Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 10126617

ITEM 1 - REPORT TYPE										
☐ New report										
Amended report If amended, provide filing date of report that is being amended 2023 04 03 (YYYY-MM-DD)										
ITEM 2 - PARTY CERTIFYING THE	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	naous Disclosure and the comp	amon policy to the or Too.								
✓ Issuer (other than an inves	tment fund)									
Underwriter	,									
ITEM 3 - ISSUER NAME AND OT	LIED IDENTIFIEDS									
Provide the following information about the		wastment fund, about the fun	1							
Full legal name	Cerro De Pasco Resou		<i>.</i> .							
Previous full legal name	00110 201 0000 110000									
If the issuer's name changed in the	e last 12 months, provide most	recent previous legal name								
Website			odela)							
	www.pascoresources.c									
If the issuer has a legal entity identifier, pro Legal entity identifier	ovide below. Refer to Part B of t	he Instructions for the definit	on of "legal entity identifier".							
	accurity, myou ide the full lead to	zwa (a) af tha an issuaw(a) atha	with any this issues was and about							
If two or more issuers distributed a single s Full legal name(s) of co-issuer(s)	ecurity, provide the full legal no	(if applie		2.						
T ull legal flame(s) of co-issue(s)		(п арри	able)							
ITEM 4 - UNDERWRITER INFORM	1ATION									
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm NRD num	ber.							
Full legal name]						
Firm NRD number		(if applicable)								
If the underwriter does not have a firm NR	D number, provide the head off	ice contact information of the	underwriter.							
Street address										
Municipality		Province/Sta]							
Country		Postal code/Zip cod	Ī							
Telephone number		Websi	te	(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 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								
c) SEDAR profile number								
Does the issuer have a SEDAR profile?								
No								
If the issuer does not have SEDAR profile complete item 5(d) - (h).								
d) Head office address								
Street address Province/State								
Municipality Postal code/Zip code								
Country Telephone number								
e) Date of formation and financial year-end								
Date of formation Financial year-end MM DD MM DD								
f) Reporting issuer status								
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes								
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.								
AII AB BC MB NB NL NT								
□ NS □ NU □ ON □ PE □ QC □ SK □ YT								
g) Public listing status								
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
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT FUND ISSUER INFORMATION									
If the issuer is an inves	tment fund, provide the following information.								
a) Investment fund manager information									
Full legal name									
Firm NRD number	(if applicable)								
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.								
Street address									
Municipality	Province/State								
Country	Postal code/Zip code								
Telephone number	Website (if applicable)								
b) Type of investment	fund								
Type of investment fund tha	nt most accurately identifies the issuer (select only one) .								
Money market	☐ Equity ☐ Fixed income ☐ Balanced								
Alternative strateg	gies Cryptoasset Other (describe)								
Indicate whether one or bot	h of the following apply to the investment fund .								
Invests primarily in	n other investment fund issuers								
☐ Is a UCITs Fund¹									
¹ Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.								
c) Date of formation a	and financial year-end of the investment fund								
Date of forma	tion Financial year-end MM DD MM DD								
d) Reporting issuer st	atus of the investment fund								
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes								
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.								
☐ AII ☐	AB BC MB NB NL NT								
□ NS □	NU ON PE QC SK YT								
e) Public listing status	s of the investment fund								
If the investment fund has a	CUSIP number, provide below (first 6 digits only)								
	CUSIP number								
	blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the not a trading facility such as, for example, an automated trading system.								
Exchange on an exchange and h									
f) Net asset value (NAV) of the investment fund									
	investment fund as of the date of the most recent NAV calculation (Canadian \$).								
\$0 to under \$5M	s5M to under \$25M s25M to under \$100M								
\$100M to under \$500	DM \$500M to under \$1B \$1B or over Date of NAV calculation: YYYY MM DD								

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.

