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 and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement Fund Continuous Disclosure).

Investment fund issuer

✓ Issuer (other than an investment fund)

Underwriter

ITEM 3 - ISSUER NAME AND OTHER IDENTIFIERS

Provide the following information about the issuer, or if the issuer is an investment fund, about the fund.

Full legal name	irst Phosphate Corp. (formerly First Potash Corp.) / First Phosphate orp. (formerly First Potash Corp.)				
Previous full legal name	FIRST POTASH CORP.				
If the issuer's name changed in	the last 12 months, provide most recent previous legal name.				
Website	www.firstphosphate.com (if applicable)				
If the issuer has a legal entity identifier, p	rovide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".				
Legal entity identifier					
lf two or more issuers distributed a single above.	e security, provide the full legal name(s) of the co-issuer(s) other than the issuer named				
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)

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 212398
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 🗌 50 - 99 🗌 100 - 499 🗌 500 or more
c) SEDAR+ profile number
Provide the issuer's SEDAR+ profile number
000027739
000027755

ITEM 6 - INVESTMENT FUND ISSUER INFORMATION If the issuer is an investment fund, provide the following information. a) Investment fund manager information a) Investment fund manager information Full legal name Full legal name Firm NRD number Optimized for the following information b) Type of investment fund Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Money market Equity

Alternative strategies	Cryptoasset	Other (describe)		
Indicate whether one or both of th	ne following apply to the ir	nvestment fund.		
Invest primarily in other inve		,		
☐ Is a UCITs Fund ¹ ¹ Undertaking for the Collective Investme that allow collective investment schemes	nt of Transferable Securities fu			
c) Net asset value (NAV) of the investment fu	und		
Select the NAV range of the investr	nent fund as of the date o	f the most recent NAV calc	ulation (Canad	lian \$).
🗌 Under \$5M	S5M to under \$	525M 🗌 \$25M to und	er \$100M	Date of NAV calculation:
☐ \$100M to under \$500M	🗌 \$500M to unde	r \$1B 🗌 \$1B or over		YYYY MM DD
ITEM 7 - INFORMATION	ABOUT THE DIST	RIBUTION		
<i>If an issuer located outside of Can information about purchasers res commissions or finder's fees, in co Item 7 must reconcile with the info</i>	ident in that jurisdiction o onnection with the distribu	f Canada only. Do not incl ition, which must be disclo	ude in Item 7 s	ecurities issued as payment of
a) Currency				
Select the currency or currencies in dollars.	n which the distribution w	as made. All dollar amour	nts provided in a	the report must be in Canadian
🗹 Canadian dollar 🛛 US d	dollar 🗌 Euro O	ther (describe)		
b) Distribution dates				
State the distribution start and en the distribution date as both the s include the start and end dates fo	tart and end dates. If the l	report is being filed for sec		,
Start date 202	24 12 27	End date	2024	12 31
YY	YY MM DD		YYYY	MM DD
c) Detailed purchaser i	nformation			
Complete Schedule 1 of this for	m for each purchaser an	nd attach the schedule to	the complete	ed report.
d) Types of securities d	istributed			
Provide the following information to indicate the security code. If pro distributed.				

				Canadian \$			
Security code	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount	
FTS			7,448,455.0000	0.3500		2,606,959.5000	
UNT		Each Hard Dollar Unit is comprise d of (i) 1 common share and (ii) o ne half of 1 purchase warrant.	126,428.0000	0.3500		88,500.0000	

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			аррисали	applicable)
UNT	WNT	0.5000		2025-12-31	1/2		
UNT	CMS	0.3500			1:1		

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 \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	3	202,497.7500
Prince Edward Island	NI 45-106 2.5 [Family, friends and business associates]	1	7,000.0000
Ontario	NI 45-106 2.3 [Accredited investor]	6	594,995.0000
Ontario	NI 45-106 2.5 [Family, friends and business associates]	1	99,999.9000
Québec	NI 45-106 2.3 [Accredited investor]	30	1,790,966.8000
	\$2,695,459.4500		

^{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.

