

City

NEW YORK

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.

OMB APPROVAL

OMB Number: 3235-0076

Expires: August 31, 2015

Estimated Average burden hours per response: 4.0

ANTHUS CAPITAL HOLDINGS, INC.  INTURNICATION OF TRUST OF THE STREET WEST  C. Principal Place of Business and Contact Information  Same of Issuer  2. Principal Place of Business and Contact Information  Same of Issuer  C. Yet to Be Formed  2. Principal Place of Business and Contact Information  Same of Issuer  Surfact Address 1 Street Address 2  SUITE 2740, 22 ADELAIDE STREET WEST  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  TORONTO ONTARIO, CANADA MSH 4E3 646 518-9418  3. Related Persons  and Name First Name Middle Name  FORD HADLEY  SUTTE 414, 420 LEXINGTON AVENUE  City State/Province/Country ZIP/Postal Code  NEW YORK NEW YORK 10170  NEW YORK 10170  Relationship:  Executive Officer  Director  Promoter  Capital Contact Information  C. Limited Lability Company  C. Hamited Lability Company  C. Limited Lability Company  C. Limi					
ANTHUS CAPITAL HOLDINGS, INC.  INTURNING CAPITAL HOLDINGS, INC.  INCANADA  Vera of Incorporation/Organization  BRITISH COLUMBIA, CANADA  Vera of Incorporation/Organization  © Over Five Years Ago  Within Last Five Years Ago  Within Last Five Years Ago  C Yet to Be Formed  2. Principal Place of Business and Contact Information  Name of Issuer  INTURNING CAPITAL HOLDINGS, INC.  Street Address 1 Street Address 2  SUITE 2740, 22 ADELAIDE STREET WEST  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  TORONTO ONTARIO, CANADA MISH 4E3 646 518-9418  3. Related Persons  and Name First Name Middle Name  FORD HADLEY  Street Address 1 Street Address 2  SUITE 414, 420 LEXINGTON AVENUE  City State/Province/Country ZIP/Postal Code  NEW YORK ID170  NEW YORK ID170  NEW YORK ID170  Chief Executive Officer  Middle Name  Middle Name  First Name Middle Name  Middle Name  First Name First Name Middle Name  Ford Director Promoter  Chief Executive Officer  Middle Name  Middle Name  Middle Name  First Name Middle Name  Middle Name  Middle Name  Middle Name  Middle Name  Middle Name  Middle Name  Middle Name  Middle Name  Middle Name  Middle Name  Middle Name		r)	Previous Name(s	s) None	Entity Type
Anne of Issuer  INTHUS CAPITAL HOLDINGS, INC.  BRITISH COLUMBIA, CANADA  Cear of Incorporation/Organization  6 Over Five Years Ago  Within Last Five Years (Specify Year)  C Yet to Be Formed  2. Principal Place of Business and Contact Information  Arame of Issuer  INTHUS CAPITAL HOLDINGS, INC.  Street Address 1  Street Address 2  SUITE 2740, 22 ADELAIDE STREET WEST  City  State/Province/Country  JUP/Postal Code  ONTARIO, CANADA  ANSH 4E3  3. Related Persons  ast Name  First Name  First Name  FORD  NEW YORK  NEW YORK  NEW YORK  Relationship:  E Executive Officer  Middle Name  Middle Name  Middle Name  Middle Name  Middle Name  Middle Name  Promoter  Promoter  Ast Name  First Name  Middle Name	0001643154			OLDINGS	• Corporation
INC.   C. Limited Liability Company   C. General Partnership	Name of Issuer		LID		_