	' '									
a)	Currency									
Sele	Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.									
√	✓ Canadian dollar US dollar Euro Other (describe)									
b)	Distribution date(s)									
as b	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 information

Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.

d) Types of securities distributed

Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

					Canadian \$			
			CUSIP number (if applicable)	Description of security	Number of Single or lowest price		Highest price	Total amount
ι	ЈВ	S	87164B	Each unit is composed of one common share and one share purchase warrant ("Warrant").	25,245,000.00	0.1000		2,524,500.00

e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

Convertible / exchangeable security code		geable Underlying				Exercise price (Canadian \$)		Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)	
							Lowest	Highest			
V	٧	N	Т	С	М	S	0.2500				Each Warrant entitles its holder to acquire one common share of the corporation at a price of \$0.25 for a 24-month period following date of the offering.

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 ² purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	4	150,000.00
Alberta	NI 45-106 2.3 [Accredited investor]	5	215,000.00
Ontario	NI 45-106 2.3 [Accredited investor]	1	25,000.00
Québec	NI 45-106 2.3 [Accredited investor]	46	850,000.00
Austria	NI 45-106 2.3 [Accredited investor]	1	35,000.00

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					
Peru	NI 45-106 2.3 [Accredited investor]	1	5,000.00					
	2,524,500.00							
	Total number of unique purchasers ^{2b} 73							

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

g) Net proceeds to the investment fund by jurisdiction

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

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

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

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

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

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

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

^{2b} In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

ITEM 8 - COMPENSATIO	N INFORMATION									
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.										
Indicate whether any compens	Indicate whether any compensation was paid, or will be paid, in connection with the distribution.									
No ✓ Yes	No ✓ Yes If yes, indicate number of persons compensated. 5									
a) Name of person comp	ensated and registration	status								
Indicate whether the person cor	mpensated is a registrant.		✓ No		Yes					
If the person compensated is an	individual, provide the nan	ne of the individ	lual.							
Full legal name of indiv	idual Fleury		Carl							
	Family r	ame		First giver	n name		Second	ary given names		
If the person compensated is no	t an individual, provide the	following infori	mation.							
Full legal name	of non-individual									
Fi	rm NRD number					(if appl	licable)	·		
Indicate whether the person cor	nnensated facilitated the dis	tribution throu	ah a fundin	a nortal or	an interi			✓ No ☐ Yes		
		stribution timou	gir a fariating	y portat or	un unteri	ret-buseu p	ortui.	, 110 <u> </u>		
b) Business contact infor		the husiness se	ntact inform	nation of th	na narcar	hoina con	anonsatod			
If a firm NRD number is not pro	572, rue Huard	the business co	muci injorn	ומנוטוז טן נוז	e persor	being con	препѕитеи.			
L	· 						T			
Municipality	St-Joseph de Beauce				Provin	ce/State	Québec			
Country	Canada			Posta	I code/2	Zip code	G0S 2V0			
Email address	carlfleury22@gmail.com	l		Tele	ephone	number	51425851	85		
c) Relationship to issuer	or investment fund man	ager								
Indicate the person's relationshi the Instructions and the meanin							aning of "conn	ected" in Part B(2) of		
Connect with the issu	er or investment fund mana	ager		Inside	er of the	issuer (oth	ner than an in	vestment fund)		
Director or officer of the	ne investment fund or inves	stment fund ma	nager	Empl	loyee of	the issuer	or investment	fund manager		
✓ 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, securities-base ch as clerical, printing, legal e directors, officers or emplo	d compensation or accounting	n, gifts, disco services. An	ounts or oth issuer is no	her comp ot require	ensation. L ed to ask fo	Do not report _l	payments for services		
Cash commissions pa	id 75,000.00				Securi	ty code 1	Security code	2 Security code 3		
Value of all securitie distributed as compensatio	-	S	Security cod	es						
Describe to	erms of warrants, options of	r other rights								
Other compensation	n ⁵	Describe								
Total compensation pa	75,000.00									
	Check box if the person will or may receive any deferred compensation (describe the terms below) 4 Provide the aggregate value of all securities distributed as compensation, excluding options, warrants or other rights exercisable to acquire									
additional securities of the issurights exercisable to acquire ac 5 Do not include deferred comp	er. Indicate the security co dditional securities of the is	des for all secu								

