Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9331851

New report Mended report If amended, provide filing date of report that is being amended Image: Control of the amended of the provide filing date of report that is being amended Image: Control of the amended continuous Disclosure and the companion policy to NI 81-106. Image: Control of the methem of the amended continuous Disclosure and the companion policy to NI 81-106. Image: Control of the methem of the doctinuous Disclosure and the companion policy to NI 81-106. Image: Control of the methem of the doctinuous Disclosure and the companion policy to NI 81-106. Image: Control of the methem of the doctinuous Disclosure and the companion policy to NI 81-106. Image: Control of the methem of the doctinuous Disclosure and the companion policy to NI 81-106. Image: Control of the methem of the doctinuous Disclosure and the companion policy to NI 81-106. Image: Control of the methem of the doctinuous Disclosure and the companion policy to NI 81-106. Image: Control of the methem of the doctinuous Disclosure and the companion policy to NI 81-106. Full egal name (Far Resources Ltd. Full egal name (Far Resources Control of the definition of "tegal entity identifier". Image: Control of the distributed of single security: provide the full egal name(s) of the co-issuer(s) of the co-issuer(s) other than the issuer name doatere. Full egal name (s) of co-issuer(s) [ITEM 1 - REPORT TYPE												
ITEM 2 - PARTY CERTIFYING THE REPORT Indicate the party certifying the report (elect only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-108 Investment fund issuer Indicate the party certifying the report (elect only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-108 Investment fund issuer 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 If the issuer's name changed in the last 12 months, provide most recent previous legal name. Website www.farresources.com (if applicable) if the issuer has a legal entity identifier, 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) It was 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 If a underwriter is completing the report, provide the underwriter's full legal name (s) of the co-issuer(s) other than the issuer named above. Full legal name If an underwriter is completing the report, p	✓ New report												
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Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106. Investment fund issuer 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 Far Resources Ltd. Previous full legal name If the issuer's name changed in the last 12 months, provide most recent previous legal name. Website Www.farresources.com (if applicable) If the issuer degol 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) If an underwriter is completing the report, provide the underwriter's full legal name and firm NRD number. Full legal name Firm NRD number Firm NRD number, provide the head office contact information of the underwriter. Street address Municipality Province/State Postal code/Zip code Posta	ITEM 2 - PARTY CERTIFY	ING THE	REPOR	Г									
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Street address	Firm NRD number							(if app	olicable)				
Municipality Province/State Country Postal code/Zip code	If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.												
Country Postal code/Zip code	Street address					_							
	Municipality							Prov	vince/State				
Telephone number (if applicable)	Country						Post	tal code	e/Zip code				
	Telephone number								Website				(if applicable)

ITEM 5 - ISSUER INFORMATION							
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.							
a) Primary industry							
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.							
NAICS industry code 2 1 3 1 1 9							
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.							
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.							
🗌 Mortgages 🔄 Real estate 🔄 Commercial/business debt 🔄 Consumer debt 🔄 Private companies							
Cryptoassets							
b) Number of employees							
Number of employees: 🗹 0 - 49 🗌 50 - 99 🗌 100 - 499 🗌 500 or more							
c) SEDAR profile number							
Does the issuer have a SEDAR profile?							
No ✓ Yes If yes, provide SEDAR profile number 0 0 0 3 2 0 4 6							
If the issuer does not have SEDAR profile complete item 5(d) - (h).							
d) Head office address							
Street address Province/State							
Municipality Postal code/Zip code							
Country Telephone number							
e) Date of formation and financial year-end							
Date of formation Financial year-end YYYY MM DD							
f) Reporting issuer status							
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes							
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.							
AIIABBCMBNBNLNT							
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	S5M to under \$25M	□ \$25M to under \$100M
S100M to under \$500M	S500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT	Fund Issuer Information						
If the issuer is an inves	If the issuer is an investment fund, provide the following information.						
a) Investment fund ma	anager information						
Full legal name							
Firm NRD number	(if applicable)						
If the investment fund mana	ger 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	t most accurately identifies the issuer (select only one) .						
Money market	Equity Fixed income Balanced						
Alternative strateg	ies Cryptoasset Other (describe)						
Indicate whether one or both	h of the following apply to the investment fund .						
Invests primarily in	other investment fund issuers						
☐ Is a UCITs Fund¹							
	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union ollective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.						
c) Date of formation a	nd financial year-end of the investment fund						
Date of format	ion Financial year-end						
	YYYY 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	of Canada in which the investment fund is a reporting issuer.						
	AB BC MB NB NL NT						
	NU ON PE QC SK YT						
e) Public listing status	of the investment fund						
If the investment fund has a	CUSIP number, provide below (first 6 digits only)						
	CUSIP number						
	vlicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the ot a trading facility such as, for example, an automated trading system.						
Exchange n							
f) Net asset value (NA	V) of the investment fund						
Select the NAV range of the	investment fund as of the date of the most recent NAV calculation (Canadian \$).						
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M						
\$100M to under \$500	DM S500M to under \$1B \$1B or over Date of NAV calculation:						
	YYYY MM DD						

