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 report If amer	nded, provide filing date	of report that is being am	ended (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.									
☐ Investment fund issuer									
✓ Issuer (other than an inves	stment fund)								
Underwriter									
ITEM 3 - ISSUER NAME AND OTH	HER IDENTIFIERS								
Provide the following information about the	e issuer, or if the issuer is an in	vestment fund, about the fund.							
Full legal name	Lions Gate Metals Inc.								
Previous full legal name									
If the issuer's name changed in	the last 12 months, provide mo	ost recent previous legal name.							
Website			(if applicable)						
If the issuer has a legal entity identifier, pro	ovide below. Refer to Part B of t	the Instructions for the definition	of "legal entity identifier".						
Legal entity identifier									
ITEM 4 - UNDERWRITER INFORM	IATION								
If an underwriter is completing the report, p	orovide the underwriter's full le	gal name and firm National Reg	istration Database (NRD) number.						
Full legal name									
Firm NRD number		(if applicable)							
If the underwriter does not have a firm NRL	O number, provide the head off	ice contact information of the ur	nderwriter.						
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. □ 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 □ Commerial/business debt □ Consumer debt □ Private companies								
b) Number of employees								
Number of employees:								
c) SEDAR profile number								
Does the issuer have a SEDAR profile? No Yes If yes, provide SEDAR profile number 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 Financial year-end 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								
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								
☐ \$100M to under \$500M ☐ \$500M to under \$1B ☐ \$1B or over								

ITEM 6 - INVESTMENT	T FUND ISSUER INFORMATION						
If the issuer is an investment fund, provide the following information.							
a) Investment fund ma	anager information						
Full legal name							
Firm NRD number	(if applicable)						
If the investment fund ma	nager does not have a firm NRD number, provide the head office contact information of the investment fund manager.						
Street address							
Municipality	Province/State Province/State						
Country	Postal code/Zip code						
Telephone number	Website (if applicable)						
b) Type of investment	fund						
Type of investment fund tha	t most accurately identifies the issuer (select only one) .						
☐ Money market	☐ Equity ☐ Fixed income						
☐ Balanced	Alternative strategies Other (describe)						
Indicate whether one or boti	h of the following apply to the investment fund .						
☐ Invests primarily in	other investment fund issuers						
☐ Is a UCITs Fund¹							
	ve Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) re investment schemes to operate throughout the EU on a passport basis on authorization from one member state.						
c) Date of formation a	and financial year-end of the investment fund						
Date of format							
d) Reporting issuer st	YYYY MM DD MM DD atus of the investment fund						
, 1							
	orting issuer in any jurisdication of Canada? No Yes of Canada in which the investment fund is a reporting issuer.						
All	AB BC MB NB NL NT						
□ NS □	NU ON PE QC SK T						
e) Public listing status	s of the investment fund						
If the investment fund has a	CUSIP number, provide below (first 6 digits only)						
	CUSIP number						
	olicly 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 nam	es						
f) Net asset value (NA	AV) of the investment fund						
Select the NAV range of the	investment fund as of the date of the most recent NAV calculation (Canadian \$). \$5M to under \$25M \$25M to under \$100M						
\$100M to under \$500	DM \$500M to under \$1B \$1B or over Date of NAV calculation: YYYY MM DD						

TEM 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, which should 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 in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.								
✓ Canadian dollar US dollar Euro	Other (describe)							
b) Distribution date(s)								
State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report. Start date 2017 12 01 YYYY MM DD End date 2017 12 05 YYYY MM DD								
c) Detailed purchaser information								
Complete Schedule 1 of this form for each purchaser and atte	ıch the schedule to ti	ne completed	report.					
d) Types of securities distributed								
Provide the following information for all distributions that take place in Instructions for how to indicate the security code. If providing the CUSIF distributed. The information included in item 7d must reconcile to item Asked Questions.	number, indicate the full	9-digit CUSIP r	number assigned	to the security being				
			Canadian \$					
Security code CUSIP number (if applicable) Description of security	Number of securities	Single or lowest price	Highest price	Total amount				
C M S 53626Q30 Common Shares	3,887,500.00	0.4000	0.4000	1,555,000.00				
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.							
	piry date Conversi							
code security code (Carladian 4) (YYY) Lowest Highest	Y- MM-DD) ratio	Descr	be other items (if a	ipplicable)				
code Security code (111		Descr	be other items (if a	ipplicable)				

