Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 10126617

ITEM 1 - REPORT TYPE											
✓ New report											
Amended report	Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD)										(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 investment fund)											
ITEM 3 - ISSUER NAME											
Provide the following informati								ut the fund.]
	gal name	Cerro D	e Pas		ource	es Inc.					
Previous full le	gal name										
If the issuer's name cho	anged in the	last 12 mc	onths, pi	rovide mo	st rece	ent previ	ious lega	ıl name.			
	Website	www.pa	score	sources	s.ca			(if applicabl	e)		
If the issuer has a legal entity id	dentifier <u>.</u> pro	vide below	. Refer t	o Part B c	f the l	Instructio	ons for t	he definition	of ″legal enti	ty identifier	r".
Legal entity	identifier										
If two or more issuers distribute	ed a single s	ecurity, pro	vide the	full legal	name	e(s) of the	e co-issu	ıer(s) other th	an the issuer	named ab	ove.
Full legal name(s) of co	-issuer(s)							(if applicabl	e)		
							,				
ITEM 4 - UNDERWRITER	INFORM	ATION									
If an underwriter is completing	the report, p	provide the	underw	riter's full	legal	name ai	nd firm l	NRD number.			
Full legal name							1				
Firm NRD number							(if app	olicable)			
If the underwriter does not have	e a firm NRI	D number, p	orovide	the head	office	contact	informat	tion of the un	derwriter.		
Street address											
Municipality							Prov	ince/State			
Country						Post	tal code	e/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 in your reasonable judgment most closely corresponds to the issuer's primary business activity.
NAICS industry code 2 1 2 2 3 3
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 V 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
Does the issuer have a SEDAR profile?
No If yes, provide SEDAR profile number 0 0 2 0 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 YYYY 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
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.

\$0 to under \$5M	\$5M to under \$25M	□ \$25M to under \$100M
S100M to under \$500M	S500M to under \$1B	S1B or over

If the issue is an investment fund, provide the following information: a) Investment fund manager information Full legal name Furn NRD number If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State Guntry Postal code/Zip code Telephone number D Type of investment fund Tree of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Indicate whether one or both of the following apply to the investment fund. Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment of Transferable Securities funds (UCIT's Funds) are investment funds regulated by the European Union (C) Date of formation and financial year-end of the investment fund Suppresent fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund hars a CUSP number, provide below (first 6 digits only) CUSP number On O Public listing status of the investment fund is a reporting issuer. All All All </th
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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 manager. Street address Municipality Province/State
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CUSIP number
name of an exchange and not a trading facility such as, for example, an automated trading system
Exchange name
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 \$).
L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad to
\$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:

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

purchasers resident in that jurisd	nada completes a distribution in a juri iction of Canada only. Do not include which must be disclosed in Item 8. The	in Item 7 securities issu	ied as payment of	commissions or fi	inder's fees in				
a) Currency									
Select the currency or currencies	in which the distribution was made. A	ll dollar amounts provid	ded in the report n	nust be in Canadi	an dollars.				
✓ Canadian dollar	US dollar Euro	Other (describ	be)						
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 2023 03 22 End date 2023 03 31									
	YYYY MM DD		YYYY	MM DD					
c) Detailed purchaser info	rmation								
Complete Schedule 1 of thi	is form for each purchaser and	attach the schedule	e to the comple	ted report.					
d) Types of securities dist	ributed								
	n for all distributions reported on a pe ISIP number, indicate the full 9-digit C				ow to indicate the				
				Canadian \$	3				
Security code CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount				
UBS 87164B com	ch unit is composed of one nmon share and one share chase warrant ("Warrant").	25,195,000.0	0 0.1000)	2,519,500.00				
e) Details of rights and co	nvertible/exchangeable securities	S		1	L				
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 security code Security code	Exercise price (Canadian \$) Lowest Highest	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other	items (if applicable)				
W N T C M S	0.2500	1	tı C	o acquire one of the corporat 60.25 for a 24-	entitles its holder common share tion at a price of month period of the offering.				
f) Summary of the distribut	tion by jurisdiction and exemption	n							
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.									
This table requires a separate lin purchaser resides, if a purchaser jurisdiction.	anada, include distributions to purcha e item for: (i) each jurisdiction where c resides in a jurisdiction of Canada, an	a purchaser resides, (ii) d (iii) each exemption r	each exemption re	elied on in the juri					
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Bahamas	NI 45-106 2.3 [Accredited investor]	1	150,000.00
China	NI 45-106 2.3 [Accredited investor]	1	350,000.00
Cyprus	NI 45-106 2.3 [Accredited investor]	1	20,000.00
Germany	NI 45-106 2.3 [Accredited investor]	2	150,000.00
Marshall Islands	NI 45-106 2.3 [Accredited investor]	1	150,000.00
Paraguay	NI 45-106 2.3 [Accredited investor]	1	100,000.00
Switzerland	NI 45-106 2.3 [Accredited investor]	4	72,000.00
United Kingdom	NI 45-106 2.3 [Accredited investor]	2	210,000.00
United States	NI 45-106 2.3 [Accredited investor]	2	42,500.00
	Total dollar amount of	f securities distributed	2,519,500.00

^{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.

