# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 10048324

TEM 1 - REPORT TYPE								
✓ New report								
☐ Amended report If amended,	provide filing date of repo	ort that is being ame	ended	(YYYY-MM-DD)				
ITEM 2 - PARTY CERTIFYING THE REF	PORT							
Indicate the party certifying the report (select onl Instrument 81-106 Investment Fund Continuous			vestment fund, refer to section	on 1.1 of National				
☐ Investment fund issuer	Disclosure and the companion po	acy to two tribo.						
✓ Issuer (other than an investmen	nt fund)							
☐ Underwriter								
TEM 3 - ISSUER NAME AND OTHER IDENTIFIERS								
	Provide the following information about the issuer, or if the issuer is an investment fund, about the fund.							
Previous full legal name	Previous full legal name							
If the issuer's name changed in the last 1	2 months, provide most recent p	revious legal name.						
Website		(if applicab	le)					
If the issuer has a legal entity identifier. provide b	pelow. Refer to Part B of the Instru	ections 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) o	the co-issuer(s) other th	nan the issuer named above.					
Full legal name(s) of co-issuer(s)		(if applicabl	e)					
ITEM 4 - UNDERWRITER INFORMATION								
If an underwriter is completing the report, provid	e the underwriter's full legal nam	e and firm NRD number.		1				
Full legal name								
Firm NRD number		(if applicable)						
If the underwriter does not have a firm NRD num	If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.							
Street address								
Municipality		Province/State						
Country	F	ostal code/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 2 2 1
If the issuer is in the <b>mining industry</b> , 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
c) SEDAR profile number
Does the issuer have a SEDAR profile?
No  ✓ Yes If yes, provide SEDAR profile number  0 0 0 4 3 1 4 2
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 MM DD 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.
AII AB BC MB NB NL NT
□ 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	☐ \$5M to under \$25M	☐ \$25M to under \$100M
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION
If the issuer is an inves	tment fund, provide the following information.
a) Investment fund ma	anager information
Full legal name	
Firm NRD number	(if applicable)
If the investment fund mand	ager 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	nt most accurately identifies the issuer (select only one) .
Money market	☐ Equity ☐ Fixed income ☐ Balanced
Alternative strateg	gies Cryptoasset Other (describe)
Indicate whether one or bot	h of the following apply to the investment fund .
Invests primarily in	n other investment fund issuers
☐ Is a UCITs Fund¹	
<sup>1</sup> Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.
c) Date of formation a	and financial year-end of the investment fund
Date of forma	tion Financial year-end 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	s of Canada in which the investment fund is a reporting issuer.
☐ AII ☐	AB BC MB NB NL NT
□ NS □	NU ON PE QC SK YT
e) Public listing status	s of the investment fund
If the investment fund has a	CUSIP number, provide below (first 6 digits only)
	CUSIP number
	blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the not a trading facility such as, for example, an automated trading system.
Exchange on an exchange and h	
-	AV) of the investment fund
	investment fund as of the date of the most recent NAV calculation (Canadian \$).
\$0 to under \$5M	s5M to under \$25M s25M to under \$100M
\$100M to under \$500	DM \$500M to under \$1B \$1B or over Date of NAV calculation:  YYYY MM DD

## ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.

a) Currency	a)	Currency
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Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.

## 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 date 2022 12 29

YYYY MM DD

End date 2022 12 29

#### c) Detailed purchaser information

Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.