RRITISH COLUMBIA, CANADA  Cear of Incorporation/Organization  C Over Five Years Ago  Within Last Five Years (Specify Year)  C Yet to Be Formed  2. Principal Place of Business and Contact Information  Jame of Issuer  LANTHUS CAPITAL HOLDINGS, INC.  Street Address 1  Street Address 2  SUITE 2740, 22 ADELAIDE STREET WEST  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  TORONTO  ONTARIO, CANADA  B. Related Persons  J. Street Address 2  SUITE 414, 420 LEXINGTON AVENUE  Street Address 1  Street Address 2  SUITE 414, 420 LEXINGTON AVENUE  Street Address 1  Street Address 2  SUITE 414, 420 LEXINGTON AVENUE  Street Address 1  Street Address 2  SUITE 414, 420 LEXINGTON AVENUE  Street Address 1  Street Address 2  SUITE 414, 420 LEXINGTON AVENUE  City State/Province/Country ZIP/Postal Code  NEW YORK  Middle Name		L HOLDINGS,			C Limited Liability Company
RENTISH COLUMBIA, CANADA  Cear of Incorporation/Organization  G Over Five Years Ago  (Within Last Five Years (Specify Year)  C Yet to Be Formed  2. Principal Place of Business and Contact Information  Name of Issuer  EANTHUS CAPITAL HOLDINGS, INC.  Street Address 1  Street Address 2  SUITE 2740, 22 ADELAIDE STREET WEST  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  TORONTO  ONTARIO, CANADA  MISH 4E3  3. Related Persons  Last Name First Name Middle Name  FORD HADLEY  Street Address 2  SUITE 414, 420 LEXINGTON AVENUE  City State/Province/Country ZIP/Postal Code  NEW YORK  NEW YORK  NEW YORK  NEW YORK  Director  Promoter  Promoter  Larification of Response (if Necessary)  Chief Executive Officer  MASLOW  RANDY			i		^
CANADA  Cear of Incorporation/Organization  G Over Five Years Ago  C Within Last Five Years (Specify Year)  C Yet to Be Formed  2. Principal Place of Business and Contact Information  Same of Issuer  EANTHUS CAPITAL HOLDINGS, INC.  Street Address 1  Street Address 2  SUITE 2740, 22 ADELAIDE STREET WEST  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  TORONTO  ONTARIO, CANADA  MSH 4E3  3. Related Persons  Last Name First Name Middle Name  FORD HADLEY  Street Address 2  SUITE 414, 420 LEXINGTON AVENUE  City State/Province/Country ZIP/Postal Code  NEW YORK  NEW YORK  NEW YORK  NEW YORK  Director  Promoter  Promoter  Clarification of Response (if Necessary)  Chief Executive Officer  MASLOW  RANDY			1		6
Cear of Incorporation/Organization   G Over Five Years Ago		BIA,			0
Within Last Five Years (Specify Year) C Yet to Be Formed  2. Principal Place of Business and Contact Information (ame of Issuer  IANTHUS CAPITAL HOLDINGS, INC.  Wirect Address 1  Street Address 2  SUITE 2740, 22 ADELAIDE STREET WEST  City  State/Province/Country  TIP/Postal Code Phone No. of Issuer  TORONTO  ONTARIO, CANADA  MSH 4E3  646 518-9418  3. Related Persons  ast Name First Name Middle Name  FORD HADLEY  Wirect Address 1  Street Address 2  SUITE 414, 420 LEXINGTON AVENUE  Sity  State/Province/Country  ZIP/Postal Code  NEW YORK  ID170  Relationship:  Executive Officer  Director  Promoter  Chief Executive Officer  Middle Name  MASLOW  RANDY	ear of Incorporation	on/Organizatio	n		Other
C. (Specify Vear) C. Yet to Be Formed  2. Principal Place of Business and Contact Information Name of Issuer  IANTHUS CAPITAL HOLDINGS, INC. Street Address 1  Street Address 2  SUITE 2740, 22 ADELAIDE STREET WEST  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  TORONTO  ONTARIO, CANADA  M5H 4E3  646 518-9418  3. Related Persons ast Name First Name Middle Name  FORD HADLEY  Street Address 1  SUITE 414, 420 LEXINGTON AVENUE  City State/Province/Country ZIP/Postal Code  NEW YORK  NEW YORK  NEW YORK  Toronto Trins New York  NEW YORK  NEW YORK  Middle Name  First Name Middle Name  Middle Name  First Name First Name Middle Name  Middle Name  Middle Name  Middle Name  Middle Name  Middle Name  Middle Name  Middle Name	• Over Five Years	Ago			
