Form 45-106F1 Report of Exempt Distribution

ITEM 1 - REPORT TYPE

✓ New report

Amended report

If amended, provide filing date of report that is being amended.

(YYYY-MM-DD)

ITEM 2 - PARTY CERTIFYING THE REPORT

Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106 (in Québec, Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement Fund Continuous Disclosure).

Investment fund issuer

✓ Issuer (other than an investment fund)

Underwriter

ITEM 3 - ISSUER NAME AND OTHER IDENTIFIERS

Provide the following information about the issuer, or if the issuer is an investment fund, about the fund.

Full legal name	Grounded People Apparel Inc. / Groun	nded People Apparel Inc.
Previous full legal name		
If the issuer's name changed in	the last 12 months, provide most recent p	previous legal name.
Website	www.groundedpeople.ca ((if applicable)
If the issuer has a legal entity identifier, p	rovide below. Refer to Part B of the Instru	ctions for the definition of "legal entity identifier".
Legal entity identifier		
If two or more issuers distributed a single above.	e security, provide the full legal name(s) of	f the co-issuer(s) other than the issuer named
Full legal name(s) of co-issuer(s)		(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 454110
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
000053094

ITEM 6 - INVESTMENT I	UND ISSUER INI	FORMATION		
If the issuer is an investment j	fund, provide the follo	wing information.		
a) Investment fund m	anager information	l		
Full legal name				
Firm NRD number		(if applicable))	
SEDAR+ profile number				
b) Type of investment	fund			
Type of investment fund that mo	ost accurately identifies t	he issuer (select only one).		
🗌 Money market	Equity	E Fixed income	Balanced	
Alternative strategies	Cryptoasset	Other (describe)		

Indicate whether one or l	both of the following apply to the investm	ent fund.			
🗌 Invest primarily in c	other investment fund issuers				
Is a UCITs Fund ¹					
	re Investment of Transferable Securities funds (UC				Union (EU) directives
that allow collective investmer	nt schemes to operate throughout the EU on a pas	ssport basis on autnoriza	tion from one men	nber state.	
c) Net asset valu	ue (NAV) of the investment fund				
Select the NAV range of t	he investment fund as of the date of the r	nost recent NAV calcı	ılation (Canadia	an \$).	
Under \$5M	□ \$5M to under \$25M	Second se		Date of NAV	calculation:
s100M to under \$50	00M 🗌 \$500M to under \$1B	🔲 \$1B or over	L	YYYY	MM DD
ITEM 7 - INFORMA	ATION ABOUT THE DISTRIBU	JTION			
If an issuer located outsi	de of Canada completes a distribution in	a jurisdiction of Can	nda include in l	tem 7 and Scl	nedule 1
information about purch	asers resident in that jurisdiction of Cano	ada only. Do not inclu	ıde in Item 7 se	curities issued	as payment of
	fees, in connection with the distribution, v th the information provided in Schedule 1		ed in Item 8. Th	e information	n provided in
		oj the report.			
a) Currency					
Select the currency or cu dollars.	rrencies in which the distribution was ma	ıde. All dollar amoun	s provided in th	ne report mus	t be in Canadian
🗸 Canadian dollar	🗌 US dollar 📄 Euro Other (d	describe)]
					J
b) Distribution (Jates				
	rt and end dates. If the report is being file				
	both the start and end dates. If the report I dates for the distribution period covered	•••••	<i>urities distribue</i>	d on a continu	ious basis,
		by the report.			
Start date	2023 12 27	End date	2023	12 27	
	YYYY MM DD		YYYY	MM DD	
c) Detailed purc	haser information				
Complete Schedule 1 oj	f this form for each purchaser and atto	ach the schedule to	the completed	report.	
d) Types of secu	urities distributed				
	ormation for all distributions reported on ode. If providing the CUSIP number, indice				
distributed.	·····) /-······························				
		[Canadian \$	
CUSIP		Number of	Cingle or	Highost	
Security code applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
UBS	Each unit consists of one commo	1,320,000.0000	0.380	0	501,600.0000
600		1,520,000.0000	0.560	<u>Ч</u>	501,000.0000

		of the co on share p		and one e warrant					
	I	•				I	I		
e) Details	of rights and	converti	ble/exc	hangeable	<u>e securitie</u> s				
lf any rights (e.g.	warrants, option. Ingeable securitie	s) were dis es were dis	tributed,	provide the	exercise price	and expiry date for tio and describe any			ach
Convertible / exchangeable security code	Underlying security code	Exercise (Canad	lian \$)		e (YYYY-MM- DD)	Conversion ratio	Desc	ribe othe applica	er terms (if able)
WNT	CMS	Lowest 0.5000	Highest	2028	-12-27	1:1	1) years f	xercisable fo rom their da
f) Summa	ry of the distr	ibution t	ov iuriso	diction an	d exemptio	n	•		
jurisdiction where Canada, if a purc For jurisdictions v	es a separate line e a purchaser res haser resides in o within Canada, st	ides, if a pa a foreign ju ate the pro	urchaser irisdiction ovince or	resides in a n. territory, oti	jurisdiction oj herwise state t	-	ach exemp	otion reli	ed on in
Province or cou		Exemption			Number of u	unique purchasers ²	^a Total		: (Canadian \$)
Ontario	NI 45-106	5 2.3 [Acci	redited	-			3		501,600.0000
	T		•		r amount of s	securities distribute	ed	\$!	501,600.0000
² a in calculating the				rchasers ^{2b}	icar anly anca la	int nurchasars may be	3	no nurcho	rear
	otal number of uniq	ue purchase	rs to which	the issuer dist	ributed securitie	int purchasers may be c s, count each purchaser rchaser.			
g) Net pro	oceeds to the	investme	ent fund	d by jurisd	iction				
	e a purchaser res	ides. ³ lf an	issuer lo	cated outsid	e of Canada c	und for each jurisdi completes a distribut			
•	• •	diction of (Canada o	only. For juris	dictions withi	n Canada, state the	province		ory, otherwise
	• •	-	Canada o			n Canada, state the Net proceeds (Cana			ory, otherwise
		Provin	nce or co	untry					ory, otherwise
state the country.	T Ins the gross proceed	Provin otal net pu	nce or co roceeds t	untry to the inves	tment fund		dian \$)	or territo	