## d) Types of securities distributed

Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of 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 \$	
Security code	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
F T U			4,273,532.00	0.0600		256,411.92
UBS			1,550,000.00	0.0500		77,500.00

## 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 security code		Exercise price (Canadian \$)		Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)				
						Lowest	Highest			
W	N	Т	С	М	S	0.1000				
W	N	T	С	М	S	0.0750				

#### 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 <sup>28</sup> purchasers	Total amount (Canadian \$)
Germany	NI 45-106 2.3 [Accredited investor]	1	50,000.00
British Columbia	NI 45-106 2.3 [Accredited investor]	6	56,399.98
Ontario	NI 45-106 2.3 [Accredited investor]	1	100,002.00
Québec	NI 45-106 2.3 [Accredited investor]	10	126,509.94
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	1	1,000.00
	333,911.92		
	Total number of unique purchasers <sup>2b</sup>	19	

- <sup>2a</sup> In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.
- <sup>2b</sup> 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. 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	

<sup>&</sup>lt;sup>3</sup>"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 I	NFORMATION							
Provide information for each persor the distribution. <b>Complete addition</b>				•		ensation i	n connection w	vith
Indicate whether any compensation	on was paid, or will be po	aid, in connecti	on with the distribution.					
No ✓ Yes	If yes, indicate nur	nber of perso	ons compensated.	4				
a) Name of person compens	sated and registration	status						
Indicate whether the person compe	nsated is a registrant.		☐ No 🗸	Yes				
If the person compensated is an ind	lividual, provide the nam	ne of the individ	dual.					
Full legal name of individua	al							
	Family name First given name Secondary given names							
If the person compensated is not an individual, provide the following information.								
Full legal name of r	non-individual LEED	E JONES G	ABLE INC.					
Firm	NRD number 5	7 7	0	(if	applicable)			
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  Vo No Yes								
b) Business contact information								
If a firm NRD number is not provide	ed in Item 8 (a), provide	the business co	ntact information of the	e person being	compensated	1.		_
Street address								
Municipality				Province/Sta	ate			
Country			Postal	code/Zip co	de			
Email address			Tele	phone numb	per			
c) Relationship to issuer or in	nvestment fund mana	ager						
Indicate the person's relationship w the Instructions and the meaning of	f "control" in section 1.4	of NI 45-106 f	or the purposes of comp	leting this sec	tion.			of
Connect with the issuer o	r investment fund mana	ager	Inside	er of the issuer	r (other than a	an investr	nent fund)	
Director or officer of the in	nvestment fund or inves	tment fund ma	nager Emplo	oyee of the iss	suer or investi	ment fund	l manager	
None of the above								
d) Compensation details								
Provide details of all compensation provided and dollars. Include cash combined incidental to the distribution, such a allocation arrangements with the distribution.	missions, securities-base s clerical, printing, legal	d compensation or accounting	n, gifts, discounts or oth services. An issuer is no	er compensati t required to a	ion. Do not re <sub>l</sub>	port payn	nents for servic	ces
Cash commissions paid	540.00			Security code	e 1 Security	code 2	Security code 3	3
Value of all securities		S	Security codes	СМ	s w n	Т		
distributed as compensation <sup>4</sup>		a a tha a shah ta	4.750.5	10.000	<i>c.</i> 1			_
Describe term	s of warrants, options o	r otner rights	4,750 finders share	s and 3,800	finders war	rants		_
Other compensation <sup>5</sup>		Describe						
Total compensation paid	540.00							
Check box if the persor	n will or may receive any	y deferred com	pensation (describe the	e terms below	<b>'</b> )			
<sup>4</sup> Provide the aggregate value of all	securities distributed a	s compensation	on, <u>excluding</u> options. w	arrants or oth	er rights exer	cisable to	acquire	
additional securities of the issuer. rights exercisable to acquire additional specific productions of the include deformed company.	Indicate the security codional securities of the iss	des for all secu						

Do not include deferred compensation.

