FORM 45-106F1 REPORT OF EXEMPT DISTRIBUTION

ITEM 1 – REPORT TYPE	
X New report Amended report	If amended, provide filing date of report that is being amended. (YYYY-MM-DD)
ITEM 2 – PARTY CERTIFY	YING THE REPORT
Indicate the party certifying the report (select only Investment Fund Continuous Disclosure and the c Investment fund issuer X Issuer (other than an in Underwriter	
ITEM 3 – ISSUER NAME A	AND OTHER IDENTIFIERS
Provide the following information about the issue	er, or if the issuer is an investment fund, about the fund.
Full legal name	CAT Strategic Metals Corporation
Previous full legal name	
If the issuer's name changed in the last is	12 months, provide most recent previous legal name.
Website	www.catstrategic.com (if applicable)
If the issuer has a legal entity identifier, provide b	velow. Refer to Part B of the Instructions for the definition of "legal entity identifier".
Legal entity identifier	
If two or more co-issuers distributed a single securing Full legal name(s) of co-issuer(s) ITEM 4 — UNDERWRITER	uity, provide the full legal name(s) of the co-issuer(s). (if applicable)
	e the underwriter's full legal name and firm NRD number.
Full legal name	
Firm NRD number	(if applicable)
	ber, provide the head office contact information of the underwriter.
Street address	
Municipality	Province/State
Country	Postal code/Zip code
Telephone number	Website (if applicable)
ITEM 5 – ISSUER INFORM	
a) Primary industry	л сонираст неш э. гтосеей ю неш о.
	assification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's
primary business activity.	
NAICS	S industry code 2 1 2 2 2 0
If the issuer is in the mining industry , indicate the category that best describes the issuer's stage of o	stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the perations.
X Exploration	Development Production
Is the issuer's primary business to invest all or sub	bstantially all of its assets in any of the following? If yes, select all that apply.
Mortgages I	Real estate Commercial/business debt Consumer debt Private companies
Crypto- assets	
b) Number of employees	

Number of employees	: [X	0 – 49		50 – 99		100 – 499		500 or more
c) SEDAR profile num	ber			<u> </u>					l
Does the issuer have a SEDAR profile? No X Yes If yes, provide SEDAR profile number 0 0 0 0 0 0 0 0 0 0									
d) Head office address									
Street address							Pı	ovince/Sta	te
Municipality							Pos	stal code/Z	*
Country								Telephor numbe	ne
e) Date of formation an	d financial	year-ei	nd						
Date of formation					I	inancial ye	ear-end		
	YYYY		MM	DD			N	IM DD	-
f) Reporting issuer sta	tus					l at-			
Is the issuer a reporting issuer in any j	urisdiction of (Canada?				No	Yes		
If yes, select the jurisdictions of Canad	da in which the	issuer is	a reporting i	issuer.					
All All Al	В	BC	M	1B	NB		L	NT	
NS N	U	ON	P	E	QC	S	K	YT	
g) Public listing status									
If the issuer has a CUSIP number, pro	vide below (fir	st 6 digit	ts only)						
CUSIP number									
If the issuer is publicly listed, provide	the name of th	o overhou	ogo on vihigh	the issue	anto aquitu cas		ilv tuada Duar	ido only the n	owe of an explange and not a trading
facility such as, for example, an autom			ige on winch	uie issu	er s equity sec	urues primar	ny nade. Prov.	ide omy me n	ame of an exchange and not a trading
Exchange name									
h) Size of issuer's asset	ts								
Select the size of the issuer's assets ba first financial year, provide the size of						nts (Canadian	\$). If the issu	er has not pre	pared annual financial statements for its
\$0 to under \$5M		seis ai ui			er \$25M		\$25M to	under \$10	0M
\$100M to under	r \$500M		\$500N	∕I to ur	nder \$1B		\$1B or o	ver	
									1
ITEM 6 – INVESTM	FNT FII	ND.	ISSLIFE	NI N	FORMA	TION			
If the issuer is an investment fund, pro				V 11 V 1	ORIVIT	11011			
a) Investment fund ma									
Full legal name									
Firm NRD Number						applicable)			
Thin Pite Ptanioci					(1	иррисиотс)			
If the investment fund manager does not street Address	If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager.								
Municipali					1	Provinc	a/Stata		
Countri	·				Pos	tal code/Zi			
	`						_		
Telephone number	Telephone number Website (if applicable)								
b) Type of investment fund									
Type of investment fund that most acc	curately identif	ies the is	ssuer (select d	only one					
Money market			Equity			ed income		Balanc	ed
Alternative strat	egies		Crypto-as	sets	Oth	er (describ	e)		
Indicate whether one or both of the for Invests primarily									

