Form 45-106F1 Report of Exempt Distribution

| ITEM 1 - REPORT TYPE |
|--|
| ✓ New report ☐ Amended report If amended, provide filing date of report that is being amended. (YYYY-MM-DD) |
| ITEM 2 - PARTY CERTIFYING THE REPORT |
| Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106 (in Québec, Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure). |
| ☐ Investment fund issuer |
| ☑ Issuer (other than an investment fund) |
| ☐ Underwriter |
| ITEM 2. ICCUED MANAE AND OTHER IDENTIFIEDS |
| 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 Green River Gold Corp. / Green River Gold Corp. |
| Previous full legal name GREYWACKE EXPLORATION LTD. |
| If the issuer's name changed in the last 12 months, provide most recent previous legal name. |
| Website www.greenrivergold.com (if applicable) |
| If the issuer has a legal entity identifier, provide below. Refer to Part 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 full 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, firm NRD number, and SEDAR+ profile number. |
| Full legal name |
| Firm NRD number (if applicable) |
| SEDAR+ profile number |

| ITEM 5 - ISSUER INFORMATION | |
|---|------|
| If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6. | |
| a) Primary industry | |
| Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgmen most closely corresponds to the issuer's primary business activity. | t |
| NAICS industry code 213119 | |
| If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issu operating in the mining industry. Select the category that best describes the issuer's stage of operations. | iers |
| ☐ 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☐ Cryptoassets | es |
| b) Number of employees | |
| Number of employees: ☑ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more | |
| c) SEDAR+ profile number | |
| Provide the issuer's SEDAR+ profile number | |
| 000024948 | |
| | |
| ITEM 6 INVESTMENT FUND ISSUED INFORMATION | |
| 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) | |
| SEDAR+ profile number | |
| b) Type of investment fund | |
| Type of investment fund that most accurately identifies the issuer (select only one). | |
| ☐ Money market ☐ Equity ☐ Fixed income ☐ Balanced | |
| ☐ Alternative strategies ☐ Cryptoasset ☐ Other (describe) | 7 |
| | |

| Indicate whether one or k | ndicate whether one or both of the following apply to the investment fund. | | | | | | | | |
|---|---|---------------------|-----------------------|----------------------|------------|---------|---------|----------|--|
| ☐ Invest primarily in o | ☐ Invest primarily in other investment fund issuers | | | | | | | | |
| ☐ Is a UCITs Fund ¹ | ☐ Is a UCITs Fund ¹ | | | | | | | | |
| = - | 1 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) Net asset valu | ue (NAV) of the inve | stment fund | | | | | | | |
| Select the NAV range of th | าe investment fund as o | f the date of the ı | most recent NAV calc | ulation (Canadio | an \$). | | | | |
| ☐ Under \$5M | ☐ \$5M | to under \$25M | ☐ \$25M to unde | er \$100M | Date o | of NAV | calcula | ation: | |
| □ +400M; l +50 | | | □ ±45 | | | | | | |
| \$100M to under \$50 | J0M ☐ \$500 |)M to under \$1B | ☐ \$1B or over | | YYY | ΥΥ | MM | DD | |
| ITEM 7 INCORMA | ATION ABOUT TO | IE DICTRIBU | ITION | | | | | | |
| ITEM 7 - INFORM <i>E</i> | VIION ABOUT IF | HE DISTRIBU | JIION | | | | | | |
| If an issuer located outsid | | | | | | | | | |
| information about purch commissions or finder's f | , | • | | | | | , , | , | |
| Item 7 must reconcile wit | | | | seu III ileiii o. 11 | ie irijori | mation | ριονια | leu III | |
| a) Currency | • | | | | | | | | |
| • | | | | | | | | | |
| Select the currency or cur dollars. | rencies in which the dis | tribution was ma | ade. All dollar amoun | ts provided in th | ne repo | rt must | be in (| Canadian | |
| Canadian dollar | US dollar | Euro Other (| describe) | | | | | | |
| | | | | | | | | | |
| b) Distribution dates | | | | | | | | | |
| | | | | | | | | | |
| | 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 distribued on a continuous basis, | | | | | | | | |
| include the start and end | | | | artics distribut | a on a c | continu | Jus Du | 313, | |
| Start date | 2023 12 | 29 | End date | 2023 | 12 | 29 | | | |
| Start date | YYYY MM | DD | Liid date | YYYY | MM | DD | | | |
| | | | | | | | | | |
| c) Detailed purc | haser information | | | | | | | | |
| Complete Schedule 1 of | this form for each pu | rchaser and att | ach the schedule to | the completed | l report | t. | | | |
| d) Types of secu | urities distributed | | | | | | | | |
| D (1 C.11 C | | | ., , | D.C. (D. (A) | (4.2) (4 | | ,. | | |
| Provide the following info to indicate the security co | | | | | | | | | |
| distributed. | ,,, , , , , | | | | 0 | | | | |
| | | | | | Cana | dian \$ | | | |
| Security CUSIP | | | Number of | Single or | Hio | hest | | | |
| code number (if | Description of | security | securities | lowest price | | rice | Total | amount | |

