Form 45-106F1 Report of Exempt Distribution

ITEM 1 - REPORT TYPE						
✓ New report						
Amended report If amended, provide filing	g 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.						
☐ Investment fund issuer	te companion policy to Williams					
✓ 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	r is an investment fund, about the fund.					
Full legal name Big Gold Inc.						
Previous full legal name						
If the issuer's name changed in the last 12 months, provide most recent previous legal name.						
Website	(if applicable)					
If the issuer has a legal entity identifier₋ provide below. Refer to Par	art 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 I	l legal name(s) of the co-issuer(s) other than the issuer named above.					
Full legal name(s) of co-issuer(s)	(if applicable)					
I 4 . I I I						
ITEM 4 - UNDERWRITER INFORMATION						
If an underwriter is completing the report, provide the underwriter.	r's full legal name and firm NRD number.					
Full legal name						
Firm NRD number (if applicable)						
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	Postal code/Zip code					
Telephone number	Website (if applicable)					

If the issuer's an investment fund, do not complete Item 5. Proceed to Item 6. a) Primary Industry	Item 5 - Issuer Information
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	If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
Consumer debt Sever s primary business activity.	a) Primary industry
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	
mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production	NAICS industry code 2 1 2 2 0
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	mining industry. Select the category that best describes the issuer's stage of operations.
Mortgages Real estate Commercial/business debt Consumer debt Private companies Cryptoassets	
Cryptoassets b) Number of employees Number of employees:	
Number of employees:	
c) SEDAR profile number Does the issuer have a SEDAR profile? No Yes If yes, provide SEDAR profile number 0 0 0 4 5 0 9 8 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation Financial year-end Is the issuer a reporting issuer status If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NB NL NT NS NU ON PE QC SK YT	b) Number of employees
Does the issuer have a SEDAR profile? No Yes If yes, provide SEDAR profile number 0 0 0 4 5 0 9 8 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Postal code/Zip code Telephone number e) Date of formation and financial year-end Date of formation	Number of employees: ✓ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more
No Yes If yes, provide SEDAR profile number 0 0 0 4 5 0 9 8 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Province/State Postal code/Zip code Postal	c) SEDAR profile number
If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Province/State Municipality Country Telephone number e) Date of formation and financial year-end Date of formation Tyyyy MM DD Financial year-end 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. All AB BC MB NB NL NT NS NU ON PE QC SK YT	Does the issuer have a SEDAR profile?
Street address Province/State Postal code/Zip code Date of formation and financial year-end Province/State Postal code/Zip code Date of formation Financial year-end 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. All AB BC MB NB NB NL NT NS NU ON PE QC SK YT	No ✓ Yes If yes, provide SEDAR profile number 0 0 0 4 5 0 9 8
Street address	
Municipality Country Telephone number e) Date of formation and financial year-end Date of formation YYYY MM DD Financial year-end 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. All AB BC MB NB NL NT NS NU ON PE QC SK YT	d) Head office address
Country Telephone number e) Date of formation and financial year-end Date of formation Financial year-end 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. All AB BC MB NB NL NT NS NU ON PE QC SK YT	Street address Province/State
e) Date of formation and financial year-end Date of formation	Municipality Postal code/Zip code
Date of formation	Country Telephone number
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. All AB BC MB NB NL NT NS NU ON PE QC SK YT	e) Date of formation and financial year-end
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. All AB BC MB NB NL NT NS NU ON PE QC SK YT	
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NL NT NS NU ON PE QC SK YT	f) Reporting issuer status
AII AB BC MB NB NL NT NS NU ON PE QC SK YT	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
g) Public listing status	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	Exchange name
h) Size of issuer's assets	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	it most accurately identifies the issuer (select only one) .				
Money market	☐ Equity ☐ Fixed income ☐ Balanced				
Alternative strate	gies Cryptoasset Other (describe)				
Indicate whether one or bot	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 forma	tion Financial year-end 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 T				
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 oot a trading facility such as, for example, an automated trading system.				
Exchange on					
-	AV) of the investment fund				
	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 S1B 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) C	urrency
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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.