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) Date of formation and financial year-end of the investment fund									
Date of formation Financial year-end MM DD MM DD									
d) Reporting issuer status of the investment fund									
Is the investment fund a reporting issuer in any jurisdiction of Canada?									
If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.									
All AB BC MB NB NL NT									
NS 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									
If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's 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									
f) Net asset value (NAV) 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 \$500M \$500M to under \$1B \$1B or Date of NAV calculation:									
over									
YYYY MM DD									
ITEM 7 – INFORMATION ABOUT THE DISTRIBUTION									
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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				Conversion	Describe other terms (if applicable)	
S	security cod	e	seci	arity co	ode	Lowest	Highest	(YYYY-MM-DD)	ratio	Describe outer terms (if appreciate)
W	N	Т	С	М	S	0.05	0.05	2025-06-15	1:1	Each whole Warrant will entitle the holder thereof, on exercise, to purchase one common share in the capital of the Issuer (a Warrant Share) at an exercise price of CDN\$0.05 per Warrant
										Share until the close of business on the day which is 36 months from its date of issue.

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	Total amount (Canadian \$)
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	3	190,499.97
Quebec	NI 45-106 2.3 [Accredited investor]	1	240,000.00
	430,499.97		

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

g) Net proceeds to the investment fund by jurisdiction

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

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

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

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

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

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

	Description	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)
1.				
2.				
3.				

ITEM 8 – COMPENSATION	INFORMATION							
	Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.							
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.								
X No Yes	If yes, indicate number of persons compensated.							

^{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.

a) Name of person compe	ensated and regis	tration status								
Indicate whether the person compensated	l is a registrant.									
No Y	es									
If the person compensated is an individua	al, provide the name o	of the individual								
Full legal name of individual										
L	Family n	ame	Fire	st given n	ame	Seco	ndary given name	es		
If the person compensated is not an indiv	•			6) B			
	Full legal name of non-individual									
Firm NRD nu	mber			1 1	(if applicab	ale)				
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.										
N. X.		ution through a	funding port	ai or an in	ternet-basea j	portal.				
X NO Yes	,									
b) Business contact inform	mation									
If a firm NRD number is not provided in	Item 8(a), provide the	e business conta	ct informatio	n of the pe	rson being c	ompensated.				
Street address										
Municipality				Provi	nce/State					
Country			Post	al code/	Zip code					
<u> </u>					-					
Email address			10	elephone	number					
c) Relationship to issuer o	r investment fun	d manager								
Indicate the person's relationship with th	e issuer or investmen	t fund manager	(select all tha	t annly) I	efer to the m	neaning of "conne	rted" in Part B(2) o	f the Instructions	and the	
meaning of "control" in section 1.4 of NI					erer to the m	cuming of connec		The mondenone	and the	
Connected with	the issuer or inve	stment fund	manager							
Insider of the iss	suer (other than a	n investment	fund)							
Director or offic	er of the investm	ent fund or i	nvestment	fund ma	nager					
Employee of the	issuer or investr	nent fund ma	anager							
X None of the abo	ve									
A										
d) Compensation details										
Provide details of all compensation paid,										
cash commissions, securities-based comp printing, legal or accounting services. An non-individual compensated by the issues	issuer is not required									
· _	0.00									
Value of all securities distributed as compensation ⁴		Secur	ity codes		y code 1	Securi	ty code 2	Security code	2 3	
distributed as compensation		ı		W	Т					
Describe terms of w	varrants, options or	other rights								
Other compensation ⁵		Describe								
Total compensation paid	0.00	<u>'</u>							_	
Check box if the person	will or may receiv	e any deferre	l compensat	ion (desc	ribe the ter	ms below)				
Sheek box it the person	I may receiv	, aciente	penout	(acsc	are tell					
⁴ Provide the aggregate value of all so	ecurities distributed	l as comnensa	tion, exclud	ing ontio	ns. warrants	s or other rights	exercisable to acc	quire additiona	l securities	
of the issuer. Indicate the security co additional securities of the issuer.	des for all securitie	es distributed a	as compensa	tion, <u>incl</u>	uding optio	ons, warrants or	other rights exerc	isable to acqui	re	
⁵ Do not include deferred compensati	ion.									
ITEM 9 – DIRECTORS	S, EXECUT	IVE OFF	ICERS	AND	PROM	OTERS C	F THE ISS	SUER		
ITEM 9 – DIRECTORS				AND	PROM	OTERS C	F THE ISS	SUER		
If the issuer is an investment fund, do not	t complete Item 9. Pro	oceed to Item 10).				F THE ISS	SUER		
If the issuer is an investment fund, do not Indicate whether the issuer is any of the f	t complete Item 9. Pro	oceed to Item 10).				F THE ISS	SUER		
If the issuer is an investment fund, do not	t complete Item 9. Pro	oceed to Item 10).				OF THE ISS	SUER		
If the issuer is an investment fund, do not indicate whether the issuer is any of the f	t complete Item 9. Pro	oceed to Item 10).				OF THE ISS	SUER		
If the issuer is an investment fund, do not Indicate whether the issuer is any of the factoring issuer in an Foreign public issuer	t complete Item 9. Pro following (Select the o	oceed to Item 16 one that applies). – if more tha.	n one appl	ies, select on		OF THE ISS	SUER		
If the issuer is an investment fund, do not Indicate whether the issuer is any of the factorial X Reporting issuer in any Foreign public issuer Wholly owned subsidi	t complete Item 9. Pro following (Select the o	oceed to Item 16 one that applies). – if more tha.	n one appl	ies, select on		OF THE ISS	SUER		

