Form 45-106F1 Report of Exempt Distribution

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

| Item 1 - Report Type | | | | | | | |
|---|---|--|--|--|--|--|--|
| ☑ New report | | | | | | | |
| | amended, provide filing date of report that is being amended (YYYY-MM-DD) | | | | | | |
| | | | | | | | |
| ITEM 2 - PARTY CERTIFYING | 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. | | | | | | | |
| Investment fund issue | er | | | | | | |
| ☑ Issuer (other than an | investment fund) | | | | | | |
| Underwriter | | | | | | | |
| | | | | | | | |
| Item 3 - Issuer Name and | OTHER IDENTIFIERS | | | | | | |
| Provide the following information abo | pout the issuer, or if the issuer is an investment fund, about the fund. | | | | | | |
| Full legal n | hame Lions Gate Metals Inc. | | | | | | |
| Previous full legal na | iame | | | | | | |
| If the issuer's name chang | ged in the last 12 months, provide most recent previous legal name. | | | | | | |
| Web | bsite (if applicable) | | | | | | |
| If the issuer has a legal entity identifi | ier, provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier". | | | | | | |
| Legal entity iden | | | | | | | |
| | | | | | | | |
| ITEM 4 - UNDERWRITER INF | ORMATION | | | | | | |
| If an underwriter is completing the re | eport, provide the underwriter's full legal name and firm National Registration Database (NRD) number. | | | | | | |
| Full legal name | | | | | | | |
| Firm NRD number | (if applicable) | | | | | | |
| If the underwriter does not have a fir | 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 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 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 2 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. | | | | | | |
| 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 Commerial/business debt 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 SEDAR profile? | | | | | | |
| No ✓ Yes If yes, provide SEDAR profile number 0 0 0 0 7 6 7 3 | | | | | | |
| 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 | | | | | | |
| 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. | | | | | | |
| | | | | | | |
| | | | | | | |
| 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. | | | | | | |
| Exchange name(s): | | | | | | |
| 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 | | | | | | |
| S100M to under \$500M S500M to under \$1B \$1B or over | | | | | | |

| ITEM 6 - INVESTMENT | Fund Issuer Information |
|--|---|
| | nent fund, provide the following information. |
| a) Investment fund ma | |
| Full legal name | |
| Firm NRD number | (if applicable) |
| If the investment fund man | ager does not have a firm NRD number, provide the head office contact information of the investment fund manager. |
| Street address | |
| Municipality | Province/State |
| Country | Postal code/Zip code |
| Telephone number | Website (if applicable) |
| b) Type of investment | fund |
| Type of investment fund that | most accurately identifies the issuer (select only one) . |
| Money market | Equity Fixed income |
| Balanced | Alternative strategies Other (describe) |
| Indicate whether one or both | of the following apply to the investment fund . |
| Invests primarily in | other investment fund issuers |
| Is a UCITs Fund ¹ | |
| | e Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (Eu e investment schemes to operate throughout the EU on a passport basis on authorization from one member state. |
| c) Date of formation ar | nd financial year-end of the investment fund |
| Date of formation | on Financial year-end MM DD |
| d) Reporting issuer sta | atus of the investment fund |
| | rting issuer in any jurisdication of Canada? 🔲 No 📄 Yes |
| If yes, select the jurisdictions o | of Canada in which the investment fund is a reporting issuer. |
| | |
| | of the investment fund |
| If the investment fund has a | CUSIP number, provide below (first 6 digits only) |
| | CUSIP number |
| the second s | licly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for for and received a listing, which excludes, for example, automated trading systems. |
| Exchange name | is and the second |
| f) Net asset value (NA) | V) of the investment fund |
| Select the NAV range of the in | nvestment fund as of the date of the most recent NAV calculation (Canadian \$). |
| \$0 to under \$5M | □ \$5M to under \$25M □ \$25M to under \$100M |
| \$100M to under \$500 | M S500M to under \$1B \$1B or over Date of NAV calculation: |
| | YYYY MM DD |

