# Form 45-106F1 Report of Exempt Distribution

### **ITEM 1 - REPORT TYPE**

✓ New report

Amended report

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

(YYYY-MM-DD)

### **ITEM 2 - PARTY CERTIFYING THE REPORT**

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

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	Golden Cariboo Resources Ltd. / Golden Cariboo Resources Ltd.
Previous full legal name	GOLDEN CARIBOO RESOURCES LTD
If the issuer's name changed in	the last 12 months, provide most recent previous legal name.
Website	www.goldencariboo.com (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 identifier".
Legal entity identifier	
If 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

SEDAR+ profile number

(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 212220
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
000005852

ITEM 6 - INVESTMENT FUND ISSUER INFORMATION								
If the issuer is an investment fund, provide the following information.								
a) Investment fund ma	anager information	1						
Full legal name								
Firm NRD number		(if applicable)	1					
SEDAR+ profile number								
b) Type of investment	fund							
Type of investment fund that mo	st accurately identifies	the issuer (select only one).						
🗌 Money market	Equity	Fixed income	Balanced					
Alternative strategies	Cryptoasset	Other (describe)						

Indicate whether one or l	both of the following apply to the investn	nent fund.						
🗌 Invest primarily in c	Invest primarily in other investment fund issuers							
Is a UCITs Fund <sup>1</sup>								
	re Investment of Transferable Securities funds (U nt schemes to operate throughout the EU on a po							
	it schemes to operate throughout the EO on a po		nion from one mer	nder 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	most recent NAV calci	ulation (Canadi	an \$).				
Under \$5M	□ \$5M to under \$25M	Signal \$25M to unde		Date of NAV calculation:				
\$100M to under \$5	00M 🗌 \$500M to under \$1B	\$1B or over		YYYY MM DD				
ITEM 7 - INFORMA	ATION ABOUT THE DISTRIBU	JTION						
If an issuer located outsi	de of Canada completes a distribution in	a iurisdiction of Can	ada. include in	Item 7 and Schedule 1				
information about purch	asers resident in that jurisdiction of Can	ada only. Do not inclu	ude in Item 7 se	curities issued as payment of				
	fees, in connection with the distribution, th the information provided in Schedule		sed in Item 8. Th	ie information provided in				
a) Currency								
Select the currency or cu dollars.	rrencies in which the distribution was mo	ade. All dollar amoun	ts provided in ti	ne report must be in Canadian				
✓ Canadian dollar	US dollar Euro Other (	(describe)						
		·						
b) Distribution (	dates							
b) Distribution (								
	rt and end dates. If the report is being fil both the start and end dates. If the repor							
	l dates for the distribution period covere		unities distribue	u on a continuous busis,				
Chart data	2024 03 21		2024	03 21				
Start date	YYYY MM DD	End date	2024 YYYY	MM DD				
			1111					
c) Detailed purc	haser information							
Complete Schedule 1 oj	f this form for each purchaser and att	ach the schedule to	the completed	l report.				
d) Types of secu	urities distributed							
Provide the following infe	ormation for all distributions reported o	n a ner security hasis	Refer to Part A	(12) of the Instructions for how				
	ode. If providing the CUSIP number, indic							
distributed.								
				Canadian \$				
Security CUSIP		Number of	Single or	Highest				
code applicable)	Description of security	securities	lowest price	price Total amount				
UBS 380813402	Units	7,090,000.0000	0.100	0 0.1000 709,000.0000				
	·							

#### 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	Exercise price (Canadian \$)		Expiry date (YYYY-MM- Conversion ratio		Describe other terms (if
security code	security code	Lowest	Highest	DD)		applicable)
WNT	CMS	0.1200	0.2000	2029-03-21	1:1	Half Warrant. Each Whole Tr ansferable Warrant exercise able at a price of \$0.12, \$0.1 4, \$0.16, \$0.18, and \$0.20, e xpiring on March 21, 2029

### 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 \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	13	142,500.0000
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	7	96,500.0000
Alberta	NI 45-106 2.3 [Accredited investor]	1	10,000.0000
Ontario	NI 45-106 2.3 [Accredited investor]	5	110,000.0000
Germany	NI 45-106 2.3 [Accredited investor]	2	20,000.0000
Switzerland	NI 45-106 2.3 [Accredited investor]	1	15,000.0000
Netherlands	NI 45-106 2.3 [Accredited investor]	1	5,000.0000
Monaco	NI 45-106 2.3 [Accredited investor]	1	50,000.0000
Mexico	NI 45-106 2.5 [Family, friends and business associates]	1	10,000.0000
United States of America	NI 45-106 2.3 [Accredited investor]		250,000.0000
	\$709,000.0000		
29			

<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.