inciuae aererrea compensatio

a) Name of person compe	ensated and regis	stration status						
Indicate whether the person com	npensated is a regist	rant.	☐ No	√	Yes			
If the person compensated is an	individual, provide t	the name of the indiv	ridual.					
Full legal name of indivi	dual							
		Family name	Fir	st given na	me	Seco	ndary g	iven names
If the person compensated is not	t an individual, provi	ide the following info	ormation.					
Full legal name	of non-individual	RAYMOND JAM	ES LTD.					
Fir	rm NRD number	8 2 4	0		(if a	pplicable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.								
b) Business contact inforr	mation							
If a firm NRD number is not prov	vided in Item 8 (a), p	provide the business o	contact informatio	n of the p	erson being c	compensated.		
Street address								
Municipality				Pr	ovince/Stat	е		
Country			=	Postal co	ode/Zip cod	е		
Email address				Teleph	one numbe	er		
c) Relationship to issuer of	or investment fund	d manager	_					
Indicate the person's relationship the Instructions and the meaning							onnecte	d" in Part B(2) of
Connect with the issue			,,,	•		other than an	investi	ment fund)
Director or officer of th	e investment fund o	or investment fund m	nanager \square	Employe	ee of the issu	er or investme	ent fund	d manager
✓ None of the above				1 -7 -				. .
d) Compensation details Provide details of all compensation	an naid anta ba nai	id to the never idea	tified in Items (Va)	in samması	tion with the	distribution D	novido	all amounts in
Canadian dollars. Include cash co incidental to the distribution, suc- allocation arrangements with the	ommissions, securition h as clerical, printing	es-based compensati g, legal or accounting	ion, gifts, discount g services. An issu	s or other er is not re	compensation equired to ask	n. Do not repo	rt payr	nents for services
Cash commissions pai		50.00	r-inaividuai comp	erisuteu by	r trie issuer.			
·	,	50.00		S	Security code 1	Security co	ode 2	Security code 3
Value of all securities distributed as compensation			Security codes					
Describe te	erms of warrants, op	otions or other rights						
Other compensation	5	Describe						
Total compensation pai	d 1,25	50.00						
Check box if the per	son will or may rece	eive any deferred co	mpensation (desc	cribe the to	erms below)			
⁴ Provide the aggregate value of additional securities of the issue								
rights exercisable to acquire ad	er. muicale me sect	iing cou c s ioi all Set	วนาเนตอ นเอเเเมนเยน	as cullip	<i>นาเงลแบท, ที่ไป</i>	เนนแเน บบแบกร	, vvalle	

