Form 45-106F1 Report of Exempt Distribution (Non-investment fund issuer)

ITEM 1 – REPOR	RT TYPE			
✓ New report				
Amended report	If amended, provide	Submission ID of report that is	s being amended:	(Example: EDR1234567890-123)
			<u></u>	, , , , , , , , , , , , , , , , , , , ,
ITEM 2 – PARTY	CERTIFYING TH	HE REPORT		
			garding whether an issuer is an ind I the companion policy to NI 81-10	restment fund, refer to section 1.1 of 5.
✓ Issuer (Other than			, , ,	
Underwriter				
ITEM 3 – ISSUEF	R NAME AND OT	HER IDENTIFIERS		
Provide the following	information about the	e issuer, or if the issuer is an i	investment fund, about the fund.	
Full legal name				
Platinex Inc.				
Previous full legal nar	me If the issuer's nan	ne changed in the last 12 mon	nths, provide most recent previous	legal name.
Website (if applicable	e)			
http://platinex.com				
If the issuer has a leg	gal entity identifier, pro	ovide below. Refer to Part B o	f the Instructions for the definition	of "legal entity identifier".
Legal entity identifier				
Did two or more co-is	ssuers distribute a sin	gle security? Vo Yes		
If two or more issuers	distributed a single s	ecurity, provide the full legal n	name(s) of the co-issuer(s) other th	an the issuer named above.
Full legal name(s) of c	co-issuer(s)			
ITEM 4 – UNDER	RWRITER INFOR	MATION		
If an underwriter is co	ompleting the report, p	provide the underwriter's full le	gal name and firm NRD number.	
Tun legal name				
Does the Underwriter No Yes	's Firm have an NRD I	Number? Firm NRD n	number	
If the underwriter doe	es not have a firm NRI	D number, provide the head of	ffice contact information of the und	erwriter.
Street address		Municipality	Province/State	Postal/ZIP code
Country		Telephone number	Website (if applicable)	

ITEM 5 - ISSUER INFORMATION		
a) Primary industry		
Provide the issuer's North American Indus corresponds to the issuer's primary busine	stry Classification Standard (NAICS) code (6 digits only) that in ess activity.	n your reasonable judgment most closely
NAICS industry code		
212299		
	dicate the stage of operations. This does not apply to issuers nat best describes the issuer's stage of operations.	that provide services to issuers operating in
	all or substantially all of its assets in any of the following? If y rcial/business debt Consumer debt Private companies	* * *
b) Number of employees		
√ 0 - 49	or more	
c) SEDAR profile number		
Does the issuer have a <u>SEDAR</u> profile? ☐ No ☑ Yes	screenshot of th	EDAR profile is a "private" profile, please provide a le issuer's profile by e-mail to ings@osc.gov.on.ca
d) Head office address	If the issuer does not	have a SEDAR profile, complete Item 5(d) – (h).
Street address	Municipality Province/State	Postal/ZIP code
Country	Telephone number	
e) Date of formation and financial year	r-end	
Date of formation	Financial year-end	
f) Reporting issuer status		
Is the issuer a reporting issuer in any juriso ☐ No ☐ Yes	diction of Canada?	
If yes, select the jurisdictions of Canada in		
AII AB BC MB	NB NL NT	
NS NU ON PE	∐QC ∐SK ∐YT	
g) Public listing status		
Does the issuer have a CUSIP number?	CUSIP number (provide first 6 digits only)	
· · · · · · · · · · · · · · · · · · ·	name of the exchange on which the issuer's equity securities ps, for example, an automated trading system.	orimarily trade. Provide only the name of an
Exchange name: Not Applicable Torc	onto Stock Exchange TSX Venture Exchange	Canadian Securities Exchange
Aequitas Neo Exchange	stralian Securities Exchange Deutsche Boerse	Euronext
London Stock Exchange	daq New York Stock Exchange	Shanghai Stock Exchange
Shenzhen Stock Exchange Stoc	ck Exchange Of Hong Kong 🗌 Tokyo Stock Exchange	OTHER
If other, describe:		
h) Size of issuer's assets		
financial statements for its first financial ye	ed on its most recently available annual financial statements (ear, provide the size of the issuer's assets at the distribution of	· · · · · · · · · · · · · · · · · · ·
	0M to under \$1B \$25M to under \$100M	