2. Principal Place of Business and Contact Information  Same of Issuer  IANTHUS CAPITAL HOLDINGS, INC.  Street Address 2  SUITE 2740, 22 ADELAIDE STREET WEST  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  TORONTO ONTARIO, CANADA MSH 4E3  3. Related Persons ast Name First Name Middle Name  FORD HADLEY  Street Address 1 Street Address 2  SUITE 414, 420 LEXINGTON AVENUE  City State/Province/Country ZIP/Postal Code  NEW YORK ID170  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Chief Executive Officer  Middle Name		Years			
ANTHUS CAPITAL HOLDINGS, INC.  SUITE 2740, 22 ADELAIDE STREET WEST  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  TORONTO ONTARIO, CANADA MSH 4E3  3. Related Persons  .ast Name First Name Middle Name  FORD HADLEY  Street Address 1 Street Address 2  SUITE 414, 420 LEXINGTON AVENUE  City State/Province/Country ZIP/Postal Code  NEW YORK NEW YORK 10170  Relationship:					
Anne of Issuer  IANTHUS CAPITAL HOLDINGS, INC.  Street Address 1  SUITE 2740, 22 ADELAIDE STREET WEST  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  TORONTO ONTARIO, CANADA MSH 4E3  3. Related Persons  .ast Name First Name Middle Name  FORD HADLEY  Street Address 1  Street Address 2  SUITE 414, 420 LEXINGTON AVENUE  City State/Province/Country ZIP/Postal Code  NEW YORK 10170  Relationship:					
ANTHUS CAPITAL HOLDINGS, INC.  SUITE 2740, 22 ADELAIDE STREET WEST  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  TORONTO ONTARIO, CANADA MSH 4E3  3. Related Persons  .ast Name First Name Middle Name  FORD HADLEY  Street Address 1 Street Address 2  SUITE 414, 420 LEXINGTON AVENUE  City State/Province/Country ZIP/Postal Code  NEW YORK NEW YORK 10170  Relationship:					
ANTHUS CAPITAL HOLDINGS, INC.  SUITE 2740, 22 ADELAIDE STREET WEST  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  TORONTO ONTARIO, CANADA MSH 4E3 646 518-9418  3. Related Persons				10 ( )	
ANTHUS CAPITAL HOLDINGS, INC.  treet Address 1  Street Address 2  SUITE 2740, 22 ADELAIDE STREET WEST  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  TORONTO ONTARIO, CANADA M5H 4E3  646 518-9418  3. Related Persons  ast Name First Name Middle Name  FORD HADLEY  treet Address 1  Street Address 2  SUITE 414, 420 LEXINGTON AVENUE  City State/Province/Country ZIP/Postal Code  NEW YORK NEW YORK 10170  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Chief Executive Officer  Middle Name  MASLOW RANDY		lace of Bi	usiness an	id Contact in	itormation
Street Address 2  SUITE 2740, 22 ADELAIDE STREET WEST  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  TORONTO ONTARIO, CANADA MSH 4E3 646 518-9418  3. Related Persons ast Name First Name Middle Name  FORD HADLEY  treet Address 1 Street Address 2  SUITE 414, 420 LEXINGTON AVENUE  City State/Province/Country ZIP/Postal Code  NEW YORK 10170  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Chief Executive Officer ast Name First Name Middle Name  MASLOW RANDY		I HOLDINGS 1	INC	ī	
SUITE 2740, 22 ADELAIDE STREET WEST  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  TORONTO ONTARIO, CANADA M5H 4E3 646 518-9418  3. Related Persons		L HOLDINGS, I	INC.		
TORONTO  ONTARIO, CANADA  MSH 4E3  646 518-9418  B. Related Persons		EL AIDE CEDEL	an xxinon	Street Address 2	
ASSLOW  ONTARIO, CANADA  M5H 4E3  646 518-9418  646 518-9418  646 518-9418  646 518-9418  646 518-9418  Middle Name  Promoter  Clarification of Response (if Necessary)  Chief Executive Officer  Middle Name  MASLOW  Middle Name  Middle Name	· · · · · · · · · · · · · · · · · · ·				