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides.³ If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Net proceeds (Canadian \$)
Total net proceeds to the investment fund	

³"Net proceeds" means the gross proceeds realized in the jurisdiction from the distributions for which the report is being filed, less the gross redemptions that occurred during the distribution period covered by the report.

h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia.

If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in those jurisdictions.

In Ontario, if the offering materials listed in the table are required to be filed with or delivered to the Ontario Securities Commission (OSC), attach an electronic version of the offering materials that have not been previously filed with or delivered to the OSC.

Description	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)

ITEM 8 - COMPENSATIO	N INFORMATION					
Provide information for each pe the distribution. Complete add					÷ .	rection with
Indicate whether any compens	ation was paid, or will be po	aid, in connecti	on with the distributior	ז.		
🗌 No 🗹 Yes	If yes, indicate nur	nber of perso	ns compensated.	5		
a) Name of person comp	ensated and registration	status				
Indicate whether the person cor	npensated is a registrant.		✓ No	Yes		
If the person compensated is an	individual, provide the nam	ne of the individ	lual.			
Full legal name of indiv	idual Fleury		Carl			
	Family n	ame	First giver	n name	Secondary given na	ames
If the person compensated is no	t an individual, provide the	following infor	mation.			
Full legal name	of non-individual					
Fi	rm NRD number			(if app	licable)	
Indicate whether the person cor	·	tribution throu	gh a funding portal or	an internet-based µ	portal. 🗹 No	Yes
b) Business contact infor						
If a firm NRD number is not pro		the business co	ntact information of th	ne person being con	npensated.	
Street address	572, rue Huard					
Municipality	St-Joseph de Beauce			Province/State	Québec	
Country	Canada		Posta	I code/Zip code	G0S 2V0	
Email address	carlfleury22@gmail.com		Tele	ephone number	5142585185	
c) Relationship to issuer	or investment fund mana	ager				
Indicate the person's relationshi the Instructions and the meaning						art B(2) of
Connect with the issu	er or investment fund mana	ager	Inside	er of the issuer (oth	ner than an investment f	und)
Director or officer of the	ne investment fund or inves	tment fund ma	nager 🗌 Empl	loyee of the issuer	or investment fund mana	ager
\checkmark None of the above						
d) Compensation details						
Provide details of all compensations Canadian dollars. Include cash of incidental to the distribution, such allocation arrangements with th	ommissions, securities-base ch as clerical, printing, legal e directors, officers or emplo	d compensation or accounting	n, gifts, discounts or oth services. An issuer is no	her compensation. I ot required to ask fo	Do not report payments f	for services
Cash commissions pa	id 75,000.00			Security code 1	Security code 2 Secur	rity code 3
Value of all securitie distributed as compensatio	-	S	Security codes			
Describe to	erms of warrants, options o	r other rights				
Other compensation	n ⁵	Describe				
Total compensation pa	id 75,000.00					
Check box if the pe	rson will or may receive an	y deferred com	pensation (describe th	ne terms below)		
^₄ Provide the aggregate value of						
additional securities of the issu rights exercisable to acquire ad			rities distributed as co	mpensation, <u>incluc</u>	<u>ding</u> options, warrants or	other
⁵ Do not include deferred comp						