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 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 **End Date** 2022-04-04 2022-04-04 c) Detailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. PTX- 45-106F1 - SCH 1 - April4-22.xlsx - 99 KB d) Types of securities distributed Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

				Canadian \$			
Security code	CUSIP number	Number of securities	Single or lowest price	Highest price	Total amount		
UBS		16,060,000.0000	0.0500		803,000.0000		
Description of security: Each Unit consists of one	common shar	re and one-half warr	ant				
FTU		12,221,667.0000	0.0600		733,300.0000		
Description of security: Each flow-though Unit consists of one common share and one-half warrant							

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.

Not Applicable

Convertible / exchangeable	Underlying security	Exercis (Canad	•	Expiry date (YYYY-MM-DD)	Conversion ratio				
security code	code	Lowest	Highest	(TTTT WINT DD)					
WNT	CMS	0.0700	0.0700	2025-04-04					
	Describe other terms: Units (if applicable)								
WNT	CMS	0.0700	0.0700	2025-04-04					
Describe other		w through Units							

f) Summary of the distribution by jurisdiction and exemption

State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only.

This table requires a separate line item for (i) each jurisdiction where a purchaser resides (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign jurisdiction. For jurisdictions within of Canada, state the province or territory, otherwise state country.

Province or country	Exemption relied on	No. of unique purchasers ^{2a}	Total amount (Canadian \$)
Ontario	NI 45-106 2.3 [Accredited investor]	19	984,000.0200
Alberta	NI 45-106 2.3 [Accredited investor]	1	15,000.0000
Paraguay	NI 45-106 2.3 [Accredited investor]	2	220,000.0000
Quebec	NI 45-106 2.3 [Accredited investor]	14	189,300.0000

Quebec	141 40 100 2.0 [/tooleaned investor]			100,000.0000		
Germany	NI 45-106 2.3 [Accredited investor]		7	118,000.0000		
Spain	NI 45-106 2.3 [Accredited investor]		1	5,000.0000		
Thailand	NI 45-106 2.3 [Accredited investor]		1	5,000.0000		
	Total dollar amount of securities distributed					
	15					

^{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.

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

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.

√ Not Applicable

	Description	Date of document or other material	Previously filed with or delivered to regulator?	Previously filed Submission ID	Filename
1.			\square Y \square N		

ITEM 8 - COMPENSATIO	N INFORMATIO	ON				
Provide information for each pers connection with the distribution.		•			•	
Indicate whether any compensate ☐ No ☑ Yes	ion was paid, or will	be paid, in connectio	n with the dis	tribution.		
PERSON 1						
a) Name of person compensa	ted and registration	on status				
Indicate whether the person com ☐ No ☑ Yes	pensated is a regisi	trant.				
If the person compensated is an Family name	-	he full legal name of t en name		dary given names		
If the person compensated is not Full legal name of non-individual	t an individual, provi	de the following inforn	nation.	Firm NRD number (if	annlicable)	
Canaccord Genuity Corp.				900	арриодые)	
Indicate whether the person com ✓ No ☐ Yes	pensated facilitated	the distribution throu	gh a funding	portal or an internet-ba	esed portal.	
b) Business contact information	on					
If a firm NRD number is not prov	rided in Item 8(a), pr	rovide the business co	ontact inform	ation of the person bei	ng compensated.	
Street address	Municip		Province/Sta	•	Postal/ZIP code	
Country	Telepho	ne number	Email addre	ss		
c) Relationship to issuer or in	vestment fund ma	ınager				
Indicate the person's relationship Part B(2) of the Instructions and Connected with the issuer or i	the meaning of "coi	ntrol" in section 1.4 of	NI 45-106 fc		pleting this section	n.
Insider of the issuer (other that	n an investment fun	d)	✓ None	e of the above		
Director or officer of the invest	ment fund or investr	ment fund manager				
d) Compensation details						
Provide details of all compensati in Canadian dollars. Include cast for services incidental to the dist about, or report on, internal alloc	h commissions, sec tribution, such as cle	urities-based comper erical, printing, legal c	nsation, gifts, or accounting	discounts or other con services. An issuer is	npensation. Do no not required to as	ot report payments sk for details
Cash commissions paid	65,730.0000					
Value of all securities	0.0000	Security code1 UNT	Se	curity code2 CMS	Security code	e3 WNT
distributed as compensation 4		Describe terms of wa	arrants, optio	ns or other rights		
·		1 1		sable into Units. Each \$0.07 expiring April 4,		one common share
Other compensation ⁵		Describe				
Total compensation Paid	65,730.0000					
Check box if the person will o	or may receive any o	deferred compensatio	n (describe th	ne terms below)		