B. Related Persons	City	Sta	ate/Province/Cou	ntry ZIP/Postal	Code Phone No. of Issuer
Ast Name  FORD  HADLEY  Street Address 1  Street Address 2  SUITE 414, 420 LEXINGTON AVENUE  City  State/Province/Country  ZIP/Postal Code  NEW YORK  NEW YORK  Director  Promoter  Clarification of Response (if Necessary)  Chief Executive Officer  Ast Name  First Name  Middle Name  Middle Name  MASLOW  RANDY	TORONTO		ONTARIO, CAN	ADA M5H 4E	646 518-9418
SUITE 414, 420 LEXINGTON AVENUE  City State/Province/Country ZIP/Postal Code  NEW YORK	3. Related P€	ersons			
treet Address 1  Street Address 2  SUITE 414, 420 LEXINGTON AVENUE  City State/Province/Country ZIP/Postal Code  NEW YORK 10170  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Chief Executive Officer  ast Name First Name Middle Name  MASLOW RANDY					
SUITE 414, 420 LEXINGTON AVENUE  City State/Province/Country ZIP/Postal Code  NEW YORK 10170  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Chief Executive Officer  ast Name First Name Middle Name  MASLOW RANDY	ast Name		First Name		Middle Name
State/Province/Country  ZIP/Postal Code  NEW YORK  NEW YORK  NEW YORK  Director  Promoter  Clarification of Response (if Necessary)  Chief Executive Officer  Last Name  First Name  MASLOW  RANDY			1		Middle Name
NEW YORK    NEW YORK   10170    Relationship:	FORD		1	Street Address 2	
Relationship:	FORD treet Address 1	EXINGTON A	HADLEY	Street Address 2	
Clarification of Response (if Necessary)  Chief Executive Officer  .ast Name First Name Middle Name  MASLOW RANDY	FORD treet Address 1 SUITE 414, 420 LI	EXINGTON A	HADLEY VENUE		
Clarification of Response (if Necessary)  Chief Executive Officer  .ast Name First Name Middle Name  MASLOW RANDY	FORD  SUITE 414, 420 LI  City	EXINGTON A	VENUE State/Province/O		ZIP/Postal Code
.ast Name First Name Middle Name  MASLOW RANDY	FORD  SUITE 414, 420 LI  City	EXINGTON A	VENUE State/Province/O		ZIP/Postal Code
.ast Name First Name Middle Name  MASLOW RANDY	FORD  Street Address 1  SUITE 414, 420 LI  City  NEW YORK		WENUE State/Province/G	Country	ZIP/Postal Code
MASLOW	FORD  Street Address 1  SUITE 414, 420 LI  City  NEW YORK  Relationship:	Execut	WENUE State/Province/C NEW YORK	Country	ZIP/Postal Code
MASLOW	FORD  Street Address 1  SUITE 414, 420 LICity  NEW YORK  Relationship:	Executionse (if Necessary	WENUE State/Province/C NEW YORK	Country	ZIP/Postal Code
MASLOW	FORD  Street Address 1  SUITE 414, 420 LICity  NEW YORK  Relationship:	Executionse (if Necessary	WENUE State/Province/C NEW YORK	Country	ZIP/Postal Code
	FORD  Street Address 1  SUITE 414, 420 LICity  NEW YORK  Relationship:	Executionse (if Necessary	WENUE State/Province/C NEW YORK	Country	ZIP/Postal Code
	FORD  itreet Address 1  SUITE 414, 420 LI  City  NEW YORK  Relationship:  Clarification of Respo	Executionse (if Necessary	WENUE State/Province/C NEW YORK tive Officer	Country	ZIP/Postal Code  10170  Promoter
	FORD  Street Address 1  SUITE 414, 420 LI City  NEW YORK  Relationship:  Clarification of Respo  Chief Executive Office  ast Name	Executionse (if Necessary	HADLEY  VENUE  State/Province/C  NEW YORK  tive Officer  First Name	Country	ZIP/Postal Code  10170  Promoter
	treet Address 1  SUITE 414, 420 LI City  NEW YORK  Relationship:  Clarification of Respo  Chief Executive Office  ast Name	Executors (if Necessary	HADLEY  VENUE  State/Province/C  NEW YORK  tive Officer  Y)  First Name  RANDY	Country	ZIP/Postal Code  10170  Promoter  Middle Name

