# 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. 2024 09 19 (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	Oceanview Technologies Inc. / Oceanview Technologies Inc.	
Previous full legal name		
i revious fui regul hame		
If the issuer's name changed in	the last 12 months, provide most recent previous legal name.	
Website	(if applicable)	
If the issuer has a legal entity identifier, p	rovide below. Refer to Part B of the Instructions for the definition of "legal entity identif	ïer".
Legal entity identifier		
lf two or more issuers distributed a single above.	e 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 INFORMATION

If an underwriter is completing the report, provide the underwriter's full legal name, firm NRD number, and SEDAR+ profile number.

Full legal name		
Firm NRD number	(if applicable)	
SEDAR+ profile number		

# **ITEM 5 – ISSUER INFORMATION**

TTEW 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 551114
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
Provide the issuer's SEDAR+ profile number
000057286

ITEM 6 – INVESTMENT FUND ISSUER INFORMATION							
If the issuer is an investment fund, provide the following information.							
a) Investment fund m	anager information						
Full legal name							
Firm NRD number			(if applicable)				
SEDAR+ profile number							
b) Type of investment	fund						
Type of investment fund that mo	st accurately identifies the	issuer (select	t only one).				
🗌 Money market	Equity	🗌 Fixed	l income	Balanced			
Alternative strategies	Cryptoasset	🗌 Othe	r (describe)				

Indicate whether one or l	Indicate whether one or both of the following apply to the investment fund.						
🗌 Invest primarily in c	ther investment fund issuers						
Is a UCITs Fund <sup>1</sup>							
	e Investment of Transferable Securities funds (U				n Union (EU) directives		
that allow collective investmer	nt schemes to operate throughout the EU on a pa	issport basis on authorizi	ation from one me	mber 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 l	most recent NAV calc	ulation (Canadi	an \$).			
Under \$5M	\$5M to under \$25M	🗌 \$25M to und			V calculation:		
		_					
<b>\$100M to under \$5</b>	00M 🗌 \$500M to under \$1B	s1B or over		YYYY	MM DD		
ITEM 7 – INFORM	ATION ABOUT THE DISTRIB	UTION					
If an issuer located outsi	de of Canada completes a distribution in	a jurisdiction of Can	ada include in	Item 7 and S	chedule 1		
information about purch	asers resident in that jurisdiction of Can	ada only. Do not incl	ude in Item 7 se	curities issue	ed as payment of		
	fees, in connection with the distribution, th the information provided in Schedule		sed in Item 8. T	he informatio	on provided in		
a) Currency							
Select the currency or cu dollars.	rrencies in which the distribution was mo	ade. All dollar amour	ts provided in t	he report mu	ist be in Canadian		
🖌 Canadian dollar	🗌 US dollar 🛛 Euro Other (	describe)					
b) Distribution	datas						
b) Distribution o	Jates						
	rt and end dates. If the report is being fil						
	both the start and end dates. If the report I dates for the distribution period covere	••••	urities distribue	d on a conti	nuous basis,		
			2024				
Start date		End date		09 10			
	YYYY MM DD		YYYY	MM DD			
c) Detailed purc	haser information						
Complete Schedule 1 oj	f this form for each purchaser and att	ach the schedule to	the completed	d report.			
d) Types of secu	urities distributed						
Provide the following info	ormation for all distributions reported or	n a ner security hasis	Refer to Part A	(12) of the In	structions for how		
	ode. If providing the CUSIP number, indic						
distributed.							
				Canadian	\$		
Security CUSIP		Number of	Single or	Highest			
code number (if applicable)	Description of security	securities	lowest price	price	Total amount		
SUB	Subscription Receipts	3,613,900.0000	0.5000		1,806,950.0000		
		· · · · · · · · · · · · · · · · · · ·		I	<u> </u>		

### 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 security code		se price dian \$)	Expiry date (YYYY-MM- DD)	Conversion ratio	Describe other terms (if
security code	security code	Lowest	Highest			applicable)
SUB	CMS	0.0000		2024-11-30	1:1	Converts upon satisfaction of conditions to closing reve rse takeover.

### 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 <sup>2a</sup>	Total amount (Canadian \$)	
Ontario	NI 45-106 2.3 [Accredited investor]	1	275,000.0000	
	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	1	69,000.0000	
ISTADI	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	11	1,462,950.0000	
	Total dollar amour	nt of securities distributed	\$1,806,950.0000	
	Total number of unique purchasers2b13			

<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.

<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.

#### 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.<sup>3</sup> 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>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.

