Form 45-106F1 Report of Exempt Distribution

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

ITEM 1 – REPORT TYPE											
⊠ New report											
	YYY-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 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.	r to section 1.1										
Investment fund issuer											
Suer (other than an investment fund)											
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 Cartier Iron Corporation											
Previous full legal name											
If the issuer's name changed in the last 12 months, provide most recent previous legal name.											
Website www.cartieriron.com											
If the issuer has a legal entity identifier, provide below. Refer to Part B of the Instructions for the definition of "legal entity identity identi	ifier".										
Legal entity identifier											
ITEM 4 – UNDERWRITER INFORMATION											
If an underwriter is completing the report, provide the underwriter's full legal name and firm National Registration Database (Na	RD) 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 Postal code/Zip code											
Telephone number Website (if ap	pplicable)										

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 corresponds to the issuer's primary business activity. For more information on finding the NAICS industry code go to Statistics Canada's NAICS industry search tool .
NAICS industry code 2 1 2 1 0
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 Consumer debt Private companies
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 <u>SEDAR</u> profile?
□ No ⊠ Yes If yes, provide SEDAR profile 0 0 0 0 3 9 4 6 number
If the issuer does not have a SEDAR profile complete Item 5(d) – (h).
d) Head office address
Street address Province/State
Municipality Postal code/Zip code
Country Country Telephone number
e) Date of formation and financial year-end
Date of formation Financial year-end
YYYY MM DD MM DD
f) Reporting issuer status
Is the issuer a reporting issuer in any jurisdiction of Canada? No Yes
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.
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 names of all exchanges on which its securities are listed. Include only the names of exchanges for which the issuer has applied for and received a listing, which excludes, for example, automated trading systems.
Exchanges names
h) Size of issuer's assets
Select the size of the issuer's assets for its most recent financial year-end (Canadian \$). If the issuer has not existed for a full 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 to under □ \$1B or over

ITEM 6 – INVESTMENT FUND ISSUER INFORMATION												
If the issuer is an investm	ent fund, j	provide the	following	informa	tion.							
a) Investment fund m	anager info	ormation										
Full legal name												
i un regul riante												
Firm NRD number							(if applie	cable)				
If the investment fund mana	iger does n	not have a fi	rm NRD nui	mber, pi	ovide t	he head of	ffice con	ntact info	rmation o	f the invest	tment fund m	nanager.
Street address	_											-
Municipality						Browin	ce/State					
wunicipaity						1 100111	ice/State					
Country					Po	stal code/2	Zip code	e				
Telephone number					We	bsite (if ap	plicable					
								·				
b) Type of investmen												
Type of investment fund the	nt most acc		tifies the iss	suer (sei	_ `							
Money market		Equity				ixed incom	le					
Balanced		Alternative	strategies		□ c	ther (desc	cribe)					
Indicate whether one or bot	h of the fol	lowing apply	/ to the inve	stment	fund.							
Invests primarily	n other inv	estment fun	d issuers									
Is a UCITs Fund ¹												
¹ Undertaking for the Collec												
Union (EU) directives that a member state.	liow collect	tive investm	ent scheme	s to ope	erate th	rougnout ti	ne EU o	on a pass	sport basi	s on autnoi	rization from	one
c) Date of formation a	and financia	al year-end	of the inves	tment fu	Ind							
Data of formation				7	-	inensial	or and					
Date of formation	YYYY	MM	DD		Г	inancial ye	ear-end	MM	DD			
d) Reporting issuer s									00			
Is the investment fund a rep				Canada	?		10		Yes			
If yes, select the jurisdiction	•											
	_		BC] ME	-	_	NB] NL		NT
] NU		ON	Γ] PE			QC] SK		ΥT
e) Public listing status	6											
If the investment fund has a	CUSIP nu	ımber, provi	ide below (fi	rst 6 dig	its only	·)						
CUSIP numbe	er											
If the investment fund is pu												
exchanges for which the inv		ind has app	lied for and	receive	d a listii	ng, which e	excludes	s, for exa	ample, au	tomated tra	ading system	is.
Exchanges na	mes											
f) Net asset value (N	AV) of the	investment	fund									
Select the NAV range of the	e investmer	nt fund as o	f the date of	the mo	st recei	nt NAV cal	lculation	ı (Canadı	ian \$).			
\$0 to under \$5M	I	□ \$5M to	o under \$25	М	□ \$	25M to un	der \$10	MO				
\$100M to under \$500	M [□ \$500N	1 to under \$	1B	□ \$	1B or over	r Da	ate of NA	V calcula	tion:		
										Y	YYY MM	DD