ITEM 8 - COMPENSATION INFORMATION

ŀ

Provide information for whom the issuer directly copies of this page if n	provides, or will	provide, any coi	mpensation in conne	ction with a			
Indicate whether any co □ No ☑ Yes			<i>baid, in connection wi</i> er of persons compe	Г	ribution. 1		
a) Name of per	son compensa	ated and regi	stration status				
Indicate whether the per ✓ No □ Yes	rson compensated	l is a registrant.					
If the person compensation	ted is an individud	al, provide the n	ame of the individual	Ι.			
Full legal name of	individual						
lf the person compensa	ted is not an indiv	Family name idual, provide th		irst given nam t <i>ion.</i>	ne	Secondary give	en names
Full legal name of	f non-individual	Amalfi Corpor	ate Services Ltd.				
Firm	m NRD number			(if app	licable)		
Indicate whether the pe	ı rson compensated	d facilitated the	distribution through	 a funding (portal or a	n internet-based p	oortal
√ No □ Yes	,		C C	, ,			
h) Dusiness sev	ata at informati						
b) Business coi							
lf a firm NRD number is	not provided in It	em 8(a), provide	e the business contac	t informati	ion of the p	person being com	pensated.
Street address	800-1199 West	Hastings Street	[
Municipality	Vancouver		Provi	nce/State	British C	olumbia	
Country	Canada		Postal code	/Zip code	V6E 3T5		
Email address	nl@amalficorp.o	ca	Telephone	e number	+1 (236)	521-0626	
c) Relationship	to issuer or in	vestment fur	nd manager				
Indicate the person's rel 'connected' in Part B(2) respecting Prospectus E	ationship with the	e issuer or invest and the meani	tment fund manager ng of 'control' in secti	on 1.4 of N			
Connected with th	e issuer or invest	tment fund ma	nager				
Insider of the issue			-				
			tment fund manage	er			
Employee of the is		ent fund manag	ger				
✓ None of the above							
d) Compensati	on details						

Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.

Cash commissions paid			
Value of all securities distributed as compensation ⁴	10032.0000]
Security codes	Security code 1	Security code 2	Security code 3
Security codes	CMS		
Describe terms of warrants, options or other rights			
Other compensation ⁵			
		ued 26,400 shares	
	at a deemed valu share of the Com	pany to Amalfi	
	Corporate Service administrative se	es Ltd., for rvices rendered in	
Describe	connection with t Placement.	he Private	
Describe	rideement.		
Total compensation paid	10032.00]
] Check box if the person will or may receive any def	erred compensation	on (describe the te	rms below)
rovide the aggregate value of all securities distributed as compensa	tion, <u>excluding</u> options,	warrants or other right	s exercisable to acqui

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.*

⁵Do not include deferred compensation.

ITEM 9 – DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER

If the issuer is an investment fund, do not complete Item 9. Proceed to Item 10.
Indicate whether the issuer is any of the following (select the one that applies – if more than one applies, select only one).
✓ Reporting issuer in a jurisdiction of Canada
Foreign public issuer
U Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶
Provide name of reporting issuer
Wholly owned subsidiary of a foreign public issuer ⁶
Provide name of foreign public issuer
\Box Issuer distributing only eligible foreign securities and the distribution is to permitted clients only ⁷ .

If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10.

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 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.

Organization or company name	Family name	First given	Business location of non-individual or residential jurisdiction of given namesRelationship to issue (select all that apply)				
		name		Province or country	D	0	Р

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 name	First given name	Secondary given names	Residential jurisdiction of individual	Relationship to one or both i	•
company name	name	name	names	Province or country	D	Ο

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 to file a completed report of exempt distribution.

By completing the information below, I certify, on behalf of the issuer/underwriter/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.

Name of Issuer/ investment fund	Grounded People Apparel Inc.					
manager/agent						
Full legal name	JUSTUS	Maxir	Maximilian			
	Family name	First give	en name	Seconda	ary given names	
Title	CEO					
Telephone number	+1 (236) 521-0626	Email address	max@ground	ledpeople.co	m	
Signature	"Maximilian Justus"	Date	2023	12 27		
			YYYY	MM DD		

ITEM 11 - CONTACT PERSON

.

Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.

	ertifying the report		
Full legal name	WONG	Jennifer	
	Family name	First given name	Secondary given names
Title	CORPORATE ADMINISTRATOR		
Name of company	AMALFI CORPORATE SERVICES L	.TD.	
Telephone number		Email address j	w@amalficorp.ca

NOTICE – COLLECTION AND USE OF PERSONAL INFORMATION

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

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.