State/Province/Country

NEW YORK

ZIP/Postal Code

10170

Relationship:	Execu	ıtive Officer	Director	Promoter	
Clarification of Respo	nse (if Necessar	·y)			
President					
ast Name		First Name		Middle Name	
STAVOLA		ELIZABETI	Н		
treet Address 1			Street Address	2	
SUITE 414, 420 L	EXINGTON A	VENUE			
lity		State/Provinc	e/Country	ZIP/Postal Code	
NEW YORK		NEW YORK	K	10170	
Relationship:	Execu	ıtive Officer	□ Director	Promoter	
larification of Respo	nse (if Necessar	(V)			
Chief Strategy Office		3)			
ast Name		First Name		Middle Name	
KALCEVICH		JULIUS		THURSE IVAILE	
treet Address 1		I FOLIUS	C4	2	
			Street Address		
SUITE 2740, 22 A	DELAIDE ST				
City		State/Provinc		ZIP/Postal Code	
TORONTO		ONTARIO,	CANADA	M5H 4E3	
		4			
		-1 [-			
Relationship:	Execu	ntive Officer	<b>☑</b> Director	Promoter	
	(Price)		Director	Promoter	
Clarification of Respo	nse (if Necessar		<b>☑</b> Director	Promoter	
Clarification of Respo	nse (if Necessar		Director	Promoter	
Clarification of Respo	nse (if Necessar		Director	Promoter	
Relationship: Clarification of Respo Chief Financial Offic	nse (if Necessar		Director	Promoter  Middle Name	
Clarification of Respo	nse (if Necessar	уу)	Director	No.	
Clarification of Respo Chief Financial Office ast Name	nse (if Necessar	First Name	Director  Street Address	Middle Name	
Clarification of Respo Chief Financial Office ast Name	nse (if Necessar	First Name	The state of the s	Middle Name	
Chief Financial Office  ast Name  HENDERSON  treet Address 1  SUITE 414, 420 L1	nse (if Necessar	First Name	Street Address	Middle Name	
Chief Financial Office  ast Name  HENDERSON  treet Address 1  SUITE 414, 420 L1	nse (if Necessar	First Name  JOHN  VENUE	Street Address	Middle Name	
Chief Financial Office  ast Name  HENDERSON  treet Address 1  SUITE 414, 420 Li	nse (if Necessar	First Name  JOHN  VENUE  State/Province	Street Address	Middle Name  2  ZIP/Postal Code	
Chief Financial Office  ast Name  HENDERSON  treet Address 1  SUITE 414, 420 LI  City  NEW YORK	nse (if Necessar	First Name  JOHN  VENUE  State/Province	Street Address	Middle Name  2  ZIP/Postal Code	
Clarification of Respo Chief Financial Office ast Name HENDERSON treet Address 1 SUITE 414, 420 LI City NEW YORK Relationship:	er Execu	First Name  JOHN  VENUE  State/Provinc  NEW YORI	Street Address  e/Country  K	Middle Name  2  ZIP/Postal Code	
Chief Financial Office  ast Name  HENDERSON  treet Address 1  SUITE 414, 420 LI  City  NEW YORK  Relationship:	EXINGTON A  Executive Exec	First Name  JOHN  VENUE  State/Provinc  NEW YORI	Street Address  e/Country  K	Middle Name  2  ZIP/Postal Code	
Chief Financial Office  ast Name  HENDERSON  treet Address 1  SUITE 414, 420 LI  City  NEW YORK  Relationship:	EXINGTON A  Executive Exec	First Name  JOHN  VENUE  State/Provinc  NEW YORI	Street Address  e/Country  K	Middle Name  2  ZIP/Postal Code	
Chief Financial Office  ast Name  HENDERSON  treet Address 1  SUITE 414, 420 LI  City  NEW YORK  Relationship:	EXINGTON A  Executive Exec	First Name  JOHN  VENUE  State/Provinc  NEW YORI	Street Address  e/Country  K	Middle Name  2  ZIP/Postal Code	
Chief Financial Office  Last Name  HENDERSON  STREET 414, 420 LI  City  NEW YORK  Relationship:  Clarification of Respo	EXINGTON A  Executive Exec	First Name  JOHN  VENUE  State/Provinc  NEW YORI	Street Address  e/Country  K	Middle Name  2  ZIP/Postal Code	
Chief Financial Office  ast Name  HENDERSON  treet Address 1  SUITE 414, 420 LICity  NEW YORK  Relationship:  Clarification of Response.	EXINGTON A  Executive Exec	First Name  JOHN  VENUE  State/Provinc  NEW YORI	Street Address  e/Country  K	Middle Name  2  ZIP/Postal Code	
Clarification of Respo Chief Financial Office  ast Name HENDERSON Street Address 1 SUITE 414, 420 LI City NEW YORK  Relationship: Clarification of Respo Senior VP, Eastern F	EXINGTON A  Executive Exec	First Name  JOHN  VENUE  State/Provinc  NEW YORI	Street Address  e/Country  K	Middle Name  2  ZIP/Postal Code  10170  Promoter	
Clarification of Respo Chief Financial Office  ast Name HENDERSON Street Address 1 SUITE 414, 420 LI City NEW YORK  Relationship: Clarification of Respo Senior VP, Eastern F	EXINGTON A  Executive Exec	First Name  JOHN  VENUE  State/Provinc  INEW YORI  Itive Officer  Ty)	Street Address  e/Country  K	Middle Name  2  ZIP/Postal Code  10170  Promoter  Middle Name	
Chief Financial Office  Last Name HENDERSON  Arreet Address 1 SUITE 414, 420 LI City NEW YORK  Clarification of Responsion of Property Pro	EXINGTON A  Executive Exec	First Name  JOHN  VENUE  State/Provinc  NEW YORI  stive Officer  y)  First Name	Street Address  e/Country  K  Director	Middle Name  2  ZIP/Postal Code  10170  Promoter  Middle Name	
Clarification of Respo Chief Financial Office  .ast Name HENDERSON Street Address 1 SUITE 414, 420 LI City NEW YORK  Relationship: Clarification of Respo Senior VP, Eastern F .ast Name TIERNAN Street Address 1	EXINGTON A  Executive Exec	First Name  JOHN  VENUE  State/Provinc  NEW YORI  stive Officer  y)  First Name	Street Address    Director	Middle Name  2  ZIP/Postal Code  10170  Promoter  Middle Name	
Chief Financial Office  Asst Name  HENDERSON  treet Address 1  SUITE 414, 420 LI  City  NEW YORK  Clarification of Response Senior VP, Eastern Ferror Senior VP, Eastern Ferror VP, Eastern VP	EXINGTON A  Executive Exec	First Name  JOHN  State/Province  NEW YORI  Itive Officer  Ty)  First Name  PAT	Street Address  c/Country  K  Director  Street Address	Middle Name  2  ZIP/Postal Code  10170  Promoter  Middle Name	