9,445,109.0000

0.0550

519,481.0000

applicable)

Units consisting of one flow-throu

UBS

| | gh common share and one-half of one common purchase warran | | |
|-----|---|--------|-------------|
| UBS | Units consisting of one common hare and one common share pu chase warrant | 0.0500 | 32,500.0000 |

e) Details of rights and convertible/exchangeable securities

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

| Convertible / exchangeable | Underlying security code | | se price dian \$) | Expiry date (YYYY-MM- DD) | Conversion ratio | Describe other terms (if applicable) |
|----------------------------|--------------------------|--------|----------------------|------------------------------|------------------|---|
| security code | security code | Lowest | Highest | 55) | | аррисаме) |
| WNT | CMS | 0.1000 | | 2028-12-29 | 1:1 | If the closing price of the Iss uer's Common Shares on the Canadian Securities Exchange (or such other principal exchange on which the Common Shares may be traded at such time) is equal to or greater than \$0.20 for a period of ten (10) consecutive trading days, the Issuer may, at its sole option, accelerate the expiry date of Warrants to the date which is thirty (3 0) days following the date upon which notice of the accelerated expiry date is provided by the Issuer. |
| WNT | CMS | 0.0750 | | 2028-12-29 | 1:1 | If the closing price of the Iss uer's Common Shares on the Canadian Securities Exchange (or such other principal exchange on which the Common Shares may be traded at such time) is equal to or greater than \$0.20 for a period of ten (10) consecutive trading days, the Issuer may, at its sole option, accelerate the expiry date of Warrants to the date which is thirty (30) days following the date upon which notice of the accelerated expiry date is provided by the Issuer. |

f) Summary of the distribution by jurisdiction and exemption

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

This table requires a separate line item for: (i) each jurisdiction where a purchaser resides, (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign jurisdiction.

For jurisdictions within Canada, state the province or territory, otherwise state the country.

| Province or country | Exemption relied on | Number of unique purchasers ^{2a} | Total amount (Canadian \$) |
|---------------------|---|--|-------------------------------|
| Alberta | NI 45-106 2.3 [Accredited investor] | 2 | 31,000.0000 |
| Alberta | NI 45-106 2.5 [Family, friends and business associates] | 9 | 130,400.0000 |
| British Columbia | NI 45-106 2.3 [Accredited investor] | 2 | 170,006.0000 |
| British Columbia | NI 45-106 2.5 [Family, friends and business associates] | 1 | 55,000.0000 |
| Ontario | NI 45-106 2.3 [Accredited investor] | 6 | 85,000.0000 |
| Ontario | NI 45-106 2.5 [Family, friends and business associates] | 1 | 11,000.0000 |
| Québec | NI 45-106 2.3 [Accredited investor] | 2 | 25,575.0000 |
| Saskatchewan | NI 45-106 2.3 [Accredited investor] | 2 | 44,000.0000 |
| | \$551,981.0000 | | |
| | | | |

^{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.