✓ Canadian dollar US dollar □ Euro □ Other (describe)

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 2023 05 30

End date 2023 06 06

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 \$			
	ecuri code	,	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest Highest price Total amount price		Total amount	
U	В	s	68278R	Each Unit consist of 1 common share and 1 common share purchase warrant.	12,064,000.00	0.0500		603,200.00	
F	Т	S	68278R	1 Common Flow-Through Share	1,571,500.00	0.0700		110,005.00	

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.

e	xcha	rity co	able		derlyii urity c			se price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
		-					Lowest	Highest			
V	V	N	Т	С	М	8	0.0800		2024-11-30		Warrants are for 18 Months Expiring on November 30, 2024 and December 6, 2024

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 ² purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	11	275,000.00
Ontario	NI 45-106 2.3 [Accredited investor]	10	303,205.00
Ontario	NI 45-106 2.5 [Family, friends and business associates]	1	5,000.00
Québec	NI 45-106 2.3 [Accredited investor]	2	50,000.00
Alberta	NI 45-106 2.3 [Accredited investor]	1	50,000.00

Costa Rica	Costa Rica NI 45-106 2.3 [Accredited investor] 1		
Australia	10,000.00		
	713,205.00		
	Total number of unique purchasers ² b	27	

^{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)

^{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.

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.	ITEM 8 - COMPENSATION INFORMATION					
□ No ✓ Yes If yes indicate number of persons compensated o	Indicate whether any compensation was paid, or will be paid, in connection with the distribution.					
The Figure 1 Action of the second compensation.	No ✓ Yes If yes, indicate number of persons compensated. 8					

a) Name of person compen	sated and registrat	ion status								
Indicate whether the person compe	ensated is a registrant		☐ No	\checkmark	Yes					
If the person compensated is an in	dividual, provide the r	ame of the indivi	dual.							
Full legal name of individu	ıal									
	Fami	ly name	Fi	irst given r	name		Seco	ndary given	names	
If the person compensated is not a	n individual, provide t	he following infor	rmation.							
Full legal name of	non-individual PI	Financial Corp.	/Corporation F	inanciè	re PI					
Firm	NRD number	5 2 9	0			(if appli	cable)			
Indicate whether the person compe	ensated facilitated the	distribution thro	ugh a funding po	ortal or a	n internet-	based po	ortal.	✓ N	o [Yes
b) Business contact informa	ation									
If a firm NRD number is not provid	led in Item 8 (a), provi	de the business co	ontact informati	on of the	person be	ing comp	pensated.			
Street address										
Municipality				F	Province/	State				
Country				Postal	code/Zip	code				
Email address				Telep	ohone nu	ımber				
c) Relationship to issuer or	investment fund ma	anager	-							
Indicate the person's relationship v							ning of "co	nnected" ir	n Part I	B(2) of
Connect with the issuer							er than an	investmen	t fund\)
Director or officer of the			anager \Box			·		ent fund ma	,	
None of the above			age	po,	, 00 00				age.	
d) Compensation details Provide details of all compensation	naid as to be naid to	the negrous ident	ified in Itam ()(a)	\ in comme	ation with	the dist	mila utiana D	mavida all a		ta in
Canadian dollars. Include cash comincidental to the distribution, such a	nmissions, securities-b	ased compensatio	on, gifts, discoun	ts or othe	r compens	sation. D	o not repo	rt payment	s for se	ervices
allocation arrangements with the a							actuits as	out, o op c		
Cash commissions paid	5,600.0	0		Г	Security co	ode 1	Security co	ode 2 Sec	curity co	ode 3
Value of all securities		<u> </u>	Security codes		WN	Т				
distributed as compensation ⁴ Describe tern	s of warrants, option	s or other rights	112,000 Wa			nths, Ex	piring No	ovember 3	30, 20	24,
0 .1		Describe	Exercisable	@ \$0.08	3					
Other compensation ⁵		Describe								
Total compensation paid	5,600.0	0								
Check box if the perso	n will or may receive	any deferred con	npensation (des	cribe the	terms bel	low)				
⁴ Provide the aggregate value of a	Il securities distribute	d as compensation	on, <u>excluding</u> op	ntions, wa	arrants or	other rigi	hts exercis	sable to ac	quire	
additional securities of the issuer. rights exercisable to acquire additional securities.	Indicate the security	codes for all sec	urities distribute	d as com	pensation	n, <u>includii</u>	ing options	s, warrants	or oth	er
⁵ Do not include deferred compens										