Executive VP of Opera	ations				
Last Name		First Name		Middle Name	
ROSEN		PAUL			
Street Address 1			Street Addre	ss 2	
SUITE 2740, 22 AD	ELAIDE ST	TREET WEST			
City		State/Province	/Country	ZIP/Postal Code	
TORONTO		ONTARIO, O	CANADA	M5H 4E3	
Relationship:	Exec	cutive Officer	□ Director	Promoter	
Clarification of Respon	se (if Necessa	urv)			
Charmeation of Respon	56 (11 11666338				
Last Name		First Name		Middle Name	
GALVIN		ROBERT			
Street Address 1			Street Addre	ss 2	
SUITE 414, 420 LE	XINGTON .	AVENUE			
City		State/Province	/Country	ZIP/Postal Code	
NEW YORK		NEW YORK		10170	
					<u> </u>
Relationship:	Exec	cutive Officer	Director	Promoter	
Clarification of Respon	se (if Necessa	ary)			
Last Name		First Name		Middle Name	
PETCH		ROBERT			
Street Address 1			Street Addre	ss 2	
SUITE 414, 420 LE	XINGTON .				
City		State/Province		ZIP/Postal Code	
NEW YORK		NEW YORK	-	10170	
Relationship:	Exec	cutive Officer	✓ Director	Promoter	
Clarification of Respon	se (if Necessa	nry)			
Last Name		First Name		Middle Name	
		TODD			
KARNIG					
KARNIG Street Address 1			Street Addre	ss 2	
<u>L</u>	XINGTON .	AVENUE	Street Addre	ss 2	
Street Address 1	XINGTON	AVENUE State/Province		ZIP/Postal Code	
Street Address 1  SUITE 414, 420 LE	XINGTON		/Country		
Street Address 1  SUITE 414, 420 LE  City	XINGTON	State/Province	/Country	ZIP/Postal Code	
Street Address 1  SUITE 414, 420 LE  City		State/Province	/Country	ZIP/Postal Code	
Street Address 1  SUITE 414, 420 LE  City  NEW YORK	Exec	State/Province/ NEW YORK	Country	ZIP/Postal Code	