^{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 - COMPENSATION INFORMATION Provide information for each person (as defined in NI 45-106) (in Québec, Regulation 45-106 respecting Prospectus Exemptions) 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 compensation was paid, or will be paid, in connection with the distribution. ☐ No ✓ Yes If yes, indicate number of persons compensated. 4 a) Name of person compensated and registration status Indicate whether the person compensated is a registrant. □ No ☐ Yes If the person compensated is an individual, provide the name of the individual. Full legal name of individual **DAVIES** John K. 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 Firm NRD number (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal **V** No Yes b) Business contact information If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address | 110 Hillsdale Ave W Municipality | Toronto Province/State Ontario Country Canada Postal code/Zip code | M5P 1G5 Email address | john@thedaviesgroup.com Telephone number +1 (647) 327-2161 c) Relationship to issuer or investment fund manager Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of 'connected' in Part B(2) of the Instructions and the meaning of 'control' in section 1.4 of NI 45-106 (in Québec, Regulation 45-106 respecting Prospectus Exemptions) for the purposes of completing this section. Connected with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager ☐ Employee of the issuer or investment fund manager ✓ None of the above d) Compensation details

| Provide details of all compensation paid, or to be paid, to Provide all amounts in Canadian dollars. Include cash con compensation. Do not report payments for services incider services. An issuer is not required to ask for details about, or employees of a non-individual compensated by the issu | nmissions, securitie ntal to the distribut or report on, intern | s-based compensat ion, such as clerica | ion, gifts, discount I, printing, legal or | s or other accounting |
|--|---|---|---|--------------------------|
| Cash commissions paid | 3520.0000 | | | |
| Value of all securities distributed as compensation ⁴ | | | | |
| Security codes | Security code 1 | Security code 2 | Security code 3 |] |
| Describe terms of warrants, options or other rights | | | |] |
| Other compensation ⁵ | | | | |
| Describe | | | | |
| Total compensation paid | 3520 | | | |
| Check box if the person will or may receive any def | erred compensati | on (describe the te | erms below) | |
| | | | | |
| ⁴ Provide the aggregate value of all securities distributed as compensa securities of the issuer. Indicate the security codes for all securities dis acquire additional securities of the issuer. | | _ | · · · · · · · · · · · · · · · · · · · | |
| ⁵ Do not include deferred compensation. | | | | |

ITEM 8 - COMPENSATION INFORMATION Provide information for each person (as defined in NI 45-106) (in Québec, Regulation 45-106 respecting Prospectus Exemptions) 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 compensation was paid, or will be paid, in connection with the distribution. ☐ No If yes, indicate number of persons compensated. 4 ✓ Yes a) Name of person compensated and registration status Indicate whether the person compensated is a registrant. □ No ☐ Yes If the person compensated is an individual, provide the name of the individual. Full legal name of individual **SKOW** K. Darcy 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 Firm NRD number (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal **V** No Yes b) Business contact information If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address | 8587 Hwy 95a Municipality | Kimberley Province/State British Columbia Country Postal code/Zip code V1A 3M3 Canada Email address Telephone number +1 (780) 910-9205 ycrads@telus.net c) Relationship to issuer or investment fund manager Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of 'connected' in Part B(2) of the Instructions and the meaning of 'control' in section 1.4 of NI 45-106 (in Québec, Regulation 45-106 respecting Prospectus Exemptions) for the purposes of completing this section. Connected with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager ☐ Employee of the issuer or investment fund manager ✓ None of the above d) Compensation details

| Provide details of all compensation paid, or to be paid, to Provide all amounts in Canadian dollars. Include cash con compensation. Do not report payments for services incider services. An issuer is not required to ask for details about, or employees of a non-individual compensated by the issu | nmissions, securitie ntal to the distribut or report on, intern | s-based compensat ion, such as clerica | ion, gifts, discount. I, printing, legal or | s or other accounting |
|--|---|---|--|--------------------------|
| Cash commissions paid | 880.0000 | | | |
| Value of all securities distributed as compensation $^{\rm 4}$ | | | | |
| Security codes | Security code 1 | Security code 2 | Security code 3 | |
| Describe terms of warrants, options or other rights | | | | |
| Other compensation ⁵ | | | | |
| Describe | | | | |
| Total compensation paid | 880.0000 | | | |
| Check box if the person will or may receive any def | erred compensati | on (describe the te | erms below) | |
| | | | | |
| ⁴ Provide the aggregate value of all securities distributed as compensa securities of the issuer. Indicate the security codes for all securities dis acquire additional securities of the issuer. ⁵ Do not include deferred compensation. | | _ | · | |

