## Form 45-106F1 Report of Exempt Distribution

| ITEM 1 – REPORT TYPE   |   |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|
| X New report  Amended report If amended, provide filing date of report that is being amended. (YYYY-MM-DD)   |   |  |  |  |  |  |  |  |  |  |
| ITEM 2 - PARTY CERTIFYING THE REPORT   | 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  X 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 St. Anthony Gold Corp.   |   |  |  |  |  |  |  |  |  |  |
| Previous full legal name Maxtech Ventures Inc.   |   |  |  |  |  |  |  |  |  |  |
| If the issuer's name changed in the last 12 months, pro  | vide most recent previous legal   | name.                                    |  |  |  |  |  |  |  |  |
| Website http://www.stantho   | Website <a href="http://www.stanthonygoldcorp.com">http://www.stanthonygoldcorp.com</a> (if applicable) |  |  |  |  |  |  |  |  |  |
| If the issuer has a legal entity identifier, provide below. Refer to P   | art B of the Instructions for the   | definition of "legal entity identifier". |  |  |  |  |  |  |  |  |
| Legal entity identifier  |   |  |  |  |  |  |  |  |  |  |
| If two or more issuers distributed a single security, provide the ful  | l legal name(s) of the co-issuer(   | s) other than the issuer named above.    |  |  |  |  |  |  |  |  |
| 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 and firm NRD number.  Full legal name  |   |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |  |
| Firm NRD number (if applicable)  |   |  |  |  |  |  |  |  |  |  |
| 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)                          |  |  |  |  |  |  |  |  |

| 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 2 1 2 2 9 9   |  |  |  |  |  |  |  |  |
| 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.  X 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: X 0 – 49 50 – 99 100 – 499 500 or more   |  |  |  |  |  |  |  |  |
| c) SEDAR profile number   |  |  |  |  |  |  |  |  |
| Does the issuer have a SEDAR profile?  No X Yes If yes, provide SEDAR profile number 0 0 0 1 5 3 3 3  |  |  |  |  |  |  |  |  |
| If the issuer does not have a 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 jurisdiction 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  |  |  |  |  |  |  |  |  |
| If the issuer has a CUSIP number, provide below (first 6 digits only).  CUSIP number  |  |  |  |  |  |  |  |  |
| If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.  Exchange name   |  |  |  |  |  |  |  |  |
| h) Size of issuer's assets  |  |  |  |  |  |  |  |  |
| Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.  \$5M to under \$5M \$25M to under \$100M |  |  |  |  |  |  |  |  |
| \$100M to under \$500M \$500M to under \$1B \$1B or over  |  |  |  |  |  |  |  |  |

| ITEM 6 – INVESTMENT FUND ISSUER INFORMATION  |     |  |  |  |  |  |
|--|-----|--|--|--|--|--|
| If the issuer is an investment fund, provide the following information.  |     |  |  |  |  |  |
| a) Investment fund manager information   |     |  |  |  |  |  |
| Full legal name  |     |  |  |  |  |  |
| Firm NRD Number (if applicable)  |     |  |  |  |  |  |
| If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manag   | er. |  |  |  |  |  |
| 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  |     |  |  |  |  |  |
| Invests primarily in other investment fund issuers  Is a UCITs Fund  **Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state. |     |  |  |  |  |  |
| c) Date of formation and financial year-end of the investment fund   |     |  |  |  |  |  |
| Date of formation Financial year-end MM DD   |     |  |  |  |  |  |
| d) Reporting issuer status of the investment fund  |     |  |  |  |  |  |
| Is the investment fund a reporting issuer in any jurisdiction of Canada? No Yes  |     |  |  |  |  |  |
| If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.   |     |  |  |  |  |  |
| AII AB BC MB NB NL NT  |     |  |  |  |  |  |
| e) Public listing status of the investment fund  |     |  |  |  |  |  |
| If the investment fund has a CUSIP number, provide below (first 6 digits only).  CUSIP number  If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide or the name of an exchange and not a trading facility such as, for example, an automated trading system.  Exchange name  | nly |  |  |  |  |  |
| f) Net asset value (NAV) of the investment fund  |     |  |  |  |  |  |
| Select the NAV range of the investment 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 \$500M \$500M to under \$1B \$1B or over Date of NAV calculation:  YYYY MM DI   | D D |  |  |  |  |  |