Wholly owned subsidia		blic issuer ⁶							
Provide name of fore	ign public issuer								
Issuer distributing only	eligible foreign se	ecurities and the	distribution is to	permitted	l clients only	,7			
If the issuer is at least one of the above	•	., .,							
⁶ An issuer is a wholly owned subsidiathat are required by law to be owned by	nry of a reporting i	issuer or a foreig e beneficially ow	n public issuer if ned by the report	all of the	issuer's out or or the forei	standing voti gn public iss	ing securitie uer, respect	es, other tha tively.	n securities
⁷ Check this box if it applies to the cur	rent distribution e	even if the issuer	made previous d	istribution	ns of other ty	0 1	, ,		lients. Refer
to the definitions of "eligible foreign s					ns.				
If the issuer is none			• •) – (c).					
a) Directors, executive offi	h director, executive	officer and promot	ter of the issuer. Fo	or locations	within Canac	la, state the pro	ovince or terr	ritory, otherw	vise state the
country. For "Relationship to issuer", "D"	– Director, "O" – E	xecutive Officer, "I	P" – Promoter.		Persiana	1			
			Second	arv	non-ind	location of vidual or jurisdiction		ionship to iss	
Organization or company name	Family name	First given name	e given na			ividual	(Select	T an mar app	ly)
					Province	or country	D	0	P
									++
b) Promoter information									
If the promoter listed above is not an indiv.						the promoter.	For location	s within Can	ada, state the
province or territory, otherwise state the co	ountry. For "Relation	nship to promoter",	"D" – Director, "(itive Officer.				
Organization or company name	Family name	First given	Secondary given	juriso	diction of lividual		elationship to t one or both	o promoter ı if applicable	<u>-</u>)
	J	name	names		e or country	D		0	
a) Paridantial address of a	1- (4() 41	1				L	l l		
c) Residential address of e	ach individual								
Complete Schedule 2 of this form providing information to be provided about control p		l address for each i	ndividual listed in l	Item 9(a) a	nd (b) and atta	nch to the com	pleted report	. Schedule 2	also requires
ITEM 10 – CERTIFICA	TION								
Provide the following certification and bus									
individual who performs functions similar trustee. If the issuer is an investment fund, similar functions) may certify the report if	a director or officer	of the investment	fund manager (or, .	if the inves	stment fund m				
The certification may be delegated, but only	ly to an agent that ha	as been authorized	by an officer or dir	ector of the	e issuer or und				
the issuer or underwriter. If the report is be If the individual completing and filing the		~					_		
the report in Item 11. The signature on the report must be in type	ed form rather than l	handwritten form. T	The report may inc.	lude an ele	ctronic signat	ure provided tl	he name of th	ne signatory i	s also in typeo
form. Securities legislation requires an is	ssuer or underw	riter that makes	a distribution	of securi	ties under o	ertain prosi	pectus exe	mptions to	file a
completed report of exempt distrib					(11		,	•
By completing the information bel	low, I certify, or	n behalf of the i	ssuer/underwri	ter/inves	tment fund	manager, to	the secur	ities regul	atory
authority or regulator, as applicable information provided in this report	le, that I have re	viewed this rep	ort and to my k			_		_	-
		ne extent requi	rcu, complete.						
Name of issuer/underwriter/ investment fund manager/agent			CAT Strateg	ic Metal	s Corporati	on			
Full legal name		Rosner	I	Robert					Ħ
	Fan	nily name	First	given nam	e	Second	ary given naı	mes	_
Title		Chai	rman, Director	and Chi	ef Executiv	e Officer			
Telephone number	(604)	674-3145	Ema	il addres	s	robert@ca	tstrategic.o	com	7

(604) 674-3145

" Robert Rosner"

Signature

robert@catstrategic.com

Date

2022

			YYYY	MM	DD
ITEM 11 – CONTAC	CT PERSON				
Provide the following business conta this report, if different than the indivi			atory authority or regulator may	contact with any ques	stions regarding the contents of
X Same as indiv	vidual certifying the rep	ort			
Full legal name				Title	
	Family name	First given name	Secondary given names		
Name of company					
Telephone number		E	Email address		
	Notice -	– Collection and use o	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 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.