ITEM 8 - COMPENSATION INFORMATION Provide information for each person (as defined in NI 45-106) (in Québec, Regulation 45-106 respecting Prospectus Exemptions) 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 compensation was paid, or will be paid, in connection with the distribution. ☐ No ✓ Yes If yes, indicate number of persons compensated. 4 a) Name of person compensated and registration status Indicate whether the person compensated is a registrant. □ No ☐ Yes If the person compensated is an individual, provide the name of the individual. Full legal name of individual **MOORE** Jean-David K. 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 Firm NRD number (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal **V** No Yes b) Business contact information If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address | 4661 Rue Clara-Brousseau Municipality Québec Province/State Québec Country Canada Postal code/Zip code G1Y 3M9 jean_david.moore@yahoo.c Email address Telephone number +1 (418) 877-4666 c) Relationship to issuer or investment fund manager Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of 'connected' in Part B(2) of the Instructions and the meaning of 'control' in section 1.4 of NI 45-106 (in Québec, Regulation 45-106 respecting Prospectus Exemptions) for the purposes of completing this section. ☐ Connected with the issuer or investment fund manager Insider of the issuer (other than an investment fund) ☐ Director or officer of the investment fund or investment fund manager ☐ Employee of the issuer or investment fund manager ✓ None of the above

| Provide details of all compensation paid, or to be paid, to Provide all amounts in Canadian dollars. Include cash concompensation. Do not report payments for services incides services. An issuer is not required to ask for details about, or employees of a non-individual compensated by the issuer | nmissions, securitie ntal to the distribut or report on, intern | s-based compensat ion, such as clerica | tion, gifts, discounts l, printing, legal or (| or other accounting |
|---|---|---|---|------------------------|
| Cash commissions paid | 1606.0000 | | | |
| Value of all securities distributed as compensation ⁴ | | | | |
| Security codes | Security code 1 | Security code 2 | Security code 3 | |
| , | | | | |
| Describe terms of warrants, options or other rights | | | | |
| Other compensation ⁵ | | | | |
| Describe | | | | |
| | | | | |
| Total compensation paid | 1606.0000 | | | |
| Check box if the person will or may receive any def | erred compensati | on (describe the te | erms below) | |
| | | | | |
| ⁴ Provide the aggregate value of all securities distributed as compensa securities of the issuer. Indicate the security codes for all securities disacquire additional securities of the issuer. | = : | _ | · · | |
| ⁵ Do not include deferred compensation | | | | |

d) Compensation details

ITEM 8 - COMPENSATION INFORMATION Provide information for each person (as defined in NI 45-106) (in Québec, Regulation 45-106 respecting Prospectus Exemptions) 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 compensation was paid, or will be paid, in connection with the distribution. ☐ No ✓ Yes If yes, indicate number of persons compensated. 4 a) Name of person compensated and registration status Indicate whether the person compensated is a registrant. □ No **✓** Yes If the person compensated is an individual, provide the name of the individual. Full legal name of individual 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 ACCILENT CAPITAL MANAGEMENT INC. Firm NRD number | 12410 (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal **V** No Yes b) Business contact information If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address Municipality Province/State Country Postal code/Zip code Email address Telephone number c) Relationship to issuer or investment fund manager Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of 'connected' in Part B(2) of the Instructions and the meaning of 'control' in section 1.4 of NI 45-106 (in Québec, Regulation 45-106 respecting Prospectus Exemptions) for the purposes of completing this section. Connected with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager ☐ Employee of the issuer or investment fund manager ✓ None of the above d) Compensation details