# **ITEM 8 – COMPENSATION INFORMATION**

whom the issuer directly		ompensation in connection with t	106 respecting Prospectus Exemptions) to the distribution. <b>Complete additional</b>			
Indicate whether any col		<i>paid, in connection with the dist</i> per of persons compensated.	ribution. 2			
a) Name of per	son compensated and reg	gistration status				
✓ No □ Yes	rson compensated is a registrant ted is an individual, provide the i					
Full legal name of i	-					
_	Family name Family name Fed is not an individual, provide i	6	ne Secondary given names			
Full legal name of	non-individual Capitalink Lto	J.				
Firm	n NRD number	(if app	licable)			
Indicate whether the per	rson compensated facilitated the	e distribution through a funding ہ	portal or an internet-based portal			
✔ No 🗌 Yes						
b) Business cor	ntact information					
If a firm NRD number is	not provided in Item 8(a), provid	de the business contact informati	ion of the person being compensated.			
Street address	20 Raul Wallenberg St.					
Municipality	Tel Aviv	Province/State				
Country	Israel	Postal code/Zip code				
Email address	lavikras@outlook.com	] Telephone number	972 505501574			
c) Relationship	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.						
<ul> <li>Connected with the issuer or investment fund manager</li> <li>Insider of the issuer (other than an investment fund)</li> </ul>						
<ul> <li>Director or officer of the investment fund or investment fund manager</li> </ul>						
Employee of the issuer or investment fund manager						
☐ None of the above						
d) Compensatio	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	\$90,387.5000		
Value of all securities distributed as compensation <sup>4</sup>	\$77,475.0000		
Security codes	Security code 1	Security code 2	Security code 3
	CMS		
Describe terms of warrants, options or other rights			
Other compensation <sup>5</sup>			
Describe			
Total componentian usid			7
Total compensation paid	\$167,862.5000		
Check box if the person will or may receive any def	erred compensation	on (describe the te	rms below)
<sup>4</sup> Provide the aggregate value of all securities distributed as compensate securities of the issuer. Indicate the security codes for all securities dis acquire additional securities of the issuer.		-	
<sup>5</sup> Do not include deferred compensation.			

# **ITEM 8 – COMPENSATION INFORMATION**

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	/ provides, or will pi	rovide, any compe	) (in Québec, Regulation 45 nsation in connection with <b>e, compensated.</b>			
Indicate whether any co □ No  ☑ Yes			<i>in connection with the dis</i> f persons compensated.			
a) Name of per	rson compensat	ed and registra	ation status			
Indicate whether the pe	rson compensated i	s a registrant.				
☑ No 🗌 Yes						
If the person compensat		provide the name	of the individual.		1	]
Full legal name of	individual	Family name	First given pa	~~~	Secondary give	n namos
lf the person compensa	ted is not an individ	,	First given na Ilowing information.	ne	Secondary give	n names
Full legal name of	f non-individual	)range Blossom V	/entures Ltd.			
Firi	m NRD number		(if ap	plicable)		
Indicate whether the pe	rson compensated (	facilitated the distr	ribution through a funding	portal or a	n internet-based p	ortal
✓ No □ Yes						
b) Business co	ntact informatio	n				
If a firm NRD number is	not provided in Iter	m 8(a), provide the	e business contact informa	tion of the p	person being comp	ensated.
Street address	4 Uri St.					
Municipality	Tel Aviv		Province/State			
Country	Israel		Postal code/Zip code			
Email address	dmakov@obv.co.	il	Telephone number	972 369	62000	
c) Relationshin	to issuer or inv	estment fund r	manager			
Indicate the person's rel	ationship with the i	ssuer or investmer and the meaning o	nt fund manager (select all f 'control' in section 1.4 of i			
Connected with th		-	er			
Insider of the issuer (other than an investment fund)						
Director or officer			ent fund manager			
<ul><li>Employee of the is</li><li>Mone of the above</li></ul>		t fund manager				
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	\$36,099.0000			
Value of all securities distributed as compensation <sup>4</sup>	\$30,942.0000			
Security codes	Security code 1	Security code 2	Security code 3	]
Security codes	CMS			]
Describe terms of warrants, options or other rights				]
Other compensation <sup>5</sup>			7	
Describe				
Total compensation paid	\$67,041.0000			
Check box if the person will or may receive any def	erred compensation	on (describe the te	erms below)	
<sup>4</sup> Provide the aggregate value of all securities distributed as compensa securities of the issuer. Indicate the security codes for all securities dis acquire additional securities of the issuer.		-		
<sup>5</sup> Do not include deferred compensation.				
ITEM 9 – DIRECTORS, EXECUTIVE OFFICE	RS AND PRON	IOTERS OF T	HE ISSUER	
If the issuer is an investment fund, do not complete It	em 9. Proceed to It	tem 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
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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 eligible foreign securities and the distribution is to permitted clients only <sup>7</sup>.

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

<sup>6</sup> 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.

<sup>7</sup> 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.

### $\checkmark$ 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 name	Secondary given names	Business location of non- individual or residential jurisdiction of individual	Relationship to issue (select all that apply)			
				Province or country	D	0	Р
	DAVID	Ohad		British Columbia	Х	Х	Х
	GEDO	Tamir		Israel	Х	Х	
	KABAZO	Gabriel		British Columbia	Х	Х	
	OIRECHMAN	Menachem	Mendel	British Columbia	Х	Х	

### 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	0	Secondary given	Residential jurisdiction of individual	Relationship to J one or both i	•
company name	name	name	names	Province or country	D	0

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 to that of 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 manager/agent	Oceanview Technologies Inc.				
Full legal name	KABAZO	O Gabriel			
	Family name	First given name		Secondary given names	
Title	Chief Financial Officer and Director				
Telephone number	+1 (604) 833-6820	Email address gkabazo@gmail.com		ail.com	
Signature	Gabriel Kabazo	Date	2024	10 02	
			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.* 

Same as individual certifying the report

Full legal name	DIGNAN	Taylor	
	Family name	First given name	Secondary given names
Title	Lawyer		
Name of company	MLT Aikins LLP		
Telephone number	+1 (604) 608-5766	Email address tdign	an@mltaikins.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.