a) Name of person comp	ensated and regi	stration status						
Indicate whether the person co	mpensated is a regis	trant.	☐ No	\checkmark	Yes			
If the person compensated is a	n individual, provide	the name of the ind	ividual.					
Full legal name of indiv	/idual							7
		Family name	•	First given na	ime	Seconda	ry given names	_
If the person compensated is no	ot an individual, prov	ride the following in	formation.					
Full legal name	of non-individual	INTRYNSYC CA	APITAL CORP	ORATION				
F	irm NRD number	3 0	0 8 0)	(if ap	plicable)		
Indicate whether the person co	mpensated facilitated	d the distribution the	rough a funding	portal or an	internet-basea	l portal.	✓ No ☐ Yes	3
b) Business contact info	rmation							
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the business	contact informa	tion of the p	erson being co	mpensated.		
Street address								
Municipality				Pr	ovince/State			
Country				Postal co	ode/Zip code			
Email address				Teleph	none numbei	r		
c) Relationship to issuer	or investment fun	d manager						
Indicate the person's relationsh			nager (select all	that apply).	Refer to the m	eaning of "conne	cted" in Part B(2) of	
the Instructions and the meani	ng of "control" in sec	tion 1.4 of NI 45-10	6 for the purpose	s of complet	ing this section	n.		
Connect with the issu	ier or investment fur	nd manager		Insider o	of the issuer (o	ther than an inv	estment fund)	
Director or officer of	he investment fund	or investment fund	manager	Employe	ee of the issue	r or investment f	und manager	
✓ None of the above								
d) Compensation details								
Provide details of all compensati								
Canadian dollars. Include cash incidental to the distribution, su								
allocation arrangements with th								
Cash commissions pa	aid 17,7	60.00		5	Security code 1	Security code 2	2 Security code 3	
Value of all securition distributed as compensation			Security codes	s \[\	N N T			
•		ations or other right	200 200 W	arranta far	10 Months	Evairing Nove	mhor 20, 2024	
Describe	terms of warrants, o	puons or other right	Exercisable	e @ \$0.08			mber 30, 2024,	
			56,000 Wa	rrants for 1 e @ \$0.08	8 Months, E	xpiring Decem	ber 6 2024,	
Other compensation	n ⁵	Describ	e					
Total compensation pa	aid 17,7	60.00						
Check box if the pe	erson will or may rec	eive any deferred c	ompensation (de	escribe the t	erms below)			
⁴ Provide the aggregate value	of all securities distri	buted as compensa	ation, <u>excludin</u> g	options, war	rants or other	rights exercisabl	'e to acquire	
additional securities of the issi rights exercisable to acquire a	uer. Indicate the sec	urity codes for all se						
⁵ Do not include deferred comp								