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 purchasers	Total amount (Canadian \$)
Alberta	NI 45-106 2.3 [Accredited investor]	4	130,000.00
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	1	15,000.00
British Columbia	NI 45-106 2.3 [Accredited investor]	12	435,000.00
Ontario	NI 45-106 2.3 [Accredited investor]	10	585,000.00
Gibraltar	Gibraltar NI 45-106 2.3 [Accredited investor]		100,000.00
United Kingdom	NI 45-106 2.3 [Accredited investor]	1	250,000.00
United States	NI 45-106 2.3 [Accredited investor]	1	40,000.00
	1,555,000.00		

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. 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)

TEM 8 - COMPENSATION I	NFORMATION						
Provide information for each perso with the distribution. Complete a					•		ion in connection
Indicate whether any compensation	•						
☐ No 📝 Yes	If yes, indicate nui	mber of perso	ons compensate	ed.	3		
a) Name of person compens	sated and registratio	n status					
Indicate whether the person co	mpensated is a registra	nt.	√ No	☐ Ye	es		
If the person compensated is an i	ndividual, provide the n	ame of the indi	vidual.				
Full legal name of individua	al						
	Family nan	ne	First giver	n name	Seco	ndary given nam	ies
If the person compensated is not							
Full legal name of r	non-individual Brea	k Point Ventu	res Ltd.				
Firm	NRD number				(if appl	icable)	
Indicate whether the person com	pensated facilitated the	e distribution th	rough a funding p	oortal or an	n internet-base	ed portal.	✓ No ☐ Yes
b) Business contact informa	tion						
If a firm NRD number is not provi	ded in Item 8 (a), provi	de the business	contact informati	on of the p	erson being co	ompensated.	
Street address 300	7-11 Charlotte Stree	et					
Municipality Tor	onto			Prov	/ince/State	Ontario	
Country Car	nada		F	ostal cod	e/Zip code	M5V 0M6	
Email address nim	a.s.besharat@gmail	l.com		Telepho	ne number	647588400)2
c) Relationship to issuer or i	nvestment fund mar	nager					
Indicate the person's relationship B(2) of the Instructions and the m Connect with the issuer o Director or officer of the ir	eaning of "control" in s	ection 1.4 of NI ager	45-106 for the pu	<i>irposes of c</i> Insider of t	completing this		estment fund)
✓ None of the above							
d) Compensation details		.,	.16 .11 .11 .01				., ,
Provide details of all compensation Canadian dollars. Include cash con services incidental to the distribution, internal allocation arrangement	nmissions, securities-bo on, such as clerical, prii	ased compensat nting, legal or a	tion, gifts, discoun eccounting service:	ts or other of s. An issuer	compensation is not require	. Do not report d to ask for det	payments for
Cash commissions paid			Security codes	Sec	curity code 1	Security code 2	2 Security code 3
Value of all securities distributed as compensation⁴	28,000.00		·	С	M S	W N 7	-
Describe terms	s of warrants, options o	or other rights	70,000 common Each warrant Issuer at a pring from the date	is exercisate of \$0.4	able into one 0 per share	e common sh	nare of the
Other compensation ⁵		Describe					
Total compensation paid	28,000.00						
Check box if the person	will or may receive an	ny deferred com	npensation (descr	ibe the terr	ms below)		
L ⁴ Provide the aggregate value of additional securities of the issued rights exercisable to acquire add ⁵ Do not include deferred compensations.	r. Indicate the security litional securities of the	codes for all se					

 a) Name of person compensated and registration stat 	JS						
Indicate whether the person compensated is a registrant.	☐ No ✓ Yes						
If the person compensated is an individual, provide the name o	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 fo	If the person compensated is not an individual, provide the following information.						
Full legal name of non-individual Gravitas S	ecurities Inc.						
Firm NRD number 2 6	2 6 0 (if applicable)						
Indicate whether the person compensated facilitated the distri	oution through a funding portal or an internet-based portal. Ve 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							
	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 investmen	fund manager Employee of the issuer or investment fund manager						
✓ None of the above							
d) Compensation details							
	rson identified in Item 8(a) in connection with the distribution. Provide all amounts in						
	mpensation, gifts, discounts or other compensation. Do not report payments for eggl or accounting services. An issuer is not required to ask for details about, or report						
on, internal allocation arrangements with the directors, officers							
Cash commissions paid	Security code 2 Security code 2 Security code 3						
Value of all securities	C M S W N T						
distributed as compensation ⁴ 82,000.00							
Describe terms of warrants, options or other	r rights 205,000 common shares and 205,000 warrants of the Issuer.						
	Each warrant is exercisable into one common share of the Issuer at a price of \$0.40 per share for a period of 24 months						
	from the date of issuance.						
Other compensation ⁵	escribe						
Total compensation paid 82,000.00							
Check box if the person will or may receive any defe	rred compensation (describe the terms below)						
	mpensation, excluding options, warrants or other rights exercisable to acquire						
additional securities of the issuer. Indicate the security codes	for all securities distributed as compensation, including ontions, warrants or other						
rights exercisable to acquire additional securities of the issue							