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 w □ No ☑ Yes If y		<i>iid, in connection with</i> of persons compens				
a) Name of person compe	ensated and regist	tration status				
Indicate whether the person compens	ated is a registrant.					
🗌 No 🗹 Yes						
If the person compensated is an indiv	idual, provide the nar	me of the individual.				
Full legal name of individual						
If the person compensated is not an i	Family name ndividual, provide the		given name I.	Secondary given na	mes	
Full legal name of non-individu		TAL CORPORATION /	CORPORATION R	RECHERCHE		
Firm NRD numb	Firm NRD number 3070 (if applicable)					
Indicate whether the person compens	ated facilitated the di	istribution through a fu	unding portal or a	n internet-based porto	1	
b) Business contact inforn	nation					
If a firm NRD number is not provided		the business contact in	formation of the p	person being compens	ated.	
Street address						
Municipality		Province	e/State]	
Country		Postal code/Zi	p code]	
OWilliams@ Email address com	OWilliams@researchcapital. com Telephone number +1 (604) 662-1860					
c) Relationship to issuer o	r investment fund	d manager				
Indicate the person's relationship with 'connected' in Part B(2) of the Instruct respecting Prospectus Exemptions) for	ions and the meaning	g of 'control' in section				
Connected with the issuer or in	vestment fund mana	ager				
Insider of the issuer (other than		-				
Director or officer of the investr		-				
 Employee of the issuer or inves None of the above 	tment fund manage	r				

d) Compensation details

Cash commissions paid						
Value of all securities distributed as compensation ⁴						
Security codes	Security code 1	Security code 2	Security code 3			
	CMS	WNT				
17,142 common shares and 17,142 warrants with each warrant exercisable into one common share at \$0.50 per share until December 31, 2025.						
Other compensation ⁵						
Describe						
			_			
Total compensation paid						
Check box if the person will or may receive any def	erred compensatio	on (describe the te	erms below)			
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional acquire additional securities of the issuer.						
⁵ Do not include deferred compensation.						

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 co □ No ☑ Yes	Indicate whether any compensation was paid, or will be paid, in connection with the distribution. □ No ✓ Yes If yes, indicate number of persons compensated. 6								
a) Name of per	rson compensated and re	gistration status							
□ No 🗹 Yes	rson compensated is a registrar ted is an individual, provide the								
Full legal name of									
-	Family nam Family nam ted is not an individual, provide	6	e Secondary given names						
Full legal name of	f non-individual ACUMEN CA	PITAL FINANCE PARTNERS LIMIT	ED						
Firr	m NRD number 6070	(if app	licable)						
Indicate whether the pe	rson compensated facilitated th	e distribution through a funding p	oortal or an internet-based portal						
🖌 No 🗌 Yes	, ,								
b) Business coi	ntact information								
lf a firm NRD number is	not provided in Item 8(a), provi	ide the business contact information	on of the person being compensated.						
Street address									
Municipality		Province/State							
		Destal sode/Zip sode							
Country		Postal code/Zip code							
Email address	ail address pital.com Telephone number +1 (403) 571-0314								
c) Relationship	to issuer or investment f	und 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 th	e issuer or investment fund m	nanager							
🗌 Insider of the issue	er (other than an investment f	und)							
Director or officer	of the investment fund or inv	estment fund manager							
	suer or investment fund man	ager							
✓ None of the above	2								

d) Compensation details

Cash commissions paid				
Value of all securities distributed as compensation ⁴				
Security codes	Security code 1	Security code 2	Security code 3	
Security codes	CMS	WNT		
	[
Describe terms of warrants, options or other rights		shares and 17,142 one common share nber 31, 2025.		
	L			
Other compensation ⁵				
Describe			7	
Total compensation paid				
Check box if the person will or may receive any def	erred compensatio	on (describe the te	erms below)	
⁴ Provide the aggregate value of all securities distributed as compensative securities of the issuer. Indicate the security codes for all securities dist acquire additional securities of the issuer.		-		
⁵ Do not include deferred compensation.				