a) Name of person compo	ensated and regis	tration status							
Indicate whether the person con	npensated is a regist	rant.		☐ No		\checkmark	Yes		
If the person compensated is an	individual, provide t	he name of the	individ	lual.					
Full legal name of indivi	dual								
		Family name			Firs	t given n	ame		Secondary given names
If the person compensated is no	t an individual, prov	ide the following	inforn	nation.					
Full legal name	of non-individual	RESEARCH	CAPI	TAL COF	RPOR	ATION	/ COR	PORAT	ION RECHERCHE CAPITAL
Fi	rm NRD number	3 0	7	0				(if appl	icable)
Indicate whether the person con	npensated facilitated	the distribution	throug	gh a fundi	ng port	al or an	interne	t-based p	oortal. ✓ No ☐ Yes
b) Business contact inform	mation								
If a firm NRD number is not pro	vided in Item 8 (a), p	provide the busin	ess co	ntact infor	mation	of the p	person b	eing com	npensated.
Street address									
Municipality						Р	rovince	e/State	
Country					Р	ostal c	ode/Zip	o code	
Email address						Telep	hone n	umber	
c) Relationship to issuer	or investment fund	d manager							
Indicate the person's relationship the Instructions and the meanin									nning of "connected" in Part B(2) of
Connect with the issue	-		100 10	n the purp		•	-		ner than an investment fund)
_		_	. d	2005				•	·
Director or officer of th	ie investinent fund t	or investment tu	iu iiia	nagei	Ш	Епрю	ee or tri	e issuei (or investment fund manager
✓ None of the above									
d) Compensation details				C					
	ommissions, securiti h as clerical, printin	es-based compei g, legal or accou	nsatior nting s	n, gifts, dis services. Ai	counts n issuer	or other is not r	comper equired	nsation. L to ask fo	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
Cash commissions pai		00.00			,		Security		Security code 2 Security code 3
Value of all securitie distributed as compensation			S	ecurity co	des		W N		Security code 2 Security code 3
Describe te	erms of warrants, op	otions or other ri	ghts	Exercisa	able @ arrant	\$0.08 s for 18	8 Montl		oiring November 30, 2024,
Other compensation	15	Desc	ribe						
Total compensation pai	2,40	00.00	,						
Check box if the per	son will or may rece	eive any deferre	d com	pensation	(descr	ibe the	terms b	elow)	
⁴ Provide the aggregate value o additional securities of the issu- rights exercisable to acquire and ⁵ Do not include deferred compe	er. Indicate the secu Iditional securities o	irity codes for ai							

a) Name of person compe	nsated and regis	tration status								
Indicate whether the person com	pensated is a regist	rant.	☐ No	\checkmark	Yes					
If the person compensated is an i	ndividual, provide t	he name of the indi	vidual.							
Full legal name of individ	dual									
		amily name	F	irst given n	name		Sec	ondary give	n name	s
If the person compensated is not	an individual, provi	de the following info	ormation.							
Full legal name of	f non-individual	ACCILENT CAP	ITAL MANAGE	MENT II	NC.					
Fin	m NRD number	1 2 4	1 0			(if appli	cable)			
Indicate whether the person com	pensated facilitated	the distribution thro	ough a funding p	ortal or ar	n internet-	-based po	ortal.	\checkmark	No [Yes
b) Business contact inform	nation									
If a firm NRD number is not prov	ided in Item 8 (a), p	rovide the business	contact informati	ion of the	person be	ring com	pensated.			
Street address										
Municipality				F	Province/	State				
Country				Postal o	code/Zip	code				
Email address				Telep	ohone nu	ımber				
c) Relationship to issuer o	r investment fund	d manager								
Indicate the person's relationship the Instructions and the meaning							ning of "co	onnected"	in Part	B(2) of
Connect with the issue				_	-		er than ar	n investme	ent func	d)
Director or officer of the	e investment fund o	or investment fund n	nanager	- Employ	yee of the	issuer o	or investm	ent fund r	nanage	er
✓ None of the above			_	-						
d) Compensation details										
Provide details of all compensation Canadian dollars. Include cash co incidental to the distribution, such allocation arrangements with the	mmissions, securitie as clerical, printing	es-based compensat g, legal or accountin	ion, gifts, discoun g services. An issi	its or othe uer is not	r compens required t	sation. D o ask for	o not repo	ort payme	nts for s	services
Cash commissions paid	6,00	00.40			Security c	ode 1	Security c	ode 2	ecurity of	code 3
Value of all securities distributed as compensation			Security codes		WN	Т				
·		tions or other rights	85,720 Warr Exercisable			hs, Exp	oiring No	vember 3	30, 202	24,
Other compensation	5	Describe		Ψ ψ0.00						
Total compensation paid	6,00	00.40								
Check box if the pers	son will or may rece	eive any deferred co	empensation (des	scribe the	terms be	low)				
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compe	r. Indicate the secu ditional securities o	ırity codes for all se	tion, <u>excluding</u> o _l curities distribute	otions, wa ed as com	arrants or pensatior	other rig n, <u>includi</u>	hts exerci ing option	isable to a	cquire s or oth	her