| | | About the Distribution | DIN | | | | | |
|--|--|--|--|---|---|--|---|--|
| | lent in that jurisdie | nada completes a distribution in ction of Canada only. Do not inc e information provided in Item 7 | clude in Iter | m 7 securitie | es issued as p | payment of con | nmissions or finde | er's fees, which |
| a) Currenc | and the second s | | | | | | | |
| elect the curre | ncy or currencies i | in which the distribution was ma | ide. All doll | ar amounts | provided in | the report mus | t be in Canadian | dollars. |
| Canadia | an dollar | US dollar 🛛 Eur | 0 | Other | (describe) | | | |
| o) Distribut | tion date(s) | | | | | | | |
| as both the sta | bution start and e art and end dates. riod covered by th Start | | curities dist | irities distrit ributed on c | End date | basis, include t 2017 | n date, provide t he start and end 10 30 MM DD | he distribution date dates for the |
| c) Detailed | purchaser info | rmation | | | | | | |
| omplete Sch | edule 1 of this | form for each purchaser a | nd attacl | h the sche | dule to the | completed | report. | |
| d) Types o | f securities distr | ributed | | | | | | NEW TO THE O |
| distributed. Th | NOTE SHOP AND AND THE REAL PROPERTY AND | luded in item 7d must reconcile | to item 7†. | For exampl | es on how to | - | ible securities, see Canadian \$ | e our <u>Frequently</u> |
| Security code | CUSIP number (if applicable) | Description of security | | Numbe secur | AC. 1926 | Single or lowest price | Highest price | Total amount |
| СМЅ | 53626Q30 3 | | | 10,000 | 0,000.00 | 0.2000 | 0.2000 | 2,000,000.0 |
| If any rights (e were distribute Security | e.g. warrants, optic | nvertible/exchangeable secu ons) were distributed, provide the onversion ratio and describe any Exercise price (Canadian \$) | e exercise p other term | ns for each c y date | | changeable se | curity. | |
| code | | Lowest Highest | BAND FREE | | | | be other items (if ap | oplicable) |
| code | | Lowest Highest | | | | | de other items (il ap | oplicable) |
| | | Lowest Highest | nption | | | | be other items (if ap | |
|) Summar State the total purchaser resi distribution in This table requ purchaser resi jurisdiction. | y of the distribut dollar amount of des and for each e a jurisdiction of C uires a separate lir des, if a purchaser | | umber of pu or that dist purchasers where a pu ada, and (iii | urchasers fo ribution. Ho resident in t rchaser resid i) each exen | r each jurisd wever, if an that jurisdict des, (ii) each option relied | iction of Canaa issuer located c ion of Canada a exemption relie | la and foreign juri putside of Canadd only. ed on in the jurisa | isdiction where a completes a |
|) Summar State the total purchaser resi distribution in This table requ purchaser resi iurisdiction. For jurisdiction | y of the distribut dollar amount of des and for each e a jurisdiction of C uires a separate lir des, if a purchaser | tion by jurisdiction and exen securities distributed and the nu exemption relied on in Canada for Canada, include distributions to p the item for: (i) each jurisdiction v r resides in a jurisdiction of Canad state the province or territory, o | umber of pu or that dist purchasers where a pu ada, and (iii | urchasers fo ribution. Ho resident in t rchaser resid i) each exen | r each jurisd wever, if an that jurisdict des, (ii) each nption relied ntry. | iction of Canaa issuer located c ion of Canada a exemption relie | la and foreign juri utside of Canada only. ed on in the jurisa if a purchaser res | isdiction where a completes a |
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|) Summar State the total purchaser resi distribution in This table requ purchaser resi jurisdiction. For jurisdiction For jurisdiction Britis | y of the distribut dollar amount of des and for each e a jurisdiction of C uires a separate lin des, if a purchaser ns within Canada, Province or country Alberta h Columbia h Columbia Ontario | tion by jurisdiction and exen securities distributed and the nu- exemption relied on in Canada for Canada, include distributions to p the item for: (i) each jurisdiction of resides in a jurisdiction of Canada state the province or territory, o Exemption NI 45-106 2.3 [Accredit NI 45-106 2.5 [Family, associates] NI 45-106 2.3 [Accredit NI 45-106 2.3 [Accredit | umber of pro or that dist purchasers where a pur ada, and (iii otherwise st n relied on ited inves friends a ited inves ited inves | urchasers fo ribution. Ho resident in i rchaser resid i) each exen tate the coul stor] stor] stor] stor] stor] stor] | r each jurisd wever, if an that jurisdict des, (ii) each nption relied ntry. | iction of Canaa issuer located c ion of Canada o exemption relie on in Canada, Number of pourchasers 6 333 5 6 | la and foreign juri utside of Canada only. ed on in the jurisa if a purchaser res | isdiction where a completes a liction where a ides in a foreign t (Canadian \$) 175,000.00 1,280,000.00 45,000.00 475,000.00 |