тем 7 –	INFO	RMAT	ION ABOUT THE	DISTRIBUTION					
esident ir	n that ju	irisdictic	on of Canada only. D	etes a distribution in a o not include in Item 7 in Item 7 must reconc	securities issue	ed as payment of co	ommissions or	finder's fees, v	
a) (Currend	cy (
elect the	e currer	icy or cl	ırrencies in which the	e distribution was made	e. All dollar amo	ounts provided in th	e report must l	be in Canadian	dollars.
Canadian dollar US dollar Euro Other (describe									
b) l	Distribu	tion dat	e(s)						
th the s	start and	d end da		ne report is being filed being filed for securitie					
		Start da	ate 2019	06 07		End date	2019	06	07
			YYYY	MM DD			YYYY	MM	DD
c) l	Detaile	d purcha	aser information						
omplete	e Sche	dule 1 c	of this form for each	purchaser and attac	h the schedul	e to the completed	l report.		
,			ities distributed						
				outions that take place ling the CUSIP numbe					
								Canadiar	\$
Se	curity o	code	CUSIP number (if applicable)	Description of	security	Number of Securities	Single or lowest price	Highest price	Total amount
U	в	s	146761101	Units each consis common share an one common sha warran	d one half of re purchase	4,062,500	\$0.08	\$0.08	\$325,000
F	т	U	146761101	Flow-Through L consisting of one co issued on a flow-th and one half of or	ommon share hrough basis	4,000,000	\$0.10	\$0.10	\$400,000

e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) securities 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.

Co.	Security code		e Underlying security code			Exercise (Canadi		Expiry date	Conversion	Describe other terms (if			
Sec						Lowest	Highest	(YYYY-MM-DD)	ratio	applicable)			
w	N	т	с	м	S	\$0.12	\$0.15	2020-12-07	1 WNT : 1 CMS	Each warrant converts into one common share at an exercise price of \$0.12 (warrants in Units) or \$0.15 (warrants in Flow Through Units).			

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, other state the country.

Province or country	Exemption relied on	Number of purchasers	Total amount (Canadian \$)
Switzerland	NI 45-106 2.3 [Accredited investor]	2	\$40,000.00
British Columbia	NI 45-106 2.3 [Accredited investor]	1	\$250,000.00
Newfoundland and Labrador	NI 45-106 2.3 [Accredited investor]	1	\$20,000.00

Ontario	NI 45-106 2.3 [Accredited investor]	16	\$415,000.00
	Total dollar amount of securi	ties distributed	\$725,000.00
	Total number of unique purchasers ²	20	

²In 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.³ 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.

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)
1				
2				
3				

ITEM 8 – COMPENSATION IN	FORMATION											
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 compen	sation was paid, or will	be paid, in connectio	on with the distribution.	one								
🗌 No	🛛 Yes	If yes, indicate	number of persons comper									
a) Name of person compensated and registration status												
Indicate whether the person is	s a registrant											
🗌 No												
If the person compensated is	an individual, provide th	ne name of the indiv	dual									
Full legal nan	ne of individual]								
		Family name	First given name	Secondary given name	_							
If the person compensated is	not an individual, provid	de the following infor	mation									
Full legal name	LEEDE JONES GABLE	INC.										
Firm NRD number	5 7 7	7 0 (if applicable)										
Indicate whether the person c	compensated facilitated	the distribution throu	ıgh a funding portal or an in	ternet-based portal								
🖾 No	[Yes										

 b) Business contact inform 	ation											
If a firm NRD number is not pro	vided ir	n Item 8(a), pro	vide the bus	siness	contact informati	on of the	e person be	eing co	ompensate	d.		
Street address												
Municipality]		Drovino	o/Stata						
Municipality					Provinc	e/State						
Country					Postal code/Z	ip code						
							L					
Email address					Telephone r	number						
c) Relationship to issuer or	r investn	nent fund mana	ger									
Indicate the person's relationship Instructions and the meaning of "								eaning	g of "connec	ted" in Part	B(2) of the	
Connected with the Issuer or Investment fund issuer												
Insider of the issuer (oth	Insider of the issuer (other than an investment fund)											
Director or officer of the	investm	nent fund or inve	estment fund	manag	ger							
Employee of the issuer	or inves	tment fund man	ager									
None of the above												
d) Compensation 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	\$3,080.00										
Value of all secu	rities					Secur	rity code 1	Seci	urity code 2	Security	code 3	
distribute	d as	N/A			Security codes							
Describe terms of warrants,	options	or other rights	\$0.15 into and 21,000	14,000 D agent	ble Inc. received 14 Common Shares ts compensation w identical terms as	upon the arrants,	e identical te exercisable	erms a at \$0.	s the warra 12 into 21,0	nts in the of	fering	
Other compensation ⁵ N	lil				Describe							
Total compensation paid	3,080.00)										
	-,	-										
Check box if the person will or	may re	ceive any defer	red compens	ation (describe the terms							
⁴ Provide the aggregate value of a securities of the issuer. Indicate t acquire additional securities of the ⁵ Do not include deferred compension	the secu e issuer	urity codes for al										
ITEM 8 – COMPENSATION INFO Provide information for each pers	ion (as c	defined in NI 45-							ompensatio	n in connec	tion with	
the distribution. Complete addition	-		-		•	-	compensa	ted.				
Indicate whether any compensati		paid, or will be µ ⊲ Yes						ne				
a) Name of person comper				Late NU	imber of persons c	ompensa						
Indicate whether the person is a		-										
	_	_										
□ No		⊴ Yes										
If the person compensated is an i	individua	al, provide the n	ame of the ir	ndividu	al							