to acquire additional securities of the 5 Do not include deferred compensations.	ne issuer.	or an occurrico diciri	satou uo oon	porticularly morauling	options, warrante c	or outer righte	ологоющью
PERSON 2							
a) Name of person compensated	l and registratio	on status					
Indicate whether the person compe	nsated is a regist	trant.					
If the person compensated is an ind Family name	• •	he full legal name of en name		dary given names			
If the person compensated is not an	individual, provi	de the following infor	mation.	Firm NDD avantage	(# !: - -		
Full legal name of non-individual Mezzo Consulting Services S.A.				Firm NRD number ((п аррпсавіе)		
Indicate whether the person compet ✓ No ☐ Yes	nsated facilitated	the distribution throu	ıgh a funding	portal or an internet-l	based portal.		
b) Business contact information							
If a firm NRD number is not provide	d in Item 8(a), pr	rovide the business o	ontact inform	ation of the person b	eing compensated.		
Street address	Municip	-	Province/Sta	ate	Postal/ZIP code	7	
Planta Urbana, Almacen 50	Indepen	dencia	Other		5350		
Country		ne number	Email addre			٦	
Paraguay	4917420	062678	f.hogel@ccr	n-ag.com			
c) Relationship to issuer or inve	stment fund ma	nager					
Part B(2) of the Instructions and the Connected with the issuer or inversions. ☐ Insider of the issuer (other than a Director or officer of the investment).	estment fund mar	nager d)	Emp	or the purposes of control loyee of the issuer or the above	-		
d) Compensation details							
Provide details of all compensation in Canadian dollars. Include cash c for services incidental to the distribution about, or report on, internal allocation	ommissions, sec ution, such as cle	urities-based compe erical, printing, legal	nsation, gifts, or accounting	discounts or other co services. An issuer	ompensation. Do no is not required to a	ot report paym sk for details	nents
Cash commissions paid							
Value of all securities distributed as compensation 4	0.0000		arrants, optio	curity code2 CMS ns or other rights able into Units. Each rice of \$0.07 expiring			ımon
Other compensation ⁵		Describe					
Total compensation Paid	0.0000						
Check box if the person will or n	nay receive any o	deferred compensation	on (describe th	ne terms below)			
⁴ Provide the aggregate value of all securities of the issuer. Indicate the to acquire additional securities of th	security codes t						

 $^{5}\,\mathrm{Do}$ not include deferred compensation.

⁴ Provide the aggregate value of all securities distributed as compensation, excluding options, warrants or other rights exercisable to acquire additional

