# 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 and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement 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	PTX Metals Inc. / PTX Metals Inc.	
Previous full legal name	PLATINEX INC.	
If the issuer's name changed in	the last 12 months, provide most recent	previous legal name.
Website	www.ptxmetals.com	(if applicable)
If the issuer has a legal entity identifier, p	rovide below. Refer to Part B of the Insti	ructions for the definition of "legal entity identifier".
Legal entity identifier	529900JRZM0GFDYTGW16	]
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 Firm NRD number SEDAR+ profile number

# **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 212299
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
000014019

ITEM 6 - INVESTMENT	FUND ISSUER INI	FORMATION		
If the issuer is an investment	fund, provide the follo	wing information.		
a) Investment fund m	anager information			
Full legal name				]
Firm NRD number		(if applicable	)	
SEDAR+ profile number				
b) Type of investment	t fund			
Type of investment fund that mo	ost accurately identifies t	he issuer (select only one).		
🗌 Money market	Equity	Fixed income	Balanced	
Alternative strategies	Cryptoasset	Other (describe)		

	ooth of the following apply to the inves	tment fund.			
🗌 Invest primarily in of	ther investment fund issuers				
Is a UCITs Fund <sup>1</sup>					
	e Investment of Transferable Securities funds				Jnion (EU) directives
that allow collective investment	t schemes to operate throughout the EU on a	passport basis on authoriz	ation from one men	iber state.	
c) Net asset valu	ie (NAV) of the investment func	ł			
Select the NAV range of th	ne investment fund as of the date of th	e most recent NAV calc	ulation (Canadia	n \$).	
🗌 Under \$5M	☐ \$5M to under \$25M	M 🗌 \$25M to und	er \$100М	Date of NAV	calculation:
S100M to under \$50	00M 🗌 \$500M to under \$1	1B 🗌 \$1B or over			
				YYYY	MM DD
ITEM 7 - INFORMA	TION ABOUT THE DISTRIE	BUTION			
If an issuer located outsid	le of Canada completes a distribution	in a jurisdiction of Car	ada include in li	em 7 and Sch	nedule 1
information about purche	asers resident in that jurisdiction of Co	anada only. Do not incl	ude in Item 7 sec	urities issued	as payment of
	ees, in connection with the distribution h the information provided in Schedul		sed in Item 8. Th	e information	provided in
a) Currency					
Select the currency or cur dollars.	rencies in which the distribution was r	made. All dollar amour	ts provided in th	e report must	be in Canadian
🗹 Canadian dollar	🗌 US dollar 📄 Euro Othe	r (describe)			
b) Distribution d	lates				
	t and end dates. If the report is being oth the start and end dates. If the repo				n date, provide
the distribution date us by		<b>.</b>			
include the start and end	dates for the distribution period cover	red by the report.			
			2024		
<i>include the start and end</i> Start date	2024 12 10	<i>red by the report.</i> End date	2024 YYYY	12 18	
Start date	2024         12         10           YYYY         MM         DD		2024 YYYY		
Start date	2024 12 10			12 18	
Start date c) Detailed purcl	2024         12         10           YYYY         MM         DD	End date	YYYY	12 18 MM DD	
Start date c) Detailed purcl <i>Complete Schedule 1 of</i>	20241210YYYYMMDDhaser information	End date	YYYY	12 18 MM DD	
Start date c) Detailed purcl <b>Complete Schedule 1 of</b> d) Types of secu	2024       12       10         YYYY       MM       DD         haser information         this form for each purchaser and a prities distributed	End date	the completed	12 18 MM DD	ous basis,
Start date c) Detailed purch Complete Schedule 1 of d) Types of secu Provide the following info to indicate the security co	2024       12       10         YYYY       MM       DD         haser information         this form for each purchaser and a	End date End date	the completed Refer to Part A(	12 18 MM DD report. 12) of the Insta	ructions for how
Start date c) Detailed purch <b>Complete Schedule 1 of</b> d) Types of secu Provide the following info	2024       12       10         YYYY       MM       DD         haser information <i>i</i> this form for each purchaser and a urities distributed         ormation for all distributions reported	End date End date	the completed Refer to Part A(	12 18 MM DD report. 12) of the Insta gned to the se	ructions for how
Start date c) Detailed purch Complete Schedule 1 of d) Types of secu Provide the following info to indicate the security co	2024       12       10         YYYY       MM       DD         haser information <i>i</i> this form for each purchaser and a urities distributed         ormation for all distributions reported	End date End date	the completed Refer to Part A(	12 18 MM DD report. 12) of the Insta	ructions for how
Start date c) Detailed purch Complete Schedule 1 of d) Types of secu Provide the following info to indicate the security co distributed. Security CUSIP number (if	2024       12       10         YYYY       MM       DD         haser information <i>this form for each purchaser and a</i> rities distributed         ormation for all distributions reported         ode. If providing the CUSIP number, incomposed	End date End date attach the schedule to on a per security basis dicate the full 9-digit CL Number of	the completed The completed CRefer to Part A( ISIP number assi Single or	12       18         MM       DD         report.         12) of the Instruction of the Instructi	ructions for how ecurity being
Start date c) Detailed purch Complete Schedule 1 of d) Types of secu Provide the following info to indicate the security co distributed.	2024       12       10         YYYY       MM       DD         haser information <i>i</i> this form for each purchaser and a urities distributed         ormation for all distributions reported	End date	YYYY the completed . Refer to Part A( JSIP number assi	12     18       MM     DD       report.       12) of the Instruction of the Instruction of the Second Se	ructions for how
Start date c) Detailed purch Complete Schedule 1 of d) Types of secu Provide the following info to indicate the security co distributed. Security code CUSIP number (if	2024       12       10         YYYY       MM       DD         haser information <i>this form for each purchaser and a</i> rities distributed         ormation for all distributions reported         ode. If providing the CUSIP number, incomposed	End date End date attach the schedule to on a per security basis dicate the full 9-digit CL Number of	the completed The completed CRefer to Part A( ISIP number assi Single or	12       18         MM       DD         report.         12) of the Instagned to the set         Canadian \$         Highest price	ructions for how ecurity being

