Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9205863

ITEM 1 - REPORT TYPE											
✓ New report											
Amended report	lf amer	ded, pro	vide f	iling da	te of	report	that is	being ame	ended		(YYYY-MM-DD)
ITEM 2 - PARTY CERTIF	YING THE	REPOR	Γ								
Indicate the party certifying th Instrument 81-106 Investment									estment fund,	refer to secti	on 1.1 of National
	Investment fund issuer										
✓ Issuer (other that	✓ Issuer (other than an investment fund)										
			,								
	•										
ITEM 3 - ISSUER NAME											
	Provide the following information about the issuer, or if the issuer is an investment fund, about the fund.										
	egal name	One Wo	orld Li	thium I	nc.						
Previous full le	Previous full legal name										
If the issuer's name ch	If the issuer's name changed in the last 12 months, provide most recent previous legal name.										
	Website www.oneworldlithium.com (if applicable)										
If the issuer has a legal entity i	identifier <u>,</u> pro	vide below	. Refer t	to Part B	of the	Instructio	ons for th	he definition o	of "legal entity	v identifier".	
Legal entity	dentifier										
If two or more issuers distribut	ed a single s	curity, pro	vide the	e full lega	ıl name	e(s) of th	e co-issu	er(s) other th	an the issuer i	named above	
Full legal name(s) of co	o-issuer(s)							(if applicable	e)		
ITEM 4 - UNDERWRITER	r Inform	ATION									
If an underwriter is completing	the report, p	provide the	underw	riter's fu	ll legal	name a	nd firm N	NRD number.			_
Full legal name											
Firm NRD number	Firm NRD number (if applicable)										
If the underwriter does not hav	ve a firm NRL	D number,	orovide	the head	office	contact	informat	tion of the un	derwriter.		
Street address]
Municipality							Provi	ince/State			Ì
Country						Pos	tal code	e/Zip code			
Telephone number								Website			(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 2 1 2 2 9 9						
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						
Does the issuer have a SEDAR profile?						
No ✓ Yes If yes, provide SEDAR profile number 0 0 0 4 6 8 5						
If the issuer does not have SEDAR profile complete item 5(d) - (h).						
d) Head office address						
Street address Province/State						
Municipality Postal code/Zip code						
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 jurisdication of Canada? No Yes						
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.						
AII AB BC MB NB NL NT						
NS NU ON PE QC SK YT						
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 name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.						
Exchange name						
h) Size of issuer's assets						
Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first 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
S100M to under \$500M	S500M to under \$1B	S1B or over

If the issue is an investment fund, provide the following information: a) Investment fund manager information Full legal name Furn NRD number If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State Guntry Postal code/Zip code Telephone number D Type of investment fund Tree of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Indicate whether one or both of the following apply to the investment fund. Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment of Transferable Securities funds (UCIT's Funds) are investment funds regulated by the European Union (C) Date of formation and financial year-end of the investment fund Suppresent fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund hars a CUSP number, provide below (first 6 digits only) CUSP number On O Public listing status of the investment fund is a reporting issuer. All All All </th
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Firm NRD number (if applicable) If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State
If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality County Postal code/Zip code County Telephone number Postal code/Zip code Do Type of investment fund Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Do Type of investment fund that most accurately identifies the issuer (select only one). Do Money market De Quity De County De C
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CUSIP number
name of an exchange and not a trading facility such as, for example, an automated trading system
Exchange name
f) Net asset value (NAV) of the investment fund
Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).
L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad \text{ to under \$\mathbf{S}M \qquad \text{to under \$\mathbf{S}M
\$0 to under \$5M \$5M to under \$25M \$25M to under \$100M \$100M to under \$500M \$500M to under \$1B \$1B or over Date of NAV calculation:

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.						
a) Currency						
Select the currency or currencies i	n which the distribution was made. All	dollar amounts provi	ded in the report m	ust be in Canadic	an dollars.	
✓ Canadian dollar	US dollar 🔄 Euro	Other (describ	pe)			
b) Distribution date(s)						
			nuous basis, include			
	YYYY MM DD		YYYY M	MM DD		
c) Detailed purchaser infor	mation					
Complete Schedule 1 of this	s form for each purchaser and a	ttach the schedule	e to the complete	ed report.		
d) Types of securities distr	ibuted					
	n for all distributions reported on a per SIP number, indicate the full 9-digit Cl			-	ow to indicate the	
				Canadian \$		
Security code CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount	
U B S 404493 6,720,500.00			0.0500	0.0500	336,025.00	
e) Details of rights and cor	nvertible/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 security code Security code	Exercise price (Canadian \$) Lowest Highest	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other it	ems (if applicable)	
W N T C M S	0.1000 0.1000	2023-08-10	1:1			
f) Summary of the distribut	tion by jurisdiction and exemption	I				
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 countryExemption relied onNumber of unique22 purchasersTotal amount (Canadian \$)				nount (Canadian \$)		
Alberta	Existing security holder exem	ption		2	5,250.00	
Alberta	NI 45-106 2.3 [Accredited inv	5		30,775.00		
British Columbia	Existing security holder exem	ption		3	15,000.00	
British Columbia NI 45-106 2.3 [Accredited investor]		estor]		9	140,500.00	
Manitoba NI 45-106 2.3 [Accredited invest		restor]		1	10,000.00	
Ontario NI 45-106 2.3 [Accredited investor]		restor]		3	35,000.00	
Québec	NI 45-106 2.3 [Accredited inv	estor]		1	15,000.00	
Saskatchewan	NI 45-106 2.3 [Accredited inv	estor]		1	10,000.00	
Monaco	NI 45-106 2.3 [Accredited inv	estor]		1	5,000.00	