Provide information for each person (as defined in NI 45-106) (in Québec, Regulation 45-106 respecting Prospectus Exemptions) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. <b>Complete additional</b> <b>copies of this page if more than one person was, or will be, compensated.</b>							
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.							
a) Name of person compensated and registration status							
Indicate whether the person compensated is a registrant.							
□ No ☑ Yes							
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 names           If the person compensated is not an individual, provide the following information.         Secondary given names							
Full legal name of non-individual HAYWOOD SECURITIES INC. / VALEURS MOBILIERES HAYWOOD Inc.							
Firm NRD number 1630 (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 Vancouver 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 (in Québec, Regulation 45-106 respecting Prospectus Exemptions) for the purposes of completing this section.							
Connected with the issuer or investment fund manager							
Insider of the issuer (other than an investment fund) Director or efficer of the investment fund or investment fund manager							
<ul> <li>Director or officer of the investment fund or investment fund manager</li> <li>Employee of the issuer or investment fund manager</li> </ul>							
✓ None of the above							
d) Compensation details							

Cash commissions paid	3600.0000			
Value of all securities distributed as compensation <sup>4</sup>				
Security codes	Security code 1	Security code 2	Security code 3	
	CMS	WNT		
Describe terms of warrants, options or other rights		arrants exerciseat 6, \$0.18, and \$0.2		
Other compensation <sup>5</sup>				
Describe				
Total compensation paid	3600			
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 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.				

Provide information for each person (as defined in NI 45-106) (in Québec, Regulation 45-106 respecting Prospectus Exemptions) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. <b>Complete additional</b> <b>copies of this page if more than one person was, or will be, compensated.</b>							
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.							
a) Name of person compensated and registration status							
Indicate whether the person compensated is a registrant.							
☐ No ☑ Yes If the person compensated is an individual, provide the name of the individual.							
Full legal name of individual	7						
Family name       First given name       Secondary given names         If the person compensated is not an individual, provide the following information.       Secondary given names							
Full legal name of non-individual PI Financial Corp./Corporation Financière PI							
Firm NRD number 5290 (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 (in Québec, Regulation 45-106 respecting Prospectus Exemptions) for the purposes of completing this section.							
Connected with the issuer or investment fund manager							
Insider of the issuer (other than an investment fund)							
<ul> <li>Director or officer of the investment fund or investment fund manager</li> <li>Employee of the issuer or investment fund manager</li> </ul>							
✓ None of the above							
d) Compensation details							

Cash commissions paid	1600.0000			
Value of all securities distributed as compensation <sup>4</sup>				
Security codes	Security code 1	Security code 2	Security code 3	
	CMS	WNT		
Describe terms of warrants, options or other rights		arrants exerciseab 6, \$0.18, and \$0.2		
Other compensation <sup>5</sup>				
Describe				
Total compensation paid	1600			
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 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.				