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.							
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 nameFirst given nameSecondary given namesIf the person compensated is not an individual, provide the following information.Secondary given names							
Full legal name of non-individual HAYWOOD SECURITIES INC. / VALEURS MOBILIERES HAYWOOD Inc.							
Firm NRD number 1630 (if applicable)							
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal							
🖌 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							

Cash commissions paid			
Value of all securities distributed as compensation ⁴			
Security codes	Security code 1	Security code 2	Security code 3
Security codes	CMS	WNT	
Describe terms of warrants, options or other rights		ares and 9143 wa ble into one comm bber 31, 2025.	
Other compensation ⁵			
Describe			
Total compensation paid			
Check box if the person will or may receive any def	erred compensation	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.			

whom the issuer directly	each person (as defined in N provides, or will provide, ar nore than one person was,	ny compensatio	on in connection with t		
Indicate whether any col	mpensation was paid, or wil If yes, indicate n		Г	ribution. 6	
a) Name of per	son compensated and	registration	status		
□ No ✓ Yes	rson compensated is a regist red is an individual, provide		e individual.		
Full legal name of i	-				
If the person compensat	Family Family red is not an individual, prov		First given nam ng information.	ne Se	condary given names
Full legal name of	non-individual EMD FINA	ANCIAL INC. / I	_A FINANCIÈRE EMD I	NC.	
Firr	n NRD number 36480		(if app	licable)	
Indicate whether the per	rson compensated facilitated	d the distributio	on through a funding µ	oortal or an interne	et-based portal
✓ No 🗌 Yes					
b) Business cor	ntact information				
lf a firm NRD number is	not provided in Item 8(a), pi	rovide the busi	ness contact informati	ion of the person be	eing compensated.
Street address					
Municipality			Province/State		
Country		F	Postal code/Zip code		
Email address	y.u@videotron.ca		Telephone number	+1 (514) 999-888	36
c) Relationship	to issuer or investmen	t fund mana	ager		
Indicate the person's rel 'connected' in Part B(2) c respecting Prospectus Ex	ationship with the issuer or a of the Instructions and the m cemptions) for the purposes e issuer or investment func	investment fun neaning of 'con of completing	d manager (select all t trol' in section 1.4 of N	11.5	0,
	er (other than an investme	•			
	of the investment fund or i		nd manager		
Employee of the is:	suer or investment fund m	anager			
✓ None of the above					
d) Compensatio	on details				

Cash commissions paid			
Value of all securities distributed as compensation ⁴			
Security codes	Security code 1	Security code 2	Security code 3
Security codes	CMS	WNT	
Describe terms of warrants, options or other rights	each exercisable	shares and 160,8 into one common ecember 31, 2025.	share at \$0.50
Other compensation ⁵			
Describe			
Total compensation paid			
Check box if the person will or may receive any def	erred compensation	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.			

	/ provides, oi	r will provide, any co	-106 (in Québec, Regulation 45- mpensation in connection with vill be, compensated.		
Indicate whether any co □ No ☑ Yes	-		paid, in connection with the dist er of persons compensated.	ribution. 6	
a) Name of per	rson comp	ensated and reg	istration status		
Indicate whether the per No Ves If the person compensat	-	-			
Full legal name of	individual	WHITELAW	/ Dr. Grahar	n	
lf the person compensa	ted is not an	Family name individual, provide t	First given nan he following information.	ne Se	econdary given names
Full legal name of	f non-indivic	lual			
Firr	m NRD num	ber	(if app	olicable)	
Indicate whether the ne	rson comner	sated facilitated the	distribution through a funding	nortal or an intern	et-based portal
✓ No □ Yes					
b) Business coi	ntact infor	mation			
lf a firm NRD number is	not provided	d in Item 8(a), provid	le the business contact informat	ion of the person b	peing compensated.
Street address	29 Brooksi	de St			
Municipality	Millbrook		Province/State	Ontario	
Country	Canada		Postal code/Zip code	L0A 1G0	
Email address	graham.wł ca	nitelaw@queensu.	Telephone number	+1 (613) 533-600	00 x77379
c) Relationship	to issuer (or investment fu	nd manager		
	of the Instruc	tions and the meani	tment fund manager (select all ing of 'control' in section 1.4 of N ompleting this section.		
Connected with th	e issuer or i	nvestment fund ma	inager		
🗌 Insider of the issue	er (other tha	in an investment fu	nd)		
			stment fund manager		
		stment fund manag	ger		
✓ None of the above	1				