| lı   | EM 7 – INF  | ORMATIO  | N ABOUT THE DIS   | TRIBUTION   |  |  |  |   |                                       |              |
|--|---|--|---|---|--|--|--|---|---------------------------------------|--------------|
| pu<br>co   | 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)  |  |   |   |  |  |  |   |                                       |              |
| Se   | Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.  X Canadian dollar   |  |   |   |  |  |  |   |                                       |              |
|  | b) Distribut  | tion date(s)   |   |   |  |  |  |   |                                       |              |
| da   |   | rt and end dates   | dates. If the report is being f<br>s. If the report is being filed f<br>eport.  |   |  |  |  |   |                                       |              |
|  | S   | Start date 20  | 21 10 08<br>YYY MM DD   | En  | d date                                 | 2021<br>YYY  |  | 08<br>DD                                      |                                       |              |
|  | c) Detailed   | l purchaser int  | formation   |   |  |  |  |   |                                       |              |
| Č  | omplete Sched   | ule 1 of this f  | orm for each purchase   | r and attach the  | sched                                  | lule to t  | he comple                                    | eted report.                                  |                                       |              |
|  | d) Types o  | f securities dis   | stributed   |   |  |  |  |   |                                       |              |
|  | 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.  |  |   |   |  |  |  |   |                                       |              |
|  |   |  |   |   |  |  | Single or                                    | Canadian                                      | \$                                    |              |
|  |   | CUSIP number (if applicable)   | Description of s  |   |  | nber of<br>curities                                    | Single or<br>lowest<br>price                 | Highest price                                 | Total amount                          |              |
|  | C M S   |  | Issuance of common shares per share.  | at a price of \$0.05  | 500,0                                  | 000  | \$0.05                                       | \$0.05  | 25,000                                |              |
|  |   |  |   |   |  |  |  |   |                                       |              |
|  | e) Details  | of rights and c  | onvertible/exchangeable   | e securities  |  |  |  |   |                                       |              |
|  |   |  | were distributed, provide the   |   |  |  |  |   |                                       | e            |
|  | Convertible / exchangeable security code  Convertible / exchangeable security code  Exercise price (Canadian \$)  Lowest Highest  Expiry date (YYYY-MM-DD)  Conversion ratio  Describe other terms (if applicable)  |  |   |   |  |  |  |   |                                       |              |
|  |   |  |   |   |  |  |  |   |                                       |              |
| f) Summary of the distribution by jurisdiction and exemption |   |  |   |   |  |  |  |   |                                       |              |
| pu<br>dis<br>Th<br>pu<br>jui                                 | ate the total dolla<br>irchaser resides an<br>stribution in a juri<br>iis table requires o<br>irchaser resides, if<br>risdiction.   | r amount of second for each exendisdiction of Canda separate line it for a purchaser res | urities distributed and the naption relied on in Canada f<br>ada, include distributions to<br>em for: (i) each jurisdiction<br>ides in a jurisdiction of Cana | umber of purchaser<br>for that distribution.<br>purchasers resident<br>where a purchaser I<br>ada, and (iii) each e | Howey<br>in that<br>resides,<br>xempti | ver, if an i<br>t jurisdicti<br>(ii) each<br>on relied | issuer locate<br>ion of Canac<br>exemption r | d outside of C<br>la only.<br>elied on in the | Canada complete<br>e jurisdiction whe | s a<br>ere a |
| F0   | Province or   | nın Canada, stat   | te the province or territory, c   |   | ountry                                 |  | r of unique                                  |   |                                       | 1            |
|  | country   |  | Exemption relied or   |   |  |  | nasers <sup>2a</sup>                         |   | nt (Canadian \$)                      |              |
|  | Quebec  | N  | II 45-106 2.14 [Securitie   | s for Debt]   |  |  | 1  | 25  | 5,000                                 | -            |
|  |   | Tot  | al dollar amount of secur   | ities distributed   |  |  |  | 21  | 5,000                                 | 1            |
|  |   | .00  |   | of unique purchas   | ers <sup>2b</sup>                      |  | 1  |   |                                       | 1            |

<sup>&</sup>lt;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>&</sup>lt;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.

| <ul><li>q)</li></ul> | 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<br>(Canadian \$) |
|---|-------------------------------|
|   |                               |
|   |                               |
|   |                               |
|   |                               |
| Total net proceeds to the investment fund |                               |

<sup>&</sup>lt;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.

## 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<br>with or delivered to<br>regulator?<br>(Y/N) | Date previously filed or delivered (YYYY-MM-DD) |
|----|-------------|---|---|---|
| 1. |             |   |   |   |
| 2. |             |   |   |   |
| 3. |             |   |   |   |