UBS	Each UBS is comprised of one co mmon share and one-half of one purchase warrant		0.1250	89,750.0000
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### 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 security code	Exercise price (Canadian \$)		Expiry date (YYYY-MM- DD)	Conversion ratio	Describe other terms (if applicable)
security code	security code	Lowest	Highest			applicable)
WNT	CMS	0.1800				2 Year Term

### 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 \$)
United Kingdom	NI 45-106 2.3 [Accredited investor]	1	18,750.0000
Alberta	NI 45-106 2.3 [Accredited investor]	1	10,000.0000
Ontario	NI 45-106 2.3 [Accredited investor]	1	8,400.0000
Ontario	NI 45-106 2.5 [Family, friends and business associates]	1	260,000.0000
Québec	NI 45-106 2.3 [Accredited investor]	20	379,210.0000
Austria	other - OSC Rule 72-503	1	12,500.0000
Switzerland	NI 45-106 2.3 [Accredited investor]	1	12,500.0000
	Total dollar am	ount of securities distributed	\$701,360.0000
	Total number of unique purchasers <sup>2b</sup>	26	

<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.

# **ITEM 8 - COMPENSATION INFORMATION**

Provide information for each person (as defined in NI 45-106 (in Québec, Regulation 45-106 respecting Prospectus Exemptions)) t 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>	0
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 EMD FINANCIAL INC. / LA FINANCIÈRE EMD INC.	
Firm NRD number 36480 (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) Director or officer 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	