 a) Name of person compe 	ensated and registration status							
Indicate whether the person	compensated is a registrant.	☐ No	✓ Yes					
If the person compensated is a	n individual, provide the name of the	individual.						
Full legal name of individual	dual							
	Family name	First given	name Se	condary given names				
If the person compensated is	If the person compensated is not an individual, provide the following information.							
Full legal name of	Full legal name of non-individual Canaccord Genuity Corp.							
Fir	Firm NRD number 9 0 0 (if applicable)							
Indicate whether the person o	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Vo Ves							
b) Business contact inform	mation							
If a firm NRD number is not pr	ovided in Item 8 (a), provide the busir	ess contact informatio	on of the person being	compensated.				
Street address								
Municipality			Province/State					
Country			ostal code/Zip code					
Email address			Telephone number	r				
c) Relationship to issuer of	or investment fund manager							
<u> </u>	nip with the issuer or investment fund	manaaer (select all the	at apply). Refer to the	meaning of "connected" in Part				
	meaning of "control" in section 1.4 o							
Connect with the issue	er or investment fund manager	ı	nsider of the issuer (d	other than an investment fund)				
Director or officer of th	e investment fund or investment fund	manager	Employee of the issue	er or investment fund manager				
✓ None of the above								
d) Compensation details								
	tion paid, or to be paid, to the person							
	commissions, securities-based compe oution, such as clerical, printing, legal							
	ments with the directors, officers or en	-	•					
Cash commissions paid	d	Carreiterandan	Security code 1	Security code 2 Security code 3				
Value of all securities	;	Security codes	C M S	W N T				
distributed as compensation	17,700.00							
Describe te	rms of warrants, options or other righ	36.000 commo	on shares and 36.00	00 warrants of the Issuer.				
		Each warrant is	s exercisable into c	one common share of the				
		from the date of		re for a period of 24 months				
Other compensation	5 Descri	oe						
Total compensation paid	d 14,400.00							
Check box if the person	son will or may receive any deferred	compensation (descri	be the terms below)					
⁴ Provide the aggregate value	of all securities distributed as compe	nsation excluding on	tions. warrants or oth	er rights exercisable to acquire				
		op.		er rigine exercicable to acquire				
	ruer. Indicate the security codes for a additional securities of the issuer.							

ГЕМ	9 - DIRECTORS, EXECUTI	VE OFFICERS A	AND PROMO	TERS OF THE IS	SSUER					
If t	he issuer is an investment fund, o	do not complete I	tem 9. Procced t	o Item 10.						
Ind	Indicate whether the issuer is any of the following (select all that apply).									
[Reporting issuer in any jurisdic	tion of Canada								
Foreign public issuer										
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶										
Provide name of reporting issuer										
	Wholly owned subsidiary of a f	oreign public issu	er ⁶							
	Provide name of for	eign public issuer								
	Issuer distributing eligible forei	gn securities only	to permitted clien	ıts ⁷						
⁶ An . secu	If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10. 6An 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.									
a)	Directors, executive officers a		•	., .,						
	ovide the following information for rritory; otherwise state the country.	each director, exec	cutive officer and p				da, sta	e the p	province o	or
	Organization or company name	Family name	First given name	Secondary give names	Business lo non-individ resider jurisdicti individ	dual or ntail ion of		itionshi issuer ect all apply)	that	
					Province o	r country	D	0	Р	
b)	Promoter information									
	the promoter listed above is not an ithin Canada, state the province or t									
	Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual	Relatio (select one				
					Province or country	D		C)	
c)	Residential address of each in	ndividual								

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

Telephone number 6046026803

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	Il iona Cata Matala Ina					
Telephone number	6046285616	Email address	edavis@t	yandsons.com	1	
Signature	Emily Davis	Date	2017	12	11	
		_	YYYY	MM	DD	

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 Mah Gavin Family name First given name Secondary given names Name of company DUMOULIN BLACK LLP

Notice - Collection and use of personal information

Email address gmah@dumoulinblack.com

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:

- 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.