a) Name of person compen	sated and registration	on status								
Indicate whether the person comp	ensated is a registrant.		☐ No	\checkmark	Yes					
If the person compensated is an in	dividual, provide the no	ame of the indivi	dual.							
Full legal name of individu	ıal									
	Famil	y name	Fir	st given na	ame		Seco	ondary given	names	
If the person compensated is not a	n individual, provide th	ne following infor	mation.							
Full legal name of	non-individual LEE	DE JONES G	ABLE INC.							
Firm	NRD number 5	7 7	0			(if appli	cable)			
Indicate whether the person comp	ensated facilitated the	distribution throu	ıgh a funding poi	tal or an	internet-l	based po	ortal.	✓ N	lo [Yes
b) Business contact informa	ation									
If a firm NRD number is not provid	ded in Item 8 (a), provid	le the business co	ontact informatio	n of the p	person bei	ng comp	oensated.			
Street address										
Municipality				Р	rovince/S	State				
Country				Postal c	ode/Zip	code				
Email address				Telep	hone nur	mber				
c) Relationship to issuer or	investment fund ma	nager								
Indicate the person's relationship with the Instructions and the meaning of							ning of "co	onnected" ii	n Part I	B(2) of
Connect with the issuer			,,	•	-		er than an	investmen	it fund))
Director or officer of the	investment fund or inv	estment fund ma	anager \square	Employe	ee of the i	issuer o	r investm	ent fund ma	anager	ſ
None of the above			_						-	
d) Compensation details										
Provide details of all compensation Canadian dollars. Include cash con incidental to the distribution, such allocation arrangements with the d	nmissions, securities-ba as clerical, printing, leg	sed compensatio al or accounting	n, gifts, discounts services. An issue	or other er is not r	compensorequired to	ation. Do ask for	o not repo	ort payment	ts for se	ervices
Cash commissions paid	2,640.00	0			Security co	ode 1	Security c	ode 2 Se	curity co	ode 3
Value of all securities distributed as compensation ⁴			Security codes	,	W N	Т				
Describe terr	ns of warrants, options	or other rights	52,800 Warra			ns, Exp	iring Ded	cember 6,	2024	,
Other compensation ⁵		Describe		•						
Total compensation paid	2,640.00									
Check box if the person	on will or may receive a	⊐ any deferred con	npensation (desc	ribe the t	terms belo	ow)				
⁴ Provide the aggregate value of a additional securities of the issuer rights exercisable to acquire addi ⁵ Do not include deferred compen-	Indicate the security of the	codes for all secu	on, <u>excluding</u> opt urities distributed	ions, wai l as comp	rrants or o	other rigi includi	hts exercing option	isable to ac s, warrants	quire or oth	er