d) Compensation details

Cash commissions paid				
Value of all securities distributed as compensation ⁴				
Security codes	Security code 1	Security code 2	Security code 3	
Security codes	CMS	WNT		
Describe terms of warrants, options or other rights	8000 common sh warrant exercisat December 31, 202	ole into one share		
Other compensation ⁵				
Describe				
Total compensation paid				
Check box if the person will or may receive any def	erred compensatio	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.				

Provide information for ea whom the issuer directly p copies of this page if mo	provides, or will	provide, any co	mpensatio	n in connection with t	-		
Indicate whether any com □ No ☑ Yes				nnection with the dist ons compensated.			
a) Name of pers	on compensa	ated and reg	istration	status			
Indicate whether the personal of the personal of the person compensated of the personal of		-		e individual.			
Full legal name of in							
If the person compensated	d is not an indiv	Family name ridual, provide t		First given nam g information.	ie	Secondary giver	n names
Full legal name of r	non-individual	Canaccord Ge	enuity Corp	o./Corporation Canad	ccord Gen	uity	
Firm	NRD number	900		(if app	licable)		
Indicate whether the perso	on compensated	d facilitated the	distributio	ـــــــــــــــــــــــــــــــــــــ	portal or ai	n internet-based po	ortal
☑ No 🗌 Yes							
b) Business cont	act informati	ion					
lf a firm NRD number is n	ot provided in It	tem 8(a), provia	le the busir	ess contact informati	ion of the p	erson being compe	ensated.
Street address							7
Municipality				Province/State			
Country			Р	ostal code/Zip code			
Email address	msolihin@cgf.co	om		Telephone number	+1 (604)	643-7444	
c) Relationship to	o issuer or in	vestment fu	nd mana	ger			
Indicate the person's relat 'connected' in Part B(2) of respecting Prospectus Exe	tionship with the the Instructions mptions) for the	e issuer or inves and the mean e purposes of co	stment fund ing of 'cont ompleting t	d manager (select all t rol' in section 1.4 of N			0,
Connected with the			-				
Director or officer of				nd manager			
Employee of the issu				5			
✓ None of the above							
d) Compensation	n details						

Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.

Cash commissions paid			
Value of all securities distributed as compensation ⁴			
Security codes	Security code 1	Security code 2	Security code 3
Security codes	CMS	WNT	
		shares and 18,720	
Describe terms of warrants, options or other rights	exercisable into one common share at \$0.50 per share until December 31, 2025.		
Other compensation ⁵			
Describe			
Total compensation paid			
Check box if the person will or may receive any def	erred compensation	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 9 – DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER

If the issuer is an investment fund, do not complete Item 9. Proceed 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 a	jurisdiction	of Canada
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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 issuer

 \Box 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 complete Item 9(a) - (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 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 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				nship to issuer 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	First given	, , ,	Residential jurisdiction of individual	Relationship to one or both	promoter (select if applicable)
company name	name	name	names	Province or country	D	0

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 to that of a director of of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

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

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

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

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

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

Name of lssuer/ investment fund	First Phosphate Corp.			
manager/agent				
Full legal name	LOREE	Eric		James
	Family name	First give	en name	Secondary given names
Title	Consultant Legal Advisor			
Telephone number	+1 (416) 768-7426	Email address	eric@firstphc	osphate.com
Signature	Eric Loree	Date	2025	01 06
			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	KURTZ	Bennett	Zev
	Family name	First given name	Secondary given names
Title	Chief Financial Officer		
Name of company	First Phosphate Corp.		
Telephone number	+1 (416) 200-0657	Email address benn	ett@firstphosphate.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.