| ITEM 8 - COMPENSATION INFO   | RMATION   |
|--|---|
|  | in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in itional 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.  |
| X No Yes If yes  | es, indicate number of persons compensated.   |
| a) Name of person compensated an   | nd registration status  |
| Indicate whether the person compensated is a reg   | gistrant.   |
| If the person compensated is an individual, provid   | ide the name of the individual.   |
| Full legal name of individual  |   |
|  | amily name First given name Secondary given names   |
| If the person compensated is not an individual, pr   | provide the following information.  |
| Full legal name of non-individual  |   |
| Firm NRD number  | (if applicable)   |
| Indicate whether the person compensated facilita  No Yes   | ated the distribution through a funding portal or an internet-based portal.   |
| b) Business contact information  |   |
| If a firm NRD number is not provided in Item 8(a,  | 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 investme  |   |
|  | estment fund) nd or investment fund manager   |
| d) Compensation details  |   |
| Provide details of all compensation paid, or to be amounts in Canadian dollars. Include cash commpayments for services incidental to the distributio details about, or report on, internal allocation arrissuer. | e paid, to the person identified in Item 8(a) in connection with the distribution. Provide all missions, securities-based compensation, gifts, discounts or other compensation. Do not report on, such as clerical, printing, legal or accounting services. An issuer is not required to ask for trangements with the directors, officers or employees of a non-individual compensated by the |
| Cash commissions paid  |   |
| Value of all securities distributed as   | Security code 1 Security code 2 Security code 3  Security codes   |
| compensation <sup>4</sup>  |   |
| Describe terms of warrants, option   | ns or other rights  |
| Other compensation <sup>5</sup>  | Describe  |
| Total compensation paid  |   |
| Check box if the person will or may recei  | ive any deferred compensation (describe the terms below)  |
|  |   |
| 4Provide the aggregate value of all securities distributed as issuer. Indicate the security codes for all securities distribute the issuer.  | as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the uted as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of  |

| ITEM 9 – DIRECTORS, EXEC  | CUTIVE OFFICERS              | AND PROM         | OTERS OF T         | THE ISS       | SUER                              |  |           |   |             |
|---|------------------------------|------------------|--------------------|---------------|-----------------------------------|--|-----------|---|-------------|
| If the issuer is an investment fund,  | do not complete Ite          | m 9. Proceed t   | o Item 10.         |               |                                   |  |           |   |             |
| Indicate whether the issuer is any of the following (select the one that applies – if more than one applies, select only one).    Reporting issuer in any jurisdiction of Canada     Foreign public issuer     Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada <sup>6</sup>     Provide name of reporting issuer     Wholly owned subsidiary of a foreign public issuer     Wholly owned subsidiary of a foreign public issuer     Issuer distributing only eligible foreign securities and the distribution is to permitted clients only     If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10.   An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer, respectively.     Of the issuer is a the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions     Of the issuer is a 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 cl  | ient" in Part B(1) of the In | structions.      |                    |               | securities to i                   | non-permitted cii                              | ients. Re | eter to the                                 | definitions |
| If the issuer is none of the o  |                              |                  |                    | (c).          |                                   |  |           |   |             |
| a) Directors, executive offi  | cers and promoter            | s of the issue   | r                  |               |                                   |  |           |   |             |
| Provide the following information for territory, otherwise state the country.   |                              |                  |                    |               |                                   |  | da, stat  | e the pro                                   | ovince or   |
| Organization or company name  | Family name                  | First given name | Secondary<br>name  | _             | non-ind<br>resid<br>jurisdi       | location of ividual or lential ction of vidual |           | ationshi<br>issuer<br>elect all t<br>apply) |             |
|   |                              |                  |                    |               | 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 company name  | Family name                  | First given name | Secondary<br>given | jurisd<br>ind | idential<br>liction of<br>ividual | Relation<br>(select one                        |           | promot<br>n if applic                       |             |
|   |                              |                  | names              |               | vince or<br>ountry                | D  |           | 0   |             |
|   |                              |                  |                    |               |                                   |  |           |   |             |
| c) Residential address of e   | each individual              |                  |                    |               |                                   |  |           |   |             |

Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and

attach to the completed report. Schedule 2 also requires information to be provided about control persons.

## ITEM 10 - CERTIFICATION

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

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

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

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

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of exempt distribution.

By completing the information below, I certify, on behalf of the issuer/underwriter/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.

|   |                             |                  | •       | •            |             |
|---|-----------------------------|------------------|---------|--------------|-------------|
| Name of issuer/underwriter/<br>investment fund<br>manager/agent | St. Anthony Gold Corp.      |                  |         |              |             |
| Full legal name   | Wilson                      | Peter            |         |              |             |
|   | Family name                 | First given name | Э       | Secondary gi | ven names   |
| Title   | CEO, President and Director |                  |         |              |             |
| Telephone number  | (604) 649 0945              | Email address    | peter@s | terlinggrant | capital.com |
| Signature   | (signed) "Peter Wilson"     |                  | 2021    | 10           | 18          |
|   |                             | •                | YYYY    | MM           | DD          |

|  | Į | ITEM | Ш | _ | 102 | NTAC | T PE | RSON |
|--|---|------|---|---|-----|------|------|------|
|--|---|------|---|---|-----|------|------|------|

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.

| X Same as individual certifying the report |             |                  |                       |       |  |  |  |  |
|--|-------------|------------------|-----------------------|-------|--|--|--|--|
| Full legal name                            |             |                  |                       | Title |  |  |  |  |
|  | Family name | First given name | Secondary given names |       |  |  |  |  |
| Name of company                            |             |                  |                       |       |  |  |  |  |
| Telephone number                           |             | E                | mail address          |       |  |  |  |  |

## Notice - Collection and use of personal information

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

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

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.