a) Name of person com	pensated and registration sta	tus							
Indicate whether the person co	ompensated is a registrant.		✓ No		Yes				
If the person compensated is a	n individual, provide the name of	the individ	ual.						
Full legal name of indi	vidual								
	Family name		First	given nar	me	Se	condary give	n names	
If the person compensated is n	ot an individual, provide the follow	wing inforn	nation.						
Full legal name	e of non-individual Bua Capit	tal Manag	gement Ltd.						
F	Firm NRD number				(if ap	plicable)			
Indicate whether the person co	ompensated facilitated the distribu	tion throug	gh a funding port	al or an i	internet-based	portal.	√ 1	No [Yes
b) Business contact info	rmation								
If a firm NRD number is not pr	ovided in Item 8 (a), provide the b	ousiness co	ntact information	of the pe	erson being co	mpensated	1.		
Street address	908-510 Burrard St								
Municipality	Vancouver			Pro	ovince/State	British	Columbia	ı	
Country	Canada		P	ostal co	ode/Zip code	V6C 3	3A8		
Email address				Teleph	one numbe				
c) Relationship to issue	or investment fund manager	,							
	hip with the issuer or investment fiing of "control" in section 1.4 of N						'connected"	in Part E	3(2) of
	uer or investment fund manager	145-100 [0	· · · <u>—</u>	-	f the issuer (c		an investme	nt fund)	
<u> </u>	-	. 4 6	_		•			·	
Director or officer of	the investment fund or investmer	nt rund mai	nager i	=mpioye	e of the issue	r or investi	ment tuna m	anager	
✓ None of the above									
d) Compensation details	3								
Canadian dollars. Include cash incidental to the distribution, su	tion paid, or to be paid, to the per commissions, securities-based cor uch as clerical, printing, legal or ac he directors, officers or employees	mpensation ccounting s	n, gifts, discounts (services. An issuer	or other o is not re	compensation equired to ask	Do not re	port paymer	nts for se	ervices
Cash commissions p	aid 2,000.00			S	Security code 1	Security	code 2 Se	ecurity co	ode 3
Value of all securiti distributed as compensati		s	ecurity codes	٧	V N T				
•	terms of warrants, options or oth		40,000 Warrar Exercisable @		8 Months, E	xpiring D	ecember 6	, 2024,	,
Other compensation	on ⁵	Describe	Excitisable ©	Ψ0.00					
Total compensation p	aid 2,000.00								
Check box if the p	erson will or may receive any def	erred com	pensation (descri	be the te	erms below)				
additional securities of the iss	of all securities distributed as con suer. Indicate the security codes f additional securities of the issuer. pensation.	or all secu							ər

a) Name of person comp	pensated and registration status		
Indicate whether the person co	ompensated is a registrant.	✓ No	
If the person compensated is a	n individual, provide the name of the indivi	dual.	
Full legal name of indi	vidual Buick	Jonathan	
	Family name	First given name	Secondary given names
If the person compensated is n	ot an individual, provide the following info	mation.	
Full legal name	e of non-individual		
F	Firm NRD number	(if ap	pplicable)
Indicate whether the person co	ompensated facilitated the distribution thro	ugh a funding portal or an internet-base	d portal. ✓ No ☐ Yes
b) Business contact info	rmation		
If a firm NRD number is not pr	rovided in Item 8 (a), provide the business c	ontact information of the person being c	ompensated.
Street address	2704-401 Bay St		
Municipality	Toronto	Province/State	e Ontario
Country	Canada	Postal code/Zip code	M5H 2Y4
Email address		Telephone numbe	ı
c) Relationship to issuer	r or investment fund manager		
	hip with the issuer or investment fund manding of "control" in section 1.4 of NI 45-106		
Connect with the issu	uer or investment fund manager	Insider of the issuer (other than an investment fund)
Director or officer of	the investment fund or investment fund ma	anager Employee of the issue	er or investment fund manager
✓ None of the above			
d) Compensation details	S		
Canadian dollars. Include cash incidental to the distribution, suallocation arrangements with to	ntion paid, or to be paid, to the person ident commissions, securities-based compensation uch as clerical, printing, legal or accounting the directors, officers or employees of a non-	on, gifts, discounts or other compensation services. An issuer is not required to ask	a. Do not report payments for services
Cash commissions p	aid 3,200.00	Security code 1	Security code 2 Security code 3
Value of all securiti distributed as compensation		Security codes W N T	
Describe	terms of warrants, options or other rights	64,000 Warrants for 18 Months, E Exercisable @ \$0.08	expiring December 6, 2024
Other compensation	Describe		
Total compensation pa	3,200.00		
Check box if the pe	erson will or may receive any deferred cor	npensation (describe the terms below)	
additional securities of the iss	of all securities distributed as compensations of all security codes for all security codes for all securities of the issuer. If the pensation of the issuer of the issuer of the issuer.	on, <u>excluding</u> options, warrants or other urities distributed as compensation, <u>inc</u>	rights exercisable to acquire l <u>uding</u> options, warrants or other