a) Name of person compe	ensated and regis	stration status					
Indicate whether the person com	npensated is a regist	trant.	✓ No		Yes		
If the person compensated is an	individual, provide	the name of the indiv	idual.				
Full legal name of indivi	dual						
		Family name	Firs	st given na	ime	Secondary	given names
If the person compensated is not	t an individual, prov	ride the following info	rmation.				
Full legal name	of non-individual	Cormel Capital S	arl				
Fi	rm NRD number				(if apı	olicable)	
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.							
b) Business contact inform	mation						
If a firm NRD number is not pro	vided in Item 8 (a), ¡	provide the business o	ontact information	n of the p	erson being co	mpensated.	
Street address	178, rue de Veve	у					
Municipality E	Bulle			Pr	ovince/State		
Country	Switzerland		- 	ostal co	ode/Zip code	1630	
Email address r	mail@wacyba.co	m	_ 	Teleph	none number	4126402000)
c) Relationship to issuer	or investment fun	d manager					
Indicate the person's relationship			aaer (select all tha	it apply).	Refer to the me	eanina of "connect	ed" in Part B(2) of
the Instructions and the meaning							() = (
Connect with the issue	er or investment fur	nd manager		Insider o	of the issuer (o	ther than an inves	tment fund)
Director or officer of the	e investment fund	or investment fund m	anager	Employe	ee of the issue	r or investment fur	id manager
✓ None of the above							
d) Compensation details							
Provide details of all compensation	on paid, or to be pa	id. to the person iden	tified in Item 8(a) i	in connec	tion with the d	istribution. Provide	all amounts in
Canadian dollars. Include cash co	ommissions, securiti	ies-based compensati	on, gifts, discounts	or other	compensation.	Do not report pay	ments for services
incidental to the distribution, suc allocation arrangements with the						or aetails about, o	r report on, internal
Cash commissions pai	d 1,0	00.00			Security code 1	Security code 2	Security code 3
Value of all securities					Decurity code 1	Security code 2	Security code 5
	3						
distributed as compensation	-		Security codes				
distributed as compensation	14	ptions or other rights	Security codes				
distributed as compensation	erms of warrants, o	ptions or other rights Describe	Security codes				
distributed as compensation Describe te	orms of warrants, on		Security codes				
distributed as compensation Describe to Other compensation Total compensation pai	orms of warrants, on the state of the state	Describe		ribe the t	erms below)		
distributed as compensation Describe to Other compensation Total compensation pai	orms of warrants, on the state of the state	Describe		ribe the t	erms below)		
distributed as compensation Describe to Other compensation Total compensation pai Check box if the per	of warrants, on the state of warrants, which was also were the state of warrants.	Describe 00.00 eive any deferred co	mpensation (desc			rights exercisable	to acquire
distributed as compensation Describe to Other compensation Total compensation pai	erms of warrants, on a 1,0 croson will or may recreated a securities districted. Indicate the securities are securities as a securities are securities.	Describe 00.00 eive any deferred co ibuted as compensatiurity codes for all sec	mpensation (desc	ions, wan	rants or other I		

a) Name of person compen-	sated and regis	stration status							
Indicate whether the person compe	ensated is a regist	trant.	✓ No] Yes				
If the person compensated is an inc	dividual, provide	the name of the indi	vidual.						
Full legal name of individu	ıal								
		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 Consultin	g Services						
Firm	NRD number					(if appl	icable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves									
b) Business contact informa	ition								
If a firm NRD number is not provid	led in Item 8 (a), _I	provide the business	contact inform	ation of the	e person b	eing com	pensated.		
Street address Pla	ınt Urbana, Alu	macen 50 f.							
Municipality	lependancia			!	Province	e/State			
Country Pa	raguay		Ī	Postal	code/Zip	o code	5340		
Email address f.ho	pegel@ccm-ag	ı.com		Tele	phone n	umber	595125478523		
c) Relationship to issuer or	investment fun	d manager							
Indicate the person's relationship w							ning of "connecte	ed" in Part B(2) of	
the Instructions and the meaning c	of "control" in sec	tion 1.4 of NI 45-106	for the purpo	ses of comp	leting this	s section.			
Connect with the issuer of	or investment fur	nd manager		Inside	r of the is	suer (oth	er than an invest	ment fund)	
Director or officer of the i	nvestment fund	or investment fund r	nanager	Emplo	yee of th	e issuer o	or investment fun	d manager	
None of the above									
d) Compensation details									
Provide details of all compensation									
Canadian dollars. Include cash com incidental to the distribution, such a									
allocation arrangements with the d								,	
Cash commissions paid	19,6	00.00			Security	code 1	Security code 2	Security code 3	
Value of all securities			Security code	es					
distributed as compensation ⁴	o of warranta or	otions or other rights							
	is of warrants, of								
Other compensation ⁵		Describe							
Total compensation paid	19,6	00.00							
Check box if the perso	n will or may rec	eive any deferred co	mpensation (describe the	e terms b	elow)			
⁴ Provide the aggregate value of a	ll securities distri	buted as compensa	tion. excluding	options. w	rarrants o	r other ric	ahts exercisable	to acauire	
additional securities of the issuer. rights exercisable to acquire addit	Indicate the sec	urity codes for all se							
5Do not include deferred compens									