a) Name of person comp	pensated and regis	stration status						
Indicate whether the person co	mpensated is a regist	rant.	✓ No		Yes			
If the person compensated is a	n individual, provide	the name of the indivi	dual.					
Full legal name of indiv	vidual							
		Family name	Firs	st given n	ame		Secondar	given names
If the person compensated is no	ot an individual, prov	ide the following infor	mation.					
Full legal name	of non-individual	Roche Securities	Ltd.					
F	Firm NRD number					(if app	olicable)	
Indicate whether the person co.	mpensated facilitated	the distribution throu	ıgh a funding por	tal or ar	interne	et-based	portal.	✓ No ☐ Yes
b) Business contact info	rmation							
If a firm NRD number is not pro	ovided in Item 8 (a), p	provide the business co	ontact information	n of the	person l	peing con	mpensated.	
Street address	305-36 Castle Fra	nk Rd						
Municipality	Toronto			F	rovince	e/State	Ontario	
Country	Canada		F	Postal o	code/Zi	p code	M4W 2Z7	
Email address	froche@rocheseo	uritiesItd.com		Telep	hone r	umber		
c) Relationship to issuer or investment fund manager								
Indicate the person's relationsh the Instructions and the meani								ted" in Part B(2) of
Connect with the issu	-		or the purposes o	-	-		her than an inve	stment fund)
<u></u>		-				,		,
Director or officer of t	the investment fund	or investment fund ma	anager	Employ	ee of tr	ie issuer	or investment f	ınd manager
✓ None of the above								
d) Compensation details	<b>.</b>							
Provide details of all compensations of all compensations and compensations are compensations.	commissions, securiti	es-based compensatio	n, gifts, discounts	or othe	r compe	nsation.	Do not report po	yments for services
incidental to the distribution, su allocation arrangements with th							or aetaiis about,	or report on, interna
Cash commissions pa	aid 5,0	00.10			Security	code 1	Security code 2	Security code 3
Value of all securities	es		Security codes		W			- Coodiny code c
distributed as compensation	on <sup>4</sup>		Jecumy codes					
Describe	terms of warrants, or	otions or other rights	66,668 finders	s warra	nts			
Other compensation	on⁵	Describe						
Total compensation pa	5,0	00.10						
Check box if the pe	erson will or may rec	eive any deferred con	npensation (desc	ribe the	terms b	elow)		
<sup>4</sup> Provide the aggregate value additional securities of the issurights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the sec additional securities o	urity codes for all secu						

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 indiv	idual.							
Full legal name of individual								
Family name	First given name Secondary given names							
If the person compensated is not an individual, provide the following info	rmation.							
Full legal name of non-individual ACCILENT CAPITAL MANAGEMENT INC.								
Firm NRD number 1 2 4 1 0 (if applicable)								
Indicate whether the person compensated facilitated the distribution thro	ugh a funding portal or an internet-based portal. ✓ No ☐ Ye	eS:						
b) Business contact information								
If a firm NRD number is not provided in Item 8 (a), provide the business of	contact information of the person being compensated.							
Street address								
Municipality	Province/State	أ						
Country	Postal code/Zip code	ĺ						
Email address	Telephone number	أ						
c) Relationship to issuer or investment fund manager		J						
Indicate the person's relationship with the issuer or investment fund man the Instructions and the meaning of "control" in section 1.4 of NI 45-106	ager (select all that apply). Refer to the meaning of "connected" in Part B(2) of	f						
Connect with the issuer or investment fund manager	Insider of the issuer (other than an investment fund)							
<u> </u>	<u> </u>							
Director or officer of the investment fund or investment fund m	nanager Employee of the issuer or investment fund manager							
✓ None of the above								
d) Compensation details								
	tified in Item 8(a) in connection with the distribution. Provide all amounts in	_						
	on, gifts, discounts or other compensation. Do not report payments for service g services. An issuer is not required to ask for details about, or report on, inter							
allocation arrangements with the directors, officers or employees of a non	-individual compensated by the issuer.							
Cash commissions paid 5,000.10	Security code 1 Security code 2 Security code 3							
Value of all securities	Security codes C M S							
distributed as compensation <sup>4</sup>	92 225 finders shares	٦						
Describe terms of warrants, options or other rights  83,335 finders shares								
Other compensation <sup>5</sup> Describe								
Total compensation paid 5,000.10								
Check box if the person will or may receive any deferred compensation (describe the terms below)								
<sup>4</sup> Provide the aggregate value of all securities distributed as compensate	ion, excluding options, warrants or other rights exercisable to acquire	-						
	curities distributed as compensation, including options, warrants or other							
<sup>5</sup> Do not include deferred compensation.								