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	\$14,646.1000		
Value of all securities distributed as compensation <sup>4</sup>			
Security codes	Security code 1	Security code 2	Security code 3
Security codes	CMS	WNT	
Describe terms of warrants, options or other rights	7,323 broker war years after closin	rants issued at \$0. g date	18 expiring 2
Other compensation <sup>5</sup>			
Describe			
			_
Total compensation paid	\$14,646.1000		
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 8 - COMPENSATION INFORMATION**

whom the issuer directly p		mpensation in connection with t	06 respecting Prospectus Exemptions)) to the distribution. <b>Complete additional</b>
Indicate whether any com ☐ No		paid, in connection with the distiner of persons compensated.	ribution. 2
a) Name of perso	on compensated and reg	istration status	
Indicate whether the perso	on compensated is a registrant	:	
□ No 🗹 Yes			
	d is an individual, provide the r	name of the individual.	
Full legal name of ind		First since and	
lf the person compensated	Family name d is not an individual, provide t	0	e Secondary given names
Full legal name of n	on-individual Canaccord Ge	enuity Corp./Corporation Canad	ccord Genuity
Firm	NRD number 900	(if app	licable)
Indicate whether the perso	on compensated facilitated the	distribution through a funding µ	portal or an internet-based portal
🗌 No 🗹 Yes			
b) Business conta	act information		
If a firm NRD number is no	ot provided in Item 8(a), provia	le the business contact informati	ion of the person being compensated.
Street address	· · ·		
Municipality T	oronto	Province/State	Ontario
Country C	Canada	Postal code/Zip code	
Email address		Telephone number	
c) Relationship to	o issuer or investment fu	nd manager	
'connected' in Part B(2) of	•	ing of 'control' in section 1.4 of N	hat apply). Refer to the meaning of II 45-106 (in Québec, Regulation 45-106
Connected with the i	issuer or investment fund ma	anager	
	(other than an investment fu		
	the investment fund or invest	-	
□ Employee of the issu ✓ None of the above	ier or investment fund mana	ger	
d) Compensatior	n 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	\$2,611.0000			
Value of all securities distributed as compensation <sup>4</sup>				
Security codes	Security code 1	Security code 2	Security code 3	
	CMS	WNT		
	522 broker warra	nts issued at \$0.18	3, expiring 2	
Describe terms of warrants, options or other rights	years after closing			
Other compensation <sup>5</sup>			7	
Describe				
Total compensation paid	\$2,611.0000		7	
Check box if the person will or may receive any def		an (describe the te		
<sup>4</sup> Provide the aggregate value of all securities distributed as compensa	tion, <u>excluding</u> options,	warrants or other righ	ts exercisable to acquire	addition
securities of the issuer. Indicate the security codes for all securities dis acquire additional securities of the issuer.	tributed as compensati	on, <u>including</u> options, v	varrants or other rights e	exercisab
<sup>5</sup> Do not include deferred compensation.				

# ITEM 9 – DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER

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	ł
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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

 $\Box$  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				ionship to issuer ct all that apply)		
		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		promoter (select if applicable)
company name	name	name	names	Province or country	D	0
c) Residential a	ddress of	each indivi	dual			

Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.

# ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer, director or agent of the issuer or underwriter. If the issuer or underwriter is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

The certification may be delegated, but only to an agent that has been authorized by an officer or director of the issuer or underwriter to prepare and certify the report on behalf of the issuer or underwriter. If the report is being certified by an agent on behalf of the issuer or underwriter, provide the applicable information for the agent in the boxes below.

If the individual completing and filing the report is different from the individual certifying the report, provide the name and contact details for the individual completing and filing the report in Item 11.

The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions

to file a completed report	of exempt distribution.				
securities regulatory aut	hority or regulator, as applical	ole, that I have r	eviewed this re	vestment fund manager, to the port and to my knowledge, hav the extent required, complete.	ing
Name of Issuer/ investment fund	PTX Metals Inc.				
manager/agent					
Full legal name	WARREN	Grah	nam		
	Family name	First give	n name	Secondary given names	
Title	Chief Financial Officer				
Telephone number	+1 (416) 565-4422	Email address	gwarren@ptxr	netals.com	
	, , ,		9 - 1		
			<u> </u>		
Signature	/s/ "Graham Warren"	Date	2025	01 09	

## **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	MATANOVIC	Anna	
	Family name	First given name	Secondary given names
Title	Securities Law Clerk		
Name of company	FOGLER, RUBINOFF LLP		
Telephone number		Email address ama	atanovic@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.

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.