a) Name of person comp	ensated and regis	stration	status										
Indicate whether the person cor	npensated is a regist	rant.		No No		\checkmark	Yes						
If the person compensated is an	individual, provide i	the nam	e of the indivi	dual.									
Full legal name of individual													
Family name First given name Secondary given names													
If the person compensated is not an individual, provide the following information.													
Full legal name	Full legal name of non-individual RAYMOND JAMES LTD.												
F	rm NRD number	8	2 4	0				(if appl	licable)				
Indicate whether the person cor	npensated facilitated	l the dis	tribution throu	ıgh a fund	ing port	al or an	interne	t-based p	oortal.	\checkmark] No		Yes
b) Business contact infor	mation												
If a firm NRD number is not pro	ovided in Item 8 (a), p	provide t	the business co	ontact info	rmation	of the p	person b	eing con	npensated.				
Street address													
Municipality						Р	rovince	e/State					
Country					Ρ	ostal c	ode/Zi	o code					
Email address						Telep	elephone number						
c) Relationship to issuer	or investment fun	d mana	ager	-					-				
Indicate the person's relationshitted the Instructions and the meaning the mea									ning of "co	onnecte	ed" in F	Part B(2	!) of
Connect with the issu	er or investment fun	d mana	iger			Insider	of the is	suer (oth	ner than an	n invest	ment f	und)	
Director or officer of t	ne investment fund o	or inves	tment fund ma	anager		Employ	ee of th	e issuer	or investm	ent fun	d man	ager	
None of the above													
d) Compensation details													
Provide details of all compensat Canadian dollars. Include cash c incidental to the distribution, su allocation arrangements with th	ommissions, securiti ch as clerical, printin	es-based g, legal	d compensatio or accounting	n, gifts, dis services. A	scounts (In issuer	or other is not r	r compei required	nsation. L to ask fo	Do not repo	ort payı	nents j	for serv	ices
Cash commissions pa	id 1,2	50.00					Security	code 1	Security c	ode 2	Secu	ity code	3
Value of all securitie distributed as compensatio	-		S	Security co	odes								
	erms of warrants, or	otions o	r other rights										
Other compensatio	٦ ⁵		Describe										
Total compensation pa	id 1,2	50.00											
Check box if the pe	rson will or may reco	eive any	/ deferred con	npensatior	n (descr	ibe the	terms b	elow)					
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire au ⁵ Do not include deferred comp	er. Indicate the secu dditional securities o	urity cod	des for all secu										

a) Name of person com	pensated and registration	on status							
Indicate whether the person co	ompensated is a registrant.		✓ No	Yes					
If the person compensated is a	n individual, provide the na	me of the individ	dual.						
Full legal name of indi	vidual								
	Family	name	Fire	st given name		Secondary	given names		
If the person compensated is not an individual, provide the following information.									
Full legal name	e of non-individual Corr	nel Capital Sa	rl						
Firm NRD number (if applicable)									
Indicate whether the person cc	ompensated facilitated the a	listribution throu	igh a funding poi	tal or an inter	 net-based p	oortal. 🗸	🛾 No 🗌 Yes		
b) Business contact info	ormation								
If a firm NRD number is not pr	rovided in Item 8 (a), provid	e the business cc	ontact informatio	n of the persor	n being con	npensated.			
Street address	178, rue de Vevey								
Municipality	Bulle			Provin	ce/State				
Country	Switzerland			Postal code/	Zip code	1630			
Email address	mail@wacyba.com			Telephone	number	4126402000))		
c) Relationship to issuer	r or investment fund mai	nager							
Indicate the person's relationsl the Instructions and the mean						ning of "connect	ed" in Part B(2) of		
Connect with the iss	uer or investment fund mar	nager		Insider of the	issuer (oth	er than an inves	tment fund)		
Director or officer of	the investment fund or inve	estment fund ma	anager	Employee of	the issuer	or investment fur	nd manager		
✓ None of the above									
d) Compensation details	3								
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with t	commissions, securities-bas uch as clerical, printing, lego	sed compensation al or accounting	n, gifts, discounts services. An issue	s or other comp er is not require	pensation. L ed to ask fo	Do not report pay	ments for services		
Cash commissions p	aid 1,000.00)		Secur	ity code 1	Security code 2	Security code 3		
Value of all securiti] :	Security codes						
distributed as compensation	on [*] terms of warrants, options	or other rights							
Other compensation	-	Describe							
Total compensation p]							
	erson will or may receive a		pensation (desc	ribe the terms	below)				
			· · ·]		
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com	suer. Indicate the security c additional securities of the r	odes for all secu							