C Agriculture	Health Care	Retailing		
Ranking & Financial Services	C Biotechnology			
^	- Health Insurance	Restaurants		
	C Hospitals & Physicians C Pharmaceuticals	Technology		
and the second	Other Health Care	Computers		
C Investment Banking	Other Health Care	C Telecommunications		
C Pooled Investment Fund		C Other Technology		
Other Banking & Financial				
C Services	Manufacturing	Travel  O Airlines & Airports		
740	Real Estate	C Lodging & Conventions		
Energy	C Commercial			
C Coal Mining	Construction	C Tourism & Travel Services		
C Electric Utilities	C REITS & Finance	Other Travel		
C Energy Conservation	C Residential	Other		
7000	Other Real Estate			
C Oil & Gas				
C Other Energy				
5. Issuer Size				
Revenue Range	Aggregate Net Asset V	alue Range		
C No Revenues	C No Aggregate	Net Asset Value		
C \$1 - \$1,000,000	C \$1 - \$5,000,000	)		
\$1,000,001 - \$5,000,000	C \$5,000,001 - \$2	25,000,000		
\$5,000,001 - \$25,000,000	C \$25,000,001 - S			
© \$25,000,001 - \$100,000,000	\$50,000,001 - \$			
A.E.	(v=0)			
Over \$100,000,000	Over \$100,000			
Decline to Disclose	C Decline to Disc	close		
Not Applicable	C Not Applicable	e		
6. Federal Exemption(s) and apply)		ed (select all that		
or (iii))	Rule 505			
Rule 504 (b)(1)(i)	Rule 506(b)			
Rule 504 (b)(1)(ii)	Rule 506(c)			
Rule 504 (b)(1)(iii)				
	Securities Act Section 4(a)(3)			
	Investment Company Act Secti	on 3(c)		
7. Type of Filing				
		and Sala Martin Operation		
	2018-10-29 Fi	rst Sale Yet to Occur		
	2018-10-29 Fi	rst Sale Yet to Occur		
New Notice Date of First Sale	2018-10-29 Fi	rst Sale Yet to Occur		

Interests	<b>№</b> Equity
Tenant-in-Common Securities	☐ Debt
Mineral Property Securities	Option, Warrant or Other Right to Acquire Another Security
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	Other (describe)
10. Business Combina	ation Transaction
Is this offering being made in connect	
transaction, such as a merger, acquis	ition or exchange offer?
Clarification of Response (if Necessar	'y)
11. Minimum Investm	ont
Minimum investment accepted from	any outside
investor	S USD
12. Sales Compensat	ion
Recipient	Recipient CRD Number None
(Associated) Broker or Dealer	None (Associated) Broker or Dealer CRD None
(Associated) Brother or Beater	Number
Street Address 1	Street Address 2
City	State/Province/Country ZIP/Postal Code
State(s) of Solicitation	□ All States
13. Offering and Sales	s Amounts
Total Offering Amount \$ 420000	USD ☐ Indefinite
Total Amount Sold \$ 420000	
Total Remaining to be	USD   Indefinite
Sold \$ 0	USD 1 Indennite
Clarification of Response (if Necessar	у)
Total Offering Amount represent shares (210,759 x \$1.9928), issued warrants.	ts the aggregate price of common I upon exercise of share purchase
14. Investors	
do not qualify as accredited	fering have been or may be sold to persons who d investors, dited investors who already have invested in the
to persons who do not qual	rities in the offering have been or may be sold ify as accredited investors, enter the total lready have invested in the offering:

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.
Sales Commissions \$ 0 USD Estimate
Finders' Fees \$ 0 USD Estimate
Clarification of Response (if Necessary)
16. Use of Proceeds
Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.  S  USD  Estimate
Clarification of Response (if Necessary)

## Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

## **Terms of Submission**

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities
  described and undertaking to furnish them, upon written request, the information furnished to
  offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
iANTHUS CAPITAL HOLDINGS, INC.	/s/ Julius Kalcevich	JULIUS KALCEVICH	CHIEF FINANCIAL OFFICER	2019-04-18