TEM 7 - INFORMATION ABOUT THE DISTRIBUTION

purchasers resident in that jurisdi	nada completes a distribution in a juris iction of Canada only. Do not include ir which must be disclosed in Item 8. The	n Item 7 securities issu	ued as payment o	f commissions or f	finder 's fees in		
a) Currency							
Select the currency or currencies	in which the distribution was made. All	dollar amounts prov	ided in the report	must be in Canad	ian dollars.		
✓ Canadian dollar	US dollar 🔄 Euro	🗌 Other (descri	be)				
b) Distribution date(s)							
State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report.							
Start da	^{te} 2020 12 15	End d	^{ate} 2020	12 15			
	YYYY MM DD		YYYY	MM DD			
c) Detailed purchaser info	rmation						
Complete Schedule 1 of thi	s form for each purchaser and a	ttach the schedul	e to the compl	eted report.			
d) Types of securities distr	ributed						
	n for all distributions reported on a per ISIP number, indicate the full 9-digit CL				now to indicate the		
security code. If providing the CO	SIP humber, indicate the full 9-algit CC	JSIF Humber ussigned		eing distributed.			
				Canadian	\$		
Security code CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount		
UBS 30734R Con	nmon Shares and Warrants	5,000,000.0	0.050	0 0.0500	250,000.00		
e) Details of rights and co	nvertible/exchangeable securities						
	ns) were distributed, provide the exercis				exchangeable securities		
Convertible /	exercise price	erms for each convert	ible/exchangeable	e security.			
exchangeable Underlying security code security code	(Canadian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other	items (if applicable)		
W N T C M S	Lowest Highest 0.1000 0.1000	2022-12-15	1.1				
			1:1				
	tion by jurisdiction and exemption			1 10 1			
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 o	n	Number of unique purchasers	Je ^{2a} Total a	amount (Canadian \$)		
British Columbia	NI 45-106 2.3 [Accredited inv	estor]		11	180,000.00		
Alberta	NI 45-106 2.3 [Accredited inv		1	10,000.00			
Ontario	NI 45-106 2.3 [Accredited inv	estor]		1	10,000.00		
Québec	NI 45-106 2.3 [Accredited inv	estor]		1	50,000.00		
	Total	l dollar amount of s	ecurities distrib	uted	250,000.00		
	Total number of u	unique purchasers ²	b	14			
² a. In calculating the number of	nique purchasers per row, count each r	urchasor only onco	loint nurchacors n	ay be counted as			