United States	NI 45-106 2.3 [Accredited investor]	6	69,500.00			
	Total dollar amount of securities distributed					
	Total number of unique purchasers ^{2b}	32				

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

^{2b} In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

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)

ITEM 8 - COMPENSATION	INFORMATION				
Provide information for each perso the distribution. Complete additi					, any compensation in connection with stated.
Indicate whether any compensation	on was paid, or will be po	aid, in connecti	on with the distribu	tion.	
🗌 No 🗹 Yes	If yes, indicate nur	nber of perso	ns compensated	I. 1	
a) Name of person compen-	sated and registratior	n status			
Indicate whether the person compe	ensated is a registrant.		No No	✓ Yes	
If the person compensated is an inc	lividual, provide the nam	ne of the individ	lual.		
Full legal name of individu	al				
	Family r	ame	First g	given name	Secondary given names
If the person compensated is not a	n individual, provide the	following infor	mation.		
Full legal name of	non-individual ECHE	ELON WEAL	TH PARTNERS	INC.	
Firm	NRD number 3	2 4	2 0	(if ap	oplicable)
Indicate whether the person compe	ensated facilitated the dis	tribution throu	gh a funding porta	l or an internet-based	d portal. 🔽 No 🗌 Yes
b) Business contact informa	tion				
If a firm NRD number is not provid	ed in Item 8 (a), provide	the business co	ntact information o	of the person being co	ompensated.
Street address					
Municipality				Province/State	e
Country			Po	stal code/Zip code	e
Email address			-	Telephone numbe	r
c) Relationship to issuer or	investment fund mana	ager			
Indicate the person's relationship w the Instructions and the meaning c					neaning of "connected" in Part B(2) of n.
Connect with the issuer of	or investment fund mana	ager	🔲 Ir	sider of the issuer (other than an investment fund)
Director or officer of the i	nvestment fund or inves	stment fund ma	nager 🗌 E	mployee of the issue	er or investment fund manager
\checkmark None of the above					
d) Compensation details					
incidental to the distribution, such a allocation arrangements with the d	missions, securities-base as clerical, printing, legal irectors, officers or emplo	d compensatio or accounting	n, gifts, discounts o services. An issuer i	r other compensation s not required to ask	distribution. Provide all amounts in n. Do not report payments for services for details about, or report on, internal
Cash commissions paid	500.00			Security code 1	Security code 2 Security code 3
Value of all securities distributed as compensation ⁴		S	ecurity codes		
Describe term	ns of warrants, options o	r other rights			
Other compensation ⁵		Describe			
Total compensation paid	500.00				
Check box if the perso	n will or may receive an	y deferred com	pensation (describ	e the terms below)	
⁴ Provide the aggregate value of a					
additional securities of the issuer. rights exercisable to acquire addit			rities distributed as	s compensation, <u>incl</u>	<u>uaing</u> options, warrants or other
⁵ Do not include deferred compens	sation.				

TEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER									
If the issuer is an investment fund	If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.								
Indicate whether the issuer is any o	f the following (select	t the one that appli	es - if more than one	applies, select onl	y one).				
Reporting issuer in any juris	diction of Canada								
Foreign public issuer									
Wholly owned subsidiary of	a reporting issuer in	any jurisdiction of	Canada ⁶						
Provide nan	Provide name of reporting issuer								
Wholly owned subsidiary of	a foreign public issu	ier ⁶						-	
Provide name of	foreign public issue	r]	
Issuer distributing only eligi	ole foreign securities	and the distributio	n is to permitted clie	nts only7				-	
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d). Proceed to Item	10.					
securities that are required by law to respectively. ⁷ Check this box if it applies to the cu	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,								
If the issuer is none of the									
a) Directors, executive officer	s and promoters o	of the issuer							
Provide the following information for	each director, execu	tive officer and pro				tate the	province	or	
Organization or company name	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 residentail jurisdiction of individual Relationship 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 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 company name	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		С	,	
c) Residential address of eac			· · · · · · ·						
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 exemt 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/underwriter/ investment fund manager/agent	ONE WORLD LITHIUM INC.								
Full legal name	COLLINS	JACQUELINE	ANN						
	Family name	First given name		Seconda	ary given n	ames			
Title	FILING AGENT								
Telephone number	6043290354	Email address jacki		kie@jcollinsconsulting.ca					
Signature	/s/ Jacqueline Collins	Date	2020	80 C	13				
			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				Title	
·	Family name	First given name	Secondary given names		
Name of company					
Telephone number		Er	nail 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 Schedules 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.