a) Name of person com	pensated and registration s	tatus								
Indicate whether the person co	ompensated is a registrant.	[✓ No	□ Y	′es					
If the person compensated is a	n individual, provide the name	of the individ	ual.							
Full legal name of indi	vidual									
Family name First given name Secondary given names										
If the person compensated is not an individual, provide the following information.										
Full legal name of non-individual Mezzo Consulting Services										
Firm NRD number (if applicable)										
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.										
b) Business contact info	ormation									
If a firm NRD number is not pr	rovided in Item 8 (a), provide th	e business cor	ntact informatior	n of the pe	rson being con	ppensated.				
Street address	Plant Urbana, Alumacen 5	60 f.								
Municipality	Independancia			Pro	vince/State					
Country	Paraguay		F	Postal cod	de/Zip code	5340	Ī			
Email address	f.hoegel@ccm-ag.com			Telepho	one number	595125478523				
c) Relationship to issue	r or investment fund manag	er								
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager										
✓ None of the above										
d) Compensation details	3									
Canadian dollars. Include cash incidental to the distribution, su	commissions, securities-based of uch as clerical, printing, legal or he directors, officers or employe	compensation accounting s	, gifts, discounts ervices. An issue	or other co r is not req nsated by t	ompensation. I quired to ask fo the issuer.	tribution. Provide all amounts in Do not report payments for service r details about, or report on, inter	rnal			
Value of all securiti				Se	ecurity code 1	Security code 2 Security code 3	;			
distributed as compensation		S	ecurity codes							
Describe	terms of warrants, options or o	other rights								
Other compensation	on⁵	Describe								
Total compensation p	aid 19,600.00						_			
Check box if the p	Check box if the person will or may receive any deferred compensation (describe the terms below)									
							7			
additional securities of the iss	of all securities distributed as o suer. Indicate the security code additional securities of the issue pensation.	s for all secul					_			

a) Name of person com	pensated and registration	on status									
Indicate whether the person co	ompensated is a registrant.		✓ No		Yes						
If the person compensated is a	n individual, provide the no	ime of the individ	dual.								
Full legal name of indi	vidual										
	Family	/ name	Fir	st given n	ame	I	Seco	ndary g	iven na	mes	
If the person compensated is n		-	mation.								
Full legal name of non-individual MogoTrade-DMA											
Firm NRD number (if applicable)											
Indicate whether the person co	ompensated facilitated the o	listribution throu	gh a funding po	rtal or an	internet	t-based p	ortal.	\checkmark] No	Yes	s
b) Business contact info	rmation										
If a firm NRD number is not pr	rovided in Item 8 (a), provia	e the business co	ontact informatio	n of the p	person b	eing com	pensated.				
Street address	#300, 4 Place Ville Ma	rie]
Municipality	Montréal			Р	rovince	/State	Québec	;			ĺ
Country	Canada			Postal c	ode/Zip	o code	H3B 2E	7			
Email address	fmartel@mogotrade-di	ma.ca		Telep	hone ni	umber	514307	9077			
c) Relationship to issuer	r or investment fund ma	nager									1
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.											
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)											
Director or officer of	the investment fund or inv	estment fund ma	anager	Employ	ee of the	e issuer o	or investme	ent fun	d mana	ager	
✓ None of the above											
d) Compensation details	3										
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with t	commissions, securities-ba uch as clerical, printing, leg	sed compensatio al or accounting	n, gifts, discounts services. An issue	s or other er is not r	r comper required	nsation. E to ask foi	Do not repo	rt payn	nents f	or services	
Cash commissions p	aid 600.00)			Security	code 1	Security co	ode 2	Secur	ity code 3	
Value of all securities		<u> </u>	Security codes								
	terms of warrants, options	 or other rights]
Other compensation	on ⁵	Describe]
Total compensation pa	aid 600.00]
Check box if the person will or may receive any deferred compensation (describe the terms below)											
]
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com	uer. Indicate the security c additional securities of the	odes for all secu									I

ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER									
If the issuer is an investment fund, do not complete Item 9. Procced to 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	Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶								
Provide name of reporting issuer									
Wholly owned subsidiary of	Wholly owned subsidiary of a foreign public issuer ⁶								
Provide name of foreign public issuer									
Issuer distributing only eligible foreign securities and the distribution is to permitted clients only ⁷									
If the issuer is at least one of the	above, do not com	plete Item 9(a) – (d	:). Proceed to Item	10.					
⁶ 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. 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 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 name	Secondary given names	Business location of non-individual or residentail jurisdiction of individual					
				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	nization or company name Family name First given name Secondary given ii		Residential jurisdiction of individual	Rela (select c	itionship one or bo	ship to promoter or both if applicable)			
				Province or country	D		C)	
c) Residential address of 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 exemt 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/ investment fund manager/agent	CERRO DE PASCO RESOURCES INC.						
Full legal name	Goulet Guy						
	Family name	First given name	Ľ	Seconda	ary given n	ames	
Title	CEO						
Telephone number	5794767000	Email address	ggoulet@pascoresources.co			.com	
Signature	(s) Guy Goulet	Date	2023	03	31		
			YYYY	MM	DD	-	

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				Title	
·	Family name	First given name	Secondary given names		
Name of company					
Telephone number		Er	nail 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 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.