# FORM 72-503F REPORT OF DISTRIBUTIONS OUTSIDE CANADA

## 1. <u>Full name, address and telephone number of the Issuer.</u>

a) Full name of issuer						
EV Minerals Corporation (formerly, Royal Coal Corp.) / EV Minerals Corporation (formerly, Royal Coal Corp.)						
b) Head office add	ress					
Street address	100 King St. West, Suite 5600, P.O. Box 270	Province/State	Ontario			
Municipality	Toronto	Postal code/Zip code	M5X 1C9			
Country	Canada	Telephone number	+1 (416) 867-9087			
c) Full legal name(s) of co-issuer(s) (if applicable)						

# 2. <u>Type of security, the aggregate number or amount distributed and the aggregate purchase price.</u>

# Types of security distributed

Provide the following information for all distributions of securities relying on an exemption from section 2.3 or 2.4 of the Rule on a per security basis. Refer to 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	\$
Convertible / exchangeable security code	,	Number of securities	Single or lowest price	Highest price	Total amount
UNT		282,433.0000	\$0.1000	\$0.1000	\$28,243.0000

#### 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.

I Security I	Underlying security	Exercis (Canad	e price dian \$)	Expiry date (YYYY-MM-DD)	Conversion ratio	Describe other terms (if applicable)
code	code	Lowest	Highest			applicable)
WNT	CMS	\$0.1200	\$0.1200	2025-01-25	1:1	

#### 3. <u>Date of distribution(s).</u>

## Distribution date

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 dates for the distribution period covered by the report.

DD

Start date 2024 End date 2024 01 22 01 22 MM DD YYYY MM

underwriter that is acting as	agent) in connection with the dist	<u>ribution(s) of the securities.</u>
Dealer or underwriter information		
Full legal name		
Street address		
Municipality	Province/State	
Country	Postal code/Zip code	
Telephone number	Website	(if applicable)

State the name and address of any person acting as dealer or underwriter (including an

4.

# 5. <u>Certification</u>

#### Certification

Provide the following certification and business contact information of an officer, director or agent of the issuer. If the issuer 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 to prepare and certify the report on behalf of the issuer. If the report is being certified by an agent on behalf of the issuer, provide the applicable information for the agent in the boxes below.

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 that makes a distribution of securities under certain prospectus exemptions to file a completed report of exempt distribution.

By completing the information below, I certify, on behalf of the issuer/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/ investment fund manager/agent	EV Minerals Corporation		
Full legal name	BURK	Carly	
	Family name	First given name	Secondary given names
Title	Secretary		
Telephone number	+1 (416) 361-2517	Email address cbu	ırk@irwinlowy.com
Signature	"Carly Burk"	Date 20	24 01 25
		YY	YY MM DD