⁵ Do not include deferred comper	nsation.							
PERSON 3								
a) Name of person compensati	ted and registration	on status						
Indicate whether the person com ☐ No ☑ Yes	pensated is a regis	trant.						
If the person compensated is an Family name	•	the full legal name o en name			200			
ranny name	First giv	enname		Secondary given nan	1165			
If the person compensated is not	an individual, provi	ide the following info	rmation.					
Full legal name of non-individual	, ,	g		Firm NRD nu	ımber <i>(if ap</i>	pplicable)		
National Bank Financial Inc.				1960				
Indicate whether the person com ☐No ✓ Yes	pensated facilitated	I the distribution thro	ough a fur	nding portal or an in	ternet-base	ed portal.		
b) Business contact information	on							
If a firm NRD number is not provi Street address	Municip		Province	nformation of the pece/State	·	compensated. ostal/ZIP code		
Country	Тегерпо	ile Hullibei		addiess				
c) Relationship to issuer or in								
Connected with the issuer or in Insider of the issuer (other that Director or officer of the invested) Compensation details Provide details of all compensation in Canadian dollars. Include cash for services incidental to the distabout, or report on, internal allocations.	n an investment fur ment fund or invest on paid, or to be pain commissions, sec ribution, such as cl	ment fund manager mid, to the person ideal curities-based comperioral, printing, lega	entified in ensation, I or accou	gifts, discounts or cunting services. An i	ction with th other composissuer is no	ne distribution. Prov ensation. Do not re ot required to ask fo	ride all ame port paym or details	
Cash commissions paid	1,750.0000							
Value of all securities distributed as	0.0000	, · · ·		Security code2 \		Security code3	CMS	
compensation ⁴		35,000 finders war	rants exe	options or other rigler options or other righter of the contract of \$0.07 expiring Apr	Each Unit	consists of one cor	nmon shai	re and
Other compensation ⁵		Describe						
Total compensation Paid	1,750.0000							
Check box if the person will of the control of the aggregate value of securities of the issuer. Indicate to acquire additional securities of the control of	all securities distrib the security codes	uted as compensati	on, exclu	ding options, warrar	nts or other			
to acquire additional securities o ⁵ Do not include deferred comper								

ITEM 9 – D	IRECTORS, EXECUTIVE OFFICERS	S AND PROMOTERS OF 1	THE ISSUER						
Indicate whet	her the issuer is any of the following (select the	one that applies - if more than on	e applies, select only one).						
Reporting	issuer in any jurisdiction of Canada								
Foreign p	ublic issuer								
•	Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶ Provide name of reporting issuer								
Wholly ow	ned subsidiary of a foreign public issuer ⁶								
	ame of foreign public issuer								
	tributing only eligible foreign securities and the	•	•						
⁶ An issue securities ⁷ Check th	uer is at least one of the above, do not com r is a wholly owned subsidiary of a reporting is that are required by law to be owned by its dire his box if it applies to the current distribution eve efer to the definitions of "eligible foreign securit	suer or a foreign public issuer if all ectors, are beneficially owned by t ren if the issuer made previous dis	Il of the issuer's outstanding voting se the reporting issuer or the foreign pub stributions of other types of securities	olic issuer, respectively.					
☐ If the issu	uer is none of the above, check this box an	d complete Item 9(a) – (c).							
a) Directors	executive officers and promoters of the iss	suer							
	llowing information for each director, executive wise state the country. For "Relationship to iss			he province or					
Individual?	Organization or company name	Family name First given name Secondary given name	Business location of non-individual or residential jurisdiction of individual	Relationship to issuer (select all that apply)					
YN				□D □O □P					
b) Promoter	information								
	r listed above is not an individual, provide the f a, state the province or territory, otherwise state								
	Organization or company name	Family name First given name Secondary given name	Residential jurisdiction of individual	Relationship to promoter (select one or both if applicable)					
				□ D □ O					
c) Residenti	al address of each individual								
	hedule 2 of this form providing the full resid completed report. Schedule 2 also requires								

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 exempt distribution.

By completing the information below, I certify, on behalf of the issuer/underwriter, 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/agent	Platinex Inc.				
Full legal name - Family name		First given name		Secondary given names	
Warren		Graham			
Title		Telep	hone number	Email address	
Chief Financial Officer		41656	654422	gwarren@platinex.com	
Signature /s/ "Graham Warren"		Date	2022-04-13		
ITEM 11 - CONTACT PERS	CON				

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		
Matanovic	Anna		Securities Law Clerk		
Name of company		Telephone number	Email address		
Fogler, Rubinoff LLP		4168649700	amatanovic@foglers.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 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.

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Submission ID	Date	