ade. All dollar amoun | ts provided in t | he repo | ort must | be in (| Canadian |
| ✓ Canadian dollar | US dollar | ☐ Euro | o Other (| describe) | | | | | |
| b) Distributio | n dates | | | | | | | | |
| 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 da | ite 2024 | 04 30 | | End date | 2024 | 04 | 30 | | |
| | YYYY | MM DD | | | YYYY | MM | DD | | |
| c) Detailed pu | ırchaser inforn | nation | | | | | | | |
| Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. | | | | | | | | | |
| • | | • | iser and att | | - the complete. | лерог | | | |
| d) Types of se | curities distrib | outed | | | | | | | |
| Provide the following to indicate the security distributed. | | | | | | | | | |
| | | | | | | Cana | dian \$ | | |
| Security code CUSIP number (| | ption of secu | ırity | Number of securities | Single or lowest price | | ghest rice | Total | amount |

3,000,000.0000

0.1000

300,000.0000

applicable)

 CMS

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 | Underlying | Exercise price (Canadian \$) | | Expiry date (YYYY-MM- DD) | Conversion ratio | Describe other terms (if applicable) | |
|----------------------------|------------------------------|---------------------------------|---------|------------------------------|------------------|--------------------------------------|--|
| security code | security code Lowest Highest | | Highest | | | аррисавіе) | |
| | | | | | | | |

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 purchasers ^{2a} | Total amount (Canadian \$) |
|---------------------|---|--|-------------------------------|
| Hanzania | NI 45-106 2.10 [Minimum amount investment] | 1 | 200,000.0000 |
| ISOLITH KOREA | NI 45-106 2.5 [Family, friends and business associates] | 1 | 100,000.0000 |
| | Total dollar am | ount of securities distributed | \$300,000.0000 |
| | Total number of unique purchasers ^{2b} | 2 | |

^{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.

^{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) (in Québec, Regulation 45-106 respecting Prospectus Exemptions) 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. **V** No If yes, indicate number of persons compensated. a) Name of person compensated and registration 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 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 (if applicable) Firm NRD number Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal ☐ No ☐ Yes b) Business contact information If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address Municipality Province/State Country Postal code/Zip code Email address Telephone number 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 (in Québec, Regulation 45-106 respecting Prospectus Exemptions) 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 ☐ None of the above d) Compensation details

| Provide details of all compensation paid, or to be paid, to a Provide all amounts in Canadian dollars. Include cash come compensation. Do not report payments for services incider services. An issuer is not required to ask for details about, or employees of a non-individual compensated by the issuer | nmissions, securitie ntal to the distribut or report on, intern | s-based compensat ion, such as clerical | ion, gifts, discount I, printing, legal or | s or other accounting |
|--|---|--|---|--------------------------|
| Cash commissions paid | | | | |
| Value of all securities distributed as compensation ⁴ | | | | |
| Security codes | Security code 1 | Security code 2 | Security code 3 | |
| Describe terms of warrants, options or other rights | | | | |
| Other compensation ⁵ | | | | |
| Describe | | | | |
| Total compensation paid | | | | |
| ☐ Check box if the person will or may receive any def | erred compensati | on (describe the te | erms below) | |
| ⁴ Provide the aggregate value of all securities distributed as acquire additional securities of the issuer. Indicate the securities, warrants or other rights exercisable to acquire ad ⁵ Do not include deferred compensation. ITEM 9 – DIRECTORS, EXECUTIVE OFFICEING The issuer is an investment fund, do not complete Item. | urity codes for all so ditional securities of RS AND PROM | ecurities distributed of the issuer. MOTERS OF TI | l as compensation, | |
| ,,,,,,,,,,,,,, | | | | |
| Indicate whether the issuer is any of the following (select the | ne one that applies | – if more than one | applies, select only | one). |
| ✓ Reporting issuer in a jurisdiction of Canada☐ Foreign public issuer | | | | |
| ☐ Wholly owned subsidiary of a reporting issuer in ar | y jurisdiction of C | anada 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 ar | nd the distribution | is to permitted cli | ents only ⁷ . | |
| If the issuer is at least one of the above, do not comple | ete Item 9(a) – (c). | Proceed to Item 1 | 10. | |
| ⁶ An issuer is a wholly owned subsidiary of a reporting issu securities, other than securities that are required by law to or the foreign public issuer, respectively. | | | | |

| , | • | | • | issuer made previous distributions of ot security" and "permitted client" in Part B | 3, |
|-----------------------|------------|-------------|------------------|--|------------------------|
| ☐ If the issuer is no | one of the | above, che | eck this box and | complete Item 9(a) – (c). | |
| a) Directors, e | xecutive o | officers an | d promoters o | f the issuer | |
| , , | , | | ,, | icer and promoter of the issuer. For loca nship to issuer", "D" – Director, "O" – Exe | |
| Organization or | Eamily | First | Secondary | Business location of non-individual or residential jurisdiction of | Relationship to issuer |

| 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) | | | |
|------------------------------|----------------|------------------------|--------------------------|---|---|---|---|--|
| | | name | | Province or country | D | 0 | P | |
| | | | | | | | | |

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 | Family | · · | Secondary given | Residential jurisdiction of individual Relationship to promo | | • |
|-----------------|--------|------|-----------------|--|---|---|
| company name | name | name | names | Province or country | D | О |
| | | | | | | |

c) Residential address of each individual

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

| securities regulatory aut exercised reasonable dil | nation below, I certify, on beh hority or regulator, as applica | ble, that I have r | eviewed this | nvestment fund manager, to the report and to my knowledge, hav to the extent required, complete. | ing |
|---|--|--------------------|--------------|--|-----|
| Name of Issuer/ investment fund manager/agent | PR Technology Inc. | | | | |
| Full legal name | RYU | Ne | on | Jun | |
| | Family name | First give | en name | Secondary given names | |
| Title | CEO | | | | |
| Telephone number | +1 (236) 412-6844 | Email address | njryu74@prt | -k.com | |
| Signature | "Neon Jun Ryu" | Date | 2024 YYYY | 05 10 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. |
| |

| Į | Same | as | individ | ual c | ertifyi | ng th | ne r | epor | t |
|---|------|----|---------|-------|---------|-------|------|------|---|
| | | | | | | | | | |

| Full legal name | STEDMAN | Shannon | | | | | |
|------------------|---|------------------|----------------------------|--|--|--|--|
| | Family name | First given name | Secondary given names | | | | |
| Title | Junior Paralegal | | | | | | |
| Name of company | DUMOULIN BLACK MANAGEMENT LTD./DUMOULIN BLACK MANAGEMENT LTD. | | | | | | |
| Telephone number | | Email address | sstedman@dumoulinblack.com | | | | |

NOTICE - COLLECTION AND USE OF PERSONAL INFORMATION

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation. If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

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.