a) Name of person comp	pensated and regi	stration status								
Indicate whether the person co	mpensated is a regis	trant.	✓ No		Yes					
If the person compensated is an	n individual, provide	the name of the indivi	dual.							
Full legal name of indiv	vidual									
		Family name	IFi	rst given nar	me		Seco	ndary give	names	S
If the person compensated is no	ot an individual, prov	vide the following info	rmation.							
Full legal name	of non-individual	Simone Capital C	orp.							
F	irm NRD number				(if	f applic	cable)			
Indicate whether the person co	mpensated facilitate	d the distribution thro	ugh a funding po	ortal or an i	nternet-bo	ased po	ortal.	√ 1	No [Yes
b) Business contact info	rmation									
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business c	ontact informatio	on of the pe	erson being	g comp	ensated.			
Street address	77 King Street W	est, Suite 1179								
Municipality	Toronto			Pro	ovince/St	ate	Ontario			
Country	Canada			Postal co	de/Zip co	ode	M5K 1F	22		
Email address				Teleph	one num	ber				
c) Relationship to issuer	or investment fun	d manager								
Indicate the person's relationsh the Instructions and the meani	•		-				ing of "co	onnected"	n Part	B(2) of
Connect with the issu					f the issue		er than an	investme	nt fund)
<u> </u>		or investment fund m	anager \square		e of the is:	·				
✓ None of the above			, П						Ū	
d) Compensation details										
Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, su allocation arrangements with the	tion paid, or to be pa commissions, securit ach as clerical, printir	ies-based compensationg, legal or accounting	on, gifts, discount services. An issu	s or other o	compensat quired to a	tion. Do ask for	not repo	rt paymer	its for s	ervices
Cash commissions pa	aid 4	00.00		S	ecurity code	e 1	Security co	ode 2 Se	ecurity c	ode 3
Value of all securitie distributed as compensation			Security codes	W	V N	Т			\perp	
Describe t	terms of warrants, o	ptions or other rights	8,000 Warra Exercisable		Months,	Expiri	ing Dece	ember 6,	2024	
Other compensatio	n ⁵	Describe	LACICISADIC	ω ψυ.υυ						
Total compensation pa	aid 4	00.00								
		eive any deferred cor				<u></u>				
⁴ Provide the aggregate value of additional securities of the issurights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec additional securities o	rurity codes for all sec								er

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 ⁶					
Provide nan	ne of reporting issue	r						7
Wholly owned subsidiary of	a foreign public issu	uer ⁶						_
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 ⁷				_
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item	10.				
⁶ An issuer is a wholly owned subside securities that are required by law to respectively. ⁷ Check this box if it applies to the collients. Refer to the definitions of "e.	o be owned by its direction every distribution every	ectors, are benefic en if the issuer mad	ially owned by the re de previous distribut	eporting issuer or ti tions of other types	the foreign	public is	ssuer,	
If the issuer is none of the	above, check this b	ox and complete	Item 9(a) - (c).					
a) Directors, executive officer	e and promoters of	of the issuer						
Provide the following information for	•		moter of the issuer F	or locations within	Canada s	tate the	nrovince	or
territory; otherwise state the country.							province	
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individe resident jurisdictio individu	ual or ail n of		onship to	
				Province or	country	D	0	Р
b) Promoter information								
If the promoter listed above is not an within Canada, state the province or								
Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual			to promo	
				Province or country	D		C)
c) Residential address of eac	h individual							
Complete Schedule 2 of this form completed report. Schedule 2 also					(a) and (b)	and at	tach to t	he

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	Big Gold Inc.					
Full legal name	Ben bouazza	Wafae				
	Family name	First given name	•	Seconda	ary given na	ames
Title	Corporate Secretary					
Telephone number	6473676201	Email address	wafae@v	enexcap	ital.com	
Signature	Wafae Ben bouazza	Date	2023	06	09	
			YYYY	MM	DD	

ITEM 11- CONTACT F	PERSON						
	ness contact information for this report, if different than t			9	,	regulator n	nay contact with any questions
Same as individua	al certifying the report						
Full legal name	Mitchell	Anne				Title	Manager, Issuer Services
	Family name	First given	name	Secondary	given names		
Name of company	Grove Corporate Service	es					
Telephone number	4166421807] Em	ail address	anne@grov	ecorp.ca	

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.