Full legal nar	ridual															
			Fa	amily n	ame	F	First given	name	e	Secon	dary g	iven nam	ne			
If the person compensated is	not an ind	lividual,	provide	the foll	lowing info	rmation								-		
Full legal name	STEPEN	AVENU	E SECUR	RITIES	INC.											
Firm NRD number	8	0	8	0				(if a	applica	ble)						
Indicate whether the person of	compensa	ted facii	litated the	e distrik	bution thro	ugh a fu	nding port	tal or	an inte	ernet-bas	ed por	tal				
🖾 No				Yes												
b) Business contact in	formation															
If a firm NRD number is not	provided	in Iterr	n 8(a), pi	rovide	the busine	ess con	tact inforn	natio	n of th	e persor	n bein	g compe	nsateo	Ι.		
Street address																
Municipality							Prov	vince	/State							
wanicipality							110	vince/	Olale							
Country						I	Postal cod	le/Zip	code							
Emeil eddrood							Talanha									
Email address							Telepho	ne nu	Imper							
c) Relationship to issue	er or inves	tment f	und man	ager												
Indicate the person's relation Instructions and the meaning											e meai	ning of "c	onnect	ed" in	Part E	8(2) of the
Connected with the									0							
Insider of the issuer	· (other tha	an an in	vestment	t fund)												
Director or officer of	f the invest	tment fu	und or inv	vestme	ent fund ma	nager										
Employee of the iss	uer or inve	estment	t fund ma	anager												
None of the above																
d) Compensation detai	ils															
Provide details of all compen- Canadian dollars. Include ca services incidental to the dist internal allocation arrangeme	sh commis ribution, su	ssions, uch as d	securities clerical, p	s-baseo printing,	d compens , legal or a	ation, g ccountin	ifts, discoung services	unts c s. An	or othei issuer	r comper is not ree	sation quired	. Do not to ask fo	report	paym	ents fo	or
Cash commissi	ons paid	\$10,2	00.00													
								Г								
	buted as	NIL							Secu	rity code	1 S	ecurity c	ode 2	Sec	curity c	ode 3
compe	ensation ⁴					Se	ecurity coo	des								
Describe terms of warra	nts, option	is or oth	ner rights	at \$ offe	phenAven 60.15 into 5 pring and 7 mmon Sha	9,500 C 4,375 aç	Common S gents com	hares pens	s upon ation w	the iden arrants,	tical te exerci	rms as th sable at \$	ne warr \$0.12 ir	ants ir	n the	isable
Other compensation ⁵	Nil						Describe	e								
Total compensation paid	\$10,200	0.00														
Check box if the person w	ill or may r	receive	any defe	erred co	ompensatio	n (desc	ribe the te	rms								
														7		
⁴ Provide the aggregate value securities of the issuer. Indic	ate the see	curity co														
acquire additional securities of ⁵ Do not include deferred com																

ITEM 8 – COMPENSATION INFORMATION									
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.									
□ No ☑ Yes If yes, indicate number of persons compensated									
a) Name of person compensated and registration status									
Indicate whether the person is a registrant									
□ No									
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 name									
If the person compensated is not an individual, provide the following information									
Full legal name ECHELON WEALTH PARTNERS INC.									
Firm NRD number 3 2 4 2 0 (if applicable)									
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 for the purposes of completing this section									
Connected with the Issuer or Investment fund issuer									
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 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 \$1,750.00									
Value of all securities distributed as compensation ⁴ NIL Security codes Security code 1 Security code 2 Security code 3									
Describe terms of warrants, options or other rights Echelon Wealth Partners Inc. received 17,500 agents compensation warrants, exercisable at \$0.15 into 17,500 Common Shares upon the identical terms as the warrants in the offering.									
Other compensation ⁵ <i>Nil</i> Describe									
Total compensation paid \$1,750.00									

 $\hfill\square$ Check box if the person will or may receive any deferred compensation (describe the terms