| Provide details of all compensation paid, or to be paid, to Provide all amounts in Canadian dollars. Include cash con compensation. Do not report payments for services incide services. An issuer is not required to ask for details about, or employees of a non-individual compensated by the issu | nmissions, securitie ntal to the distribut or report on, intern | s-based compensat ion, such as clerical | ion, gifts, discounts , printing, legal or | or other accounting |
|---|---|--|---|------------------------|
| Cash commissions paid | 12800.4800 | | | |
| Value of all securities distributed as compensation ⁴ | | | | |
| | Security code 1 | Security code 2 | Security code 3 | |
| Security codes | Security code 1 | Security code 2 | Security code 5 | |
| Describe terms of warrants, options or other rights | | | | |
| Other compensation ⁵ | | | 7 | |
| · | | | _ ¬ | |
| Describe | | | | |
| Total compensation paid | 12800.48 | | | |
| Check box if the person will or may receive any def | erred compensati | on (describe the te | rms below) | |
| securities of the issuer. Indicate the security codes for all securities dis acquire additional securities of the issuer. 5Do not include deferred compensation. ITEM 9 – DIRECTORS, EXECUTIVE OFFICE | | | | s exercisable to |
| If the issuer is an investment fund, do not complete It | em 9. Proceed to I | tem 10. | | |
| Indicate whether the issuer is any of the following (select th | he one that applies | – if more than one | applies, select only | one). |
| ✓ Reporting issuer in a jurisdiction of Canada☐ Foreign public issuer | | | | |
| Wholly owned subsidiary of a reporting issuer in ar | nv iurisdiction of C | anada ⁶ | | |
| Provide name of reporting issuer | ., , , , , , , , , , , , , , , , , , , | | | |
| ☐ Wholly owned subsidiary of a foreign public issuer | 6 | | | |
| Provide name of foreign public issuer | | | | |
| | | :- + | anta anlu 7 | |
| Issuer distributing only eligible foreign securities at | | | - | |
| If the issuer is at least one of the above, do not complete the issuer is a wholly owned subsidiary of a reporting issuer. | | | | ng voting |
| ⁶ An issuer is a wholly owned subsidiary of a reporting issues securities, other than securities that are required by law to or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even | be owned by its di | rectors, are benefici | ially owned by the | reporting issuer |

| non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions. |
|---|
| ☐ If the issuer is none of the above, check this box and complete Item 9(a) – (c). |
| a) Directors, executive officers and promoters of the issuer |
| Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state |

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 | Secondary given names | Business location of non-individual or residential jurisdiction of individual | Relationship to issuer (select all that apply) | | |
|------------------------------|----------------|----------------|--------------------------|---|---|---|---|
| | | name | | Province or country | D | 0 | Р |
| | | | | | | | |

b) Promoter information

If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory, otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.

| Organization or | Family | • | Secondary given | Residential jurisdiction of individual | Relationship to promoter (select one or both if applicable) | | |
|-----------------|--------|------|-----------------|--|---|---|--|
| company name | name | name | names | Province or country | D | О | |
| | | | | | | | |

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 exempt distribution.

| securities regulatory aut | nation below, I certify, on beh hority or regulator, as applica igence, the information provi Green River Gold Corp. | able, that I have r | eviewed this | report | and to | my knowledge, havir | าg |
|---------------------------|---|---------------------|---------------|---------|---------|---------------------|----|
| Full legal name | LITTLE | Pear | rson | | | | |
| | Family name | First give | en name | | Second | ary given names | |
| Title | President & CEO | | | | | | |
| Telephone number | +1 (780) 993-2193 | Email address | perry.little@ | greenri | ivergol | d.ca | |
| Signature | "Perry Little" | Date | 2024 | 01 | 08 | | |
| | | • | 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.

| Ш | Same | as inc | dividua | l certify | ing th | e report | |
|---|------|--------|---------|-----------|--------|----------|--|
| | | | | | | | |

| | | | | | | _ |
|------------------|--------------------|------|------------------|--------|-----------------------|---|
| Full legal name | SOLIS | Rhea | | | | |
| | Family name | | First given name | | Secondary given names | |
| Title | Partner | | | | | |
| Name of company | Miller Thomson LLP | | | | | |
| Telephone number | +1 (403) 298-2421 | | Email address | rsolis | @millerthomson.com | |

NOTICE - COLLECTION AND USE OF PERSONAL INFORMATION

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation. If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

Schedules 1 and 2 may contain personal information of individuals and details of the distribution(s). The information in Schedules 1 and 2 will not be placed on the public file of any securities regulatory authority or regulator. However, freedom of information legislation may require the securities regulatory authority or regulator to make this information available if requested.

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information pertaining to the individual as set out in Schedule 1 or 2, that this information is being collected by the securities regulatory authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the security regulatory authority's or regulator's indirect collection of the information, and

| b) | has authorized the indirect collection of the information by the securities regulatory authority or regulator. |
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