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

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

g) Net proceeds to the investment fund by jurisdiction

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

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

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

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

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

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

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

ITEM 8 - COMPENSATION	NFORMATION										
Provide information for each person the distribution. Complete addition								isation	in conr	ection w	vith
Indicate whether any compensation	on was paid, or will be p	aid, in connecti	on with the dist	ribution.							
🗌 No 🗹 Yes	If yes, indicate nur	nber of perso	ons compensa	ited.	1						
a) Name of person compens	ated and registratior	n status									
Indicate whether the person compe	nsated is a registrant.		✓ No		Yes						
If the person compensated is an inc	lividual, provide the nan	ne of the individ	lual.								
Full legal name of individu	al										
	Family r	name	Fi	rst given r	name	ľ	Sec	ondary g	jiven na	imes	
If the person compensated is not ar	n individual, provide the	following infor	mation.								
Full legal name of	non-individual Steph	nenAvenue S	ecurities Inc.								
Firm	NRD number 8	0 8	0			(if applic	able)				
Indicate whether the person compe	nsated facilitated the dis	stribution throu	gh a funding po	ortal or ar	n internet	-based po	rtal.	\checkmark] No	□ Y	′es
b) Business contact informa	tion										
If a firm NRD number is not provide	ed in Item 8 (a), provide	the business co	ntact information	on of the	person b	eing comp	ensated.				
Street address											
Municipality				F	Province	/State					
Country				Postal o	code/Zip	o code					
Email address				Telep	hone n	umber					
c) Relationship to issuer or i	nvestment fund man	ager									
Indicate the person's relationship w the Instructions and the meaning o							ing of "c	onnecte	ed" in F	°art B(2)	of
Connect with the issuer of	r investment fund mana	ager		Insider	of the is	suer (othe	r than ar	n invest	ment f	und)	
Director or officer of the i	nvestment fund or inves	stment fund ma	inager	Employ	vee of the	e issuer or	· investm	ent fun	d man	ager	
✓ 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 di	missions, securities-base s clerical, printing, legal rectors, officers or emplo	d compensatio or accounting	n, gifts, discount services. An issu	ts or othe er is not i	r compen required	sation. Do to ask for (o not repo	ort payr	nents f	for servic	es
Cash commissions paid	2,500.00				Security	code 1	Security c	ode 2	Secur	rity code 3	3
Value of all securities distributed as compensation ⁴		S	Security codes								
Describe term	s of warrants, options c	or other rights									
Other compensation ⁵		Describe									
Total compensation paid	2,500.00										
Check box if the person	n will or may receive an	y deferred com	pensation (des	cribe the	terms be	elow)					
											٦
							. 4				
⁴ Provide the aggregate value of al additional securities of the issuer. rights exercisable to acquire addit. ⁵ Do not include deferred compens.	Indicate the security co ional securities of the is	des for all secu									

ITEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER						
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.										
Indicate whether the issuer is any o	f the following (select	the one that applie	es - if more than one	applies, select onl	y one).					
Reporting issuer in any juris	diction of Canada									
Foreign public issuer										
Wholly owned subsidiary of	a reporting issuer in	any jurisdiction of	Canada ⁶							
Provide nan	Provide name of reporting issuer									
Wholly owned subsidiary of	a foreign public issu	ier ⁶						-		
Provide name of	foreign public issue	r]		
Issuer distributing only eligi	ble foreign securities	and the distributio	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.						
securities that are required by law to respectively. ⁷ Check this box if it applies to the cu clients. Refer to the definitions of "e	⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.									
a) Directors, executive officer										
Provide the following information for territory; otherwise state the country.						tate the	province (or		
Organization or company name	Family name	First given name	Secondary given names	Business location of non-individual or residentail Relations				nship to issuer all that apply)		
				Province or	country	D	0	Р		
b) Promoter information										
	If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.									
Organization or company name	Family name	First given name	Secondary given Jurisdiction of sele				to promo oth if appl			
				Province or country	D		С			
c) Residential address of eac	h individual									
Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.										

ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer, director or agent of the issuer or underwriter. If the issuer or underwriter is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

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

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

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

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

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

Name of issuer/underwriter/ investment fund manager/agent	ar Resources Ltd.							
Full legal name	Frances Murphy							
	Family name First given name			Secondary given names				
Title	Administrative Assistant							
Telephone number	Felephone number 604558430023		fmurphy@	urphy@crossdavis.com				
Signature	Frances Murphy	Date	2020	12	22			
			YYYY	MM	DD			

ITEM 11- CONTACT PERSON

Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.

Same as individual certifying the report

Full legal name				Title	
·	Family name	First given name	Secondary given names		
Name of company					
Telephone number		Er	nail address		

Notice - Collection and use of personal information

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation.

If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

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

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

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