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) |
|-------------|---|---|--|
| | | | |

| 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 Ves If yes, indicate number of persons compensated. | | | | | |
| a) Name of person compensated and registration status | | | | | |
| Indicate whether the person compensated is a registrant. Ves | | | | | |
| 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. | | | | | |
| Full legal name of non-individual Break Point Ventures Ltd. | 1 | | | | |
| Firm NRD number (if applicable) | 1 | | | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. | es | | | | |
| 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 3007-11 Charlotte St | 1 | | | | |
| Municipality Toronto Province/State Ontario | ī | | | | |
| Country Canada Postal code/Zip code M5V 0M6 | 1 | | | | |
| Email address nima.s.besharat@gmail.com Telephone number 6475884002 | ì | | | | |
| 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. | | | | | |
| Connect with the issuer or investment fund manager 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 Security codes Security code 1 Security code 2 Security code 3 | | | | | |
| Value of all securities C M S W N T | | | | | |
| distributed as 120,000.00 | _ | | | | |
| Describe terms of warrants, options or other rights Each warrant is exercisable into one common share of the Issuer at a price of \$0.20 per share for a period of 24 months from the date of issuance. | | | | | |
| Other compensation ⁵ Describe | | | | | |
| Total compensation paid 120,000.00 | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | |
| |] | | | | |
| ⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional 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.

| 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 First given name Secondary given names If the person compensated is not an individual provide the following information. Full legal name of non-individual Gravitas Securities Inc. First given name Secondary given names If the person compensated is not an individual provide the following information. Full legal name of non-individual Gravitas Securities Inc. No Yes Indicate whether the person compensate following information First given name Secondary given names No Yes D Business contact information If a firm NRD number 2 8 0 0 (if applicable) Indicate the person compensated in tem 8 (a), provide the business contact information of the person being compensated. Street address | a) Name of person compensated and registration status | | | | | |
|---|--|--------|--|--|--|--|
| Full legal name of individual Family name First given name Secondary given names If the person compensated is not an individual Gravitas Securities Inc. If applicable Full legal name of non-individual Gravitas Securities Inc. If applicable Indicate whether the person compensated facilitated the distribution through o funding portol or an internet-based portal No Yes D 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. No Yes If a firm NRD number is not provided in item 8 (a), provide the business contact information of the person being compensated. Street address Telephone number Country Postal code/Zlp code Email address Telephone number Province/State Indicate the person's relationship with the issuer or investment fund manager Insider of the insuer or investment fund manager Insider of the insuer or investment fund manager Insider of the insuer or investment fund manager Other confloer of the investment fund manager Insider of the issuer or investment fund manager Insider of the issuer or investment fund manager Onderdetails Security codes Security code Security code 2 Security code 2 O compensation details Security | Indicate whether the person compensated is a registrant. | | | | | |
| First given name Secondary given names If the person compensated is not an individual, provide the following information. Full legal name of non-individual Gravitas Securities Inc. Firm NRD number 2 6 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. 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 Postal code/Zip code Country Postal code/Zip code Postal code/Zip code 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 'connected" in Part B(2) of the instructions and the meaning of 'connected" in Part B(2) of the instructions and the meaning of 'connected' in Part B(2) of the instructions and the meaning of 'connect''s nector in vestment fund manager Connect with the issuer or investment fund manager Insider of the issuer or investment fund manager Director or officer or the investment fund manager Insider of the issuer or investment fund manager None of the above Ocompensat | If the person compensated is an individual, provide the name of the individual. | | | | | |
| If the person compensated is not an individual provide the following information. Firm NRD number 2 6 0 (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portol or an internet-based portol. No Image: Compensate information If a firm NRD number is not provided in item 8 (a), provide the business contact information of the person being compensated. No Image: Compensate information If a firm NRD number is not provided in them 8 (a), provide the business contact information of the person being compensate. Image: Compensate information If a firm NRD number is not provided in tem 8 (a), provide the business contact information of the person being compensate. Image: Compensate information If a firm NRD number is not provided in tem 8 (a), provide the business contact information of the person being compensate. Image: Compensate information Indicate the person's relationship with the issuer or investment fund manager Image: Comed with the issuer or investment fund manager Image: Comed with the issuer or investment fund manager Image: Compensation facility is section. Image: Comed with the issuer or investment fund manager Image: Compensation facility is a commission, securities - based compensation of the person identified in item 8(a) in connection with the distribution. Provide all amounts in consider the above Compensation facility is a citoral, printing, legal or accounting serinces. An issuer is and required to ask for details ab | Full legal name of individual | | | | | |
| Full legal name of non-individual Gravitas Securities Inc. 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. 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. No Yes Country Postal code/Zip code Image: Country Image: Country Postal code/Zip code Image: Country Ima | Family name First given name Secondary given names | | | | | |
| Firm NRD number 2 6 2 6 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 | If the person compensated is not an individual, provide the following information. | | | | | |
| Firm NRD number 2 6 2 6 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 | Full legal name of non-individual Gravitas Securities Inc. | _ | | | | |
| 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 furn NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated. Street address | | | | | | |
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⁵Do not include deferred compensation.