⁴ Provide the aggregate value of all se	ecurities distributed as compensation	, excluding options, warrants or o	other rights exercisable to acquire additional
securities of the issuer. Indicate the	security codes for all securities distrib	outed as compensation, including	options, warrants or other rights exercisable to
acquire additional securities of the iss	suer		

⁵Do not include deferred compensation

ITEM 8 – COMPENSATION INFORMATION										
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.										
🗌 No	Yes If yes, ind	icate number of persons compens								
a) Name of person compensated and registration status										
Indicate whether the person	Indicate whether the person is a registrant									
🛛 No	☐ Yes									
If the person compensated is	an individual, provide the name of the i	individual								
Full legal na	me of individual									
	Family name	First given name	Secondary given name							
If the person compensated is	not an individual, provide the following	information								
Full legal name	MINE EQUITIES LTD.									
Firm NRD number		(if applicat	ole)							
Indianta whathar the parage	componented facilitated the distribution	through a funding partal or an into	mat based parts							
No	compensated facilitated the distribution	unough a funding portal of an inte	mer-based portai							
b) Business contact in	formation									
If a firm NRD number is not	t provided in Item 8(a), provide the bu	usiness contact information of the	e person being compensated.							
Street address	15 Dunlace Drive									
		1								
Municipality	Toronto	Province/State	Ontario							
Country	Canada	Postal code/Zip code	M2L 2R8							
	Colindo novent@mineequities	1								
Email address	Colinda.parent@mineequities Itd.com	Telephone number	647-408-4926							
c) Relationship to issu	er or investment fund manager									
	ship with the issuer or investment fund i of "control" in section 1.4 of NI 45-106		fer to the meaning of "connected" in Part B(2) of the section							
Connected with the	Issuer or Investment fund issuer									
Insider of the issue	r (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 deta	ils									
Provide details of all compen	sation paid, or to be paid, to the person									
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 \$15,000.00

Value of all secur distribute compensa	ed as	NIL			Security codes	Secu	urity code 1	Secur	rity code 2	Sec	urity co	ode 3
Describe terms of warrants,	at		Partners Inc. receive 00 Common Share							able		
Other compensation ⁵ N	lil				Describe							
Total compensation paid	15,000).00										
Check box if the person will or may receive any deferred compensation (describe the terms												
⁴ Provide the aggregate value of a	all secu	urities distributed	as co	mpensation, <u>e</u>	<u>xcluding</u> options, w	arrants	s or other rig	hts exer	rcisable to	acquire	e addit	ional

securities of the issuer. Indicate the security codes for all securities distributed as compensation, including 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.										
Indi	icate whether the issuer	is any of the following	g (select all that appl	ly):						
I	Reporting issuer ir	n any jurisdiction of C	anada							
[Foreign public issu	ler								
[Wholly owned sub	sidiary of a reporting	issuer in any jurisdio	ction of Canada						
	Provi	de name of reporting	issuer							
[Wholly owned sub	sidiary of a foreign p	ublic issuer ⁶							
	Provide na	ame of foreign public	issuer							
[Issuer distributing	eligible foreign secur	ities only to permitte	d clients.7						
⁶ An sec ⁷ Ch	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 no	one of the above, ch	eck this box and co	omplete item 9(a) – (c)					
	a) Directors, executiv	e officers and promo	ters of the issuer							
					suer For locations within Cana cutive Officer, "P" – Promoter.	ada, state t	the provinc	e or		
	Organization or company nameFamily nameFirst given nameSecondary given nameBusiness location of non-individual or residential jurisdiction of individualRelationship to issuer (select all that apply)									
					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 promoer. For locations within Canada, state the province or territory, othewise 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	Relationship to promoter (select one or both if applicable				
					Province or country	D	0			
L										
	c) Residential address of each individual									
Co	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 or director 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 not be delegated to an agent or other individual preparing the report on behalf of the issuer or underwriter. If the individual completing and filing the report is different from the individual certifying the report, provide their name and contact details 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.

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT									
 By completing the information below, I certify to the securities regulatory authority or regulator that: I have read and understand this report; and all of the information provided in this report is true 									
Full legal name	ESTEPA JORGE								
	Family name First given name Secondary given name								
Title	VICE PRESIDENT, CORPORA	VICE PRESIDENT, CORPORATE SECRETARY							
Name of issuer/underwriter/ investment fund manager	CARTIER IRON CORPORATION								
Telephone number	416-360-8006	6-360-8006 Email address jestepa@cartieriron.com							
Signature	Jorge Estepa	Date	2019 06 07						

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 a	s individual cer	tifying the repo	rt					
Full legal name						Title		
	Family	Name	First Given Name	Second	lary Given Name	_1		
Name	e of Company							
Telep	hone number				Email 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 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.