a) Name of person compensated and reg	istration status						
Indicate whether the person compensated is a regi	strant.	✓ No	Yes				
If the person compensated is an individual, provide	the name of the individ	tual.					
Full legal name of individual							
	Family name	First g	jiven name	Secondary given names			
If the person compensated is not an individual, pro	vide the following infor	mation.					
Full legal name of non-individua	MogoTrade-DMA						
Firm NRD number			(if appl	icable)			
Indicate whether the person compensated facilitated 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),	provide the business co	ntact information c	of the person being com	pensated.			
Street address #300, 4 Place Vi	lle Marie						
Municipality Montréal			Province/State	Québec			
Country Canada		Ро	stal code/Zip code	H3B 2E7			
Email address fmartel@mogotra	ade-dma.ca	٦	Telephone number	5143079077			
c) Relationship to issuer or investment ful	nd manager						
Indicate the person's relationship with the issuer or				ning of "connected" in Part B(2) of			
the Instructions and the meaning of "control" in se		· · · <u>—</u>					
Connect with the issuer or investment fu	ind manager	In	sider of the issuer (oth	er than an investment fund)			
Director or officer of the investment fund	I or investment fund ma	nager E	mployee of the issuer of	or investment fund manager			
✓ None of the above							
d) Compensation details							
Provide details of all compensation paid, or to be p							
Canadian dollars. Include cash commissions, securi incidental to the distribution, such as clerical, printi							
allocation arrangements with the directors, officers				• • •			
Cash commissions paid	600.00		Security code 1	Security code 2 Security code 3			
Value of all securities	S	Security codes					
distributed as compensation ⁴							
Describe terms of warrants, o							
Other compensation ⁵	Describe						
Total compensation paid	600.00						
Check box if the person will or may re	ceive any deferred com	pensation (describ	e the terms below)				
⁴ Provide the aggregate value of all securities dist	ributed as compensation	n, <u>excl</u> udina option	ns, warrants or other rid	hts exercisable to acquire			
additional securities of the issuer. Indicate the serights exercisable to acquire additional securities	curity codes for all secu						
⁵ Do not include deferred compensation.							

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER							
If the issuer is an investment fund	d, do not complete l	Item 9. Procced to	Item 10.								
Indicate whether the issuer is any o	f the following (select	t the one that appli	es - if more than one	applies, select onl	y one).						
✓ Reporting issuer in any juris	sdiction of Canada										
Foreign public issuer											
Wholly owned subsidiary of	a reporting issuer in	any jurisdiction of	Canada ⁶								
Provide name of reporting issuer											
Wholly owned subsidiary of a foreign public issuer ⁶											
Provide name of	foreign public issue	r						7			
Issuer distributing only eligil	ble foreign securities	and the distribution	n is to permitted clie	ents only ⁷				_			
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). 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.											
If the issuer is none of the	above, check this b	oox and complete	Item 9(a) - (c).								
a) Directors, executive officer	s and promoters of	of the issuer									
Provide the following information for	•		moter of the issuer T	or locations within	Canada s	tate the	nrovince	or			
territory; otherwise state the country.							province				
Organization or company name	Organization or company name Family name First given name Secondary given names Secondary given names Secondary given names Business location of non-individual or residentail jurisdiction of individual Relationship to issuer (select all that apply)										
				Province or	country	D	0	Р			
b) Promoter information											
If the promoter listed above is not an within Canada, state the province or											
Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual			to promo				
				Province or country	D		C)			
c) Residential address of eac	h individual										
Complete Schedule 2 of this form completed report. Schedule 2 also					(a) and (b)	and at	tach to t	he			

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									
	Family name	First given name	•	Seconda	ary given names					
Title	CEO									
Telephone number	5794767000	Email address	ggoulet@	pascore	sources.com					
Signature	(s) Guy Goulet	Date	2023	04	06					
			YYYY	MM	DD					

ITEM 11- CONTACT F	PERSON				
		r the individual that the secu the individual certifying the	rities regulatory authority or l report in Item 10.	regulator mo	ay contact with any questions
Same as individua	al certifying the report				
Full legal name				Title	
	Family name	First given name	Secondary given names		
Name of company					
Telephone number		En	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.