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 indiv	idual.							
Full legal name of individual								
Family name	First given name Secondary given names							
If the person compensated is not an individual, provide the following info	rmation.							
Full legal name of non-individual EMD FINANCIAL INC. / LA FINANCIÈRE EMD INC.								
Firm NRD number 3 6 4 8 0 (if applicable)								
Indicate whether the person compensated facilitated the distribution thro	ugh 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 of	ontact 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 manuthe Instructions and the meaning of "control" in section 1.4 of NI 45-106	ager (select all that apply). Refer to the meaning of "connected" in Part B(2) of for the purposes of completing this section							
Connect 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 m								
<u> </u>								
None of the above								
d) Compensation details								
Canadian dollars. Include cash commissions, securities-based compensation	ified in Item 8(a) in connection with the distribution. Provide all amounts in on, gifts, discounts or other compensation. Do not report payments for services							
allocation arrangements with the directors, officers or employees of a non	services. An issuer is not required to ask for details about, or report on, internal individual compensated by the issuer.							
Cash commissions paid 10,100.99	00.99 Security code 1 Security code 2 Security code							
Value of all securities	C M S W N T							
distributed as compensation <sup>4</sup>	Security codes							
Describe terms of warrants, options or other rights 84,174 finders shares; 67,339 finders warrants								
Other compensation <sup>5</sup> Describe								
Total compensation paid 10,100.99								
Check box if the person will or may receive any deferred compensation (describe the terms below)								
<sup>4</sup> Provide the aggregate value of all securities distributed as compensati	on, excluding options, warrants or other rights exercisable to acquire							
additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, including options, warrants or other rights exercisable to acquire additional securities of the issuer.								
<sup>5</sup> Do not include deferred compensation.								

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER				
If the issuer is an investment fund	d, do not complete l	Item 9. Procced to	Item 10.					
Indicate whether the issuer is any o	f the following (select	t the one that appli	es - if more than one	applies, select onl	y one).			
✓ Reporting issuer in any juris	sdiction of Canada							
Foreign public issuer								
Wholly owned subsidiary of	a reporting issuer in	any jurisdiction of	Canada <sup>6</sup>					
Provide nan	ne of reporting issue	r						7
Wholly owned subsidiary of	a foreign public issu	uer <sup>6</sup>						_
Provide name of	foreign public issue	r						7
Issuer distributing only eligil	ble foreign securities	and the distribution	n is to permitted clie	ents only <sup>7</sup>				_
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item	10.				
<sup>6</sup> 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. <sup>7</sup> 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 b	oox and complete	Item 9(a) - (c).					
a) Directors, executive officer	s and promoters of	of the issuer						
Provide the following information for	•		moter of the issuer T	or locations within	Canada s	tate the	nrovince	or
territory; otherwise state the country.							province	
Organization or company name	Family name	Family name First given name		non-individ resident jurisdictio	Business location of non-individual or residentail jurisdiction of individual		Relationship to issuer (select all that apply)	
					Province or country		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 names	Residential jurisdiction of individual	iction of (select one or		ip to promoter both if applicable)	
				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 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	Black Tusk Resources Inc.							
Full legal name	Penn							
	Family name	First given name	'	Seconda	ary given names			
Title	CEO							
Telephone number	6478388577	Email address	richard@	kresources.com				
Signature	Richard Penn Da		2023	01	05			
			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	O'Neill	Brian				Title	Attorney
	Family name	First given nar	me	Secondary	given names	•	
Name of company	O'Neill Law LLP						
Telephone number	6046875792		Ema	ail address	bon@stocks	slaw.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.

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.