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| If the issuer is an investment fund, a | lo not complete II | tem 9. Procced | to Item 10. | | | | | |
| Indicate whether the issuer is any of the | e following (select | all that apply). | | | | | | |
| Reporting issuer in any jurisdic | tion of Canada | | | | | | | |
| Foreign public issuer | | | | | | | | |
| Wholly owned subsidiary of a r | eporting issuer in a | any jurisdiction o | of Canada ⁶ | | | | | |
| Provide name o | f reporting issuer | | | | | | | |
| Wholly owned subsidiary of a fe | oreign public issue | er ⁶ | | | and the second | | | |
| Provide name of for | eign public issuer | | | | 1997 C 10 | da. | | |
| Issuer distributing eligible foreig | n securities only t | to permitted clier | nts ⁷ | | | | | |
| If the issuer is at least one of the ab | ove, do not comp | lete Item 9(a) – | (c). Proceed to Ite | m 10. | | | | |
| If the issuer is none of the above a) Directors, executive officers a Provide the following information for territory; otherwise state the country. | nd promoters of | the issuer | promoter of the issu | | | ada, stai | te the p | province o |
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| Organization or company name | | First given | Secondary give | Business k non-indiv reside jurisdict indivi | ocation of idual or intail tion of dual | (sel | issuer ect all apply) | that |
| | | First given | Secondary give | Business k non-indiv reside jurisdict indivi | ocation of idual or intail tion of dual | (sel | issuer ect all apply) | that |
| Organization or company name b) Promoter information If the promoter listed above is not an is within Canada, state the province or to | Family name | First given name the following inf state the country | Secondary give names | Business k non-indiv reside jurisdict indivi Province of firector and exect to promoter", "D' Residential jurisdiction of | ocation of idual or intail tion of dual or country utive officer of ' – Director, Relatic | (sel D of the p "O" – E | issuer ect all 1 apply) O romote xecutive | P P er. For loca e Officer. |
| b) Promoter information If the promoter listed above is not an i | Family name | First given name the following inf | Secondary give names | In Business k non-indiv reside jurisdict indivi Province c lirector and exect to promoter", "D' Residential jurisdiction of individual | ocation of idual or intail tion of dual or country utive officer of " – Director, | (sel D of the p "O" – E | issuer ect all 1 apply) O romote xecutive | P P er. For loca e Officer. |
| b) Promoter information If the promoter listed above is not an i within Canada, state the province or t | Family name | First given name the following inf state the country First given | Secondary give names | Business k non-indiv reside jurisdict indivi Province of firector and exect to promoter", "D' Residential jurisdiction of | ocation of idual or intail tion of dual or country utive officer of ' – Director, Relatic | (sel D of the p "O" – E | issuer ect all 1 apply) O romote xecutive | r. For loca e Officer. |
| b) Promoter information If the promoter listed above is not an i within Canada, state the province or t | Family name individual, provide erritory; otherwise Family name | First given name the following inf state the country First given | Secondary give names | In Business k non-indiv reside jurisdict indivi Province of Residential jurisdiction of individual Province or | ocation of idual or intail tion of dual or country utive officer of " – Director, Relation (select one | (sel D of the p "O" – E | issuer ect all 1 apply) O romote xecutive o prom h if app | r. For loca e Officer. |

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 | Davis | Emily | | | |
|--|------------------------|------------------|-----------|----------------|----------|
| | Family name | First given name | | Secondary give | en names |
| Title | Director | | | | |
| Name of issuer/underwriter/ investment fund manager | Lions Gate Metals inc. | | | | |
| Telephone number | 6046285616 | Email address | edavis@ty | andsons.con | n |
| Signature | Emily Davis | Date | 2017 | 11 | 07 |
| | | | YYYY | MM | DD |

ITEM 11- CONTACT PERSON

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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 indiv | idual certifying the repo | ort | |
|------------------|---------------------------|------------------|--------------------------------------|
| Full legal name | Mah | Gavin | Title Lawyer |
| - | Family name | First given name | Secondary given names |
| Name of company | DuMoulin Black LLP | | |
| Telephone number | 6046026803 | | Email address gmah@dumoulinblack.com |

Notice - Collection and use of personal information

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation.

If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

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.