Provide information for each whom the issuer directly pro <b>copies of this page if more</b>	ovides, or will	provide, any co	mpensatio	n in connectio				
Indicate whether any compe	-	<i>oaid, or will be <sub>i</sub></i> indicate numb			Г	ribution. 4		
	_		-	-				
a) Name of persor	i compensa	ated and reg	istration	status				
Indicate whether the person	compensated	d is a registrant						
🗌 No 🗹 Yes								
If the person compensated i		al, provide the r	name of the	e individual. I			1	
Full legal name of indi	vidual							
If the person compensated i	s not an indiv	Family name idual, provide t		-	iven nam •	e	Secondary gi	ven names
Full legal name of nor	n-individual	Canaccord Ge	enuity Corp	o./Corporatior	n Canac	cord Gen	uity	
Firm N	RD number	900			(if app	licable)		
Indicate whether the person	compensated	d facilitated the	distributio	n through a fu	unding p	oortal or a	n internet-based	portal
☑ No 🗌 Yes								
b) Business contac	t informati	ion						
If a firm NRD number is not	provided in It	em 8(a), provid	le the busir	iess contact inj	formati	on of the p	person being con	pensated.
Street address								
Municipality				Province	e/State			
Country			Р	ostal code/Zip	o code			
Email address				Telephone nu	umber			
		Voetre erst f	nd me	<b>7</b> 07				
c) Relationship to	issuer or in	vestment fu	nd mana	ger				
Indicate the person's relation 'connected' in Part B(2) of th respecting Prospectus Exem	e Instructions	and the mean	ing of 'cont	rol' in section				
Connected with the iss	suer or invest	tment fund ma	anager					
🗌 Insider of the issuer (o	ther than an	investment fu	nd)					
Director or officer of th	ne investmen	nt fund or inves	stment fur	nd manager				
Employee of the issue	r or investme	ent fund manag	ger					
✓ None of the above								
d) Compensation	details							

Cash commissions paid	6960.0000		
Value of all securities distributed as compensation <sup>4</sup>			
Security codes	Security code 1	Security code 2	Security code 3
Security coues	CMS	WNT	
Describe terms of warrants, options or other rights	69,600 Broker Wa \$0.12, \$0.14, \$0.1 March 21, 2029	arrants exerciseab 6, \$0.18, and \$0.2	
Other compensation <sup>5</sup>			
Describe			
Total compensation paid	6960		]
Check box if the person will or may receive any def	erred compensatio	on (describe the te	rms 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.	•	•	

Indicate whether any compensation was paid, or will be paid, in connection with the distribution.
a) Name of person compensated and registration status
Indicate whether the person compensated is a registrant.
If the person compensated is an individual, provide the name of the individual. Full legal name of individual
Full regar frame of intrividual       Family name       First given name       Secondary given names         If the person compensated is not an individual, provide the following information.       Secondary given names       Secondary given names
Full legal name of non-individual RAYMOND JAMES LTD.
Firm NRD number 8240 (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
f 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 (in Québec, Regulation 45-106 respecting Prospectus Exemptions) for the purposes of completing this section.
Connected with the issuer or investment fund manager
Insider of the issuer (other than an investment fund) Director or efficer of the investment fund or investment fund manager
<ul> <li>Director or officer of the investment fund or investment fund manager</li> <li>Employee of the issuer or investment fund manager</li> </ul>
✓ Imployee of the issuer of investment fund manager ✓ None of the above
d) Compensation details

Cash commissions paid	800.0000		
Value of all securities distributed as compensation <sup>4</sup>			
Security codes	Security code 1	Security code 2	Security code 3
Security cours	CMS	WNT	
Describe terms of warrants, options or other rights		rants exerciseable 6, \$0.18, and \$0.2	
Other compensation <sup>5</sup>			
Describe			
Total compensation paid	800		7
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 OFFICERS AND PROMOTERS OF THE ISSUER

If the issuer is an investment fund, do not complete Item 9. Proceed to Item 10.

Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one).

Reporting issuer in a jurisdiction of Canada	$\checkmark$	Reporting i	issuer in	a iurisc	liction o	f Canada
--	--------------	-------------	-----------	----------	-----------	----------

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.

#### □ 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	Secondary given names	Business location of non-individual or residential jurisdiction of individual		onship to t all that a	
		name		Province or country	D	0	Р

#### b) Promoter information

*If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory, otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.* 

Organization or	Family	First given	, , ,	Residential jurisdiction of individual	Relationship to one or both	promoter (select if applicable)
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 of 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 lssuer/ investment fund	Golden Cariboo Resources L	td			
manager/agent					
Full legal name	CALLAGHAN	Jan	nes	Fra	ances Gerard
	Family name	First give	en name	Seco	ndary given names
Title	Director				
Telephone number	+1 (604) 551-7685	Email address	jfgcallaghan@	@gmail.com	1
Signature	"James Frances Gerard Callaghan"	Date	2024	04 01	
			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			
	Family name	First given name	Secondary given names
Title			
Name of company			
Telephone 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.

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.