Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9109657

| ITEM 1 - REPORT TYPE | | | | | | | | | | |
|--|---|--------------|-----------|--------------|--------|------------|-----------|-----------------|------------------------------|---------------------|
| New report | | | | | | | | | | |
| Amended report | If amen | ded, pro | vide fi | ling dat | e of I | report | that is | being ame | ended 2020 05 04 | . (YYYY-MM-DD) |
| TEM 2 - PARTY CERTIFYING THE REPORT | | | | | | | | | | |
| Indicate the party certifying the re Instrument 81-106 Investment Fu | | | | | | | | | restment fund, refer to sect | ion 1.1 of National |
| Investment fund iss | suer | | | | - | | | | | |
| ✓ Issuer (other than a | an invest | ment fur | nd) | | | | | | | |
| | | | - / | | | | | | | |
| | | | | | | | | | | |
| Item 3 - Issuer Name a | ND OTH | ier Idei | NTIFIE | RS | | | | | | |
| Provide the following information | n about the | e issuer, or | if the is | suer is an | invest | ment fu | nd, abou | ut the fund. | | |
| Full lega | al name | Carlyle | Comn | nodities | Corp | Э. | | | | |
| Previous full lega | Previous full legal name Delrey Metals Corp. | | | | | | | | | |
| If the issuer's name chan | If the issuer's name changed in the last 12 months, provide most recent previous legal name. | | | | | | | | | |
| \ \ | Website www.carlylecommodities.com (if applicable) | | | | | | | | | |
| If the issuer has a legal entity identifier. provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier". | | | | | | | | | | |
| Legal entity id | lentifier | | | | | | | | | |
| If two or more issuers distributed | a single se | curity, pro | vide the | full legal | name | e(s) of th | e co-issu | ıer(s) other th | an the issuer named abov | е. |
| Full legal name(s) of co-is | ssuer(s) | | | | | | | (if applicable | e) | |
| | | | | | | | | | | |
| ITEM 4 - UNDERWRITER I | NFORM | ATION | | | | | | | | |
| If an underwriter is completing th | ne report, p | rovide the | underw | riter's full | legal | name a | nd firm I | NRD number. | | |
| Full legal name | | | | | | | | | | |
| Firm NRD number | | | | | | | (if app | olicable) | | |
| If the underwriter does not have a | If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter. | | | | | | | | | |
| Street address | | | | | | | | | | 7 |
| Municipality | | | | | | | Prov | ince/State | | Ĩ |
| Country | | | | | | Pos | tal code | e/Zip code | | |
| Telephone number | | | | | | | | Website | | (if applicable) |

| ITEM 5 - ISSUER INFORMATION |
|---|
| If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6. |
| a) Primary industry |
| Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity. |
| NAICS industry code 2 1 2 2 0 |
| If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations. |
| Exploration Development Production |
| Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply. |
| Mortgages Real estate Commercial/business debt Consumer debt Private companies |
| Cryptoassets |
| b) Number of employees |
| Number of employees: 🗹 0 - 49 🗌 50 - 99 🗌 100 - 499 🗌 500 or more |
| c) SEDAR profile number |
| Does the issuer have a SEDAR profile? |
| □ No ✓ Yes If yes, provide SEDAR profile number 0 0 0 4 5 5 1 6 |
| If the issuer does not have SEDAR profile complete item 5(d) - (h). |
| d) Head office address |
| Street address Province/State |
| Municipality Postal code/Zip code |
| Country Telephone number |
| e) Date of formation and financial year-end |
| Date of formation Financial year-end |
| YYYY MM DD 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 |
|-----------------------|---------------------|-------------------------|
| S100M to under \$500M | S500M to under \$1B | S1B or over |

| ib close is an investment fund, provide the following information: iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii |
|---|
| Full legal name |
| Firm NRD number |
| If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Country Postal code/Zjp code Telephone number Website (if applicable) D Type of investment fund Type of investment fund fund that most accurately identifies the issuer (select only one). Money market Country Postal code/Zjp code Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Country Indicate whether one or both of the following apply to the investment fund; regulated by the European Union (EU) directives that allow collective investment fund is avers Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment fund Date of formation and financial year-end of the investment fund YYYY MM DD MM DD MM <t< th=""></t<> |
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| d) Reporting issuer status of the investment fund Is the investment fund a reporting issuer in any jurisdication of Canada? No 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 USIP number |
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| If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. All All NS NU ON PE QC SK YT |
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| If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number |
| 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 over Date of NAV calculation: |

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

| purchasers | s resid n with | ent in that the distrib | jurisdi | tion of Canada | only. Do | o not include ii | diction of Canada, ind n Item 7 securities issi information provided | ued a | s payment of | f comm | issions or fi | |
|--|---|--|--|---|--|--|--|--------------------------|---|----------------------------------|----------------|------------------------------------|
| a) Cur | rrency | , | | | | | | | | | | |
| Select the | curren | cy or curre | encies i | n which the dist | ribution | was made. All | dollar amounts prov | ided i | n the report | must be | e in Canadi | an dollars. |
| 🖌 Cana | dian o | dollar | | US dollar | | Euro | Other (descri | be) | | | | |
| b) Dist | tributi | on date(s | 5) | | | | | | | | | |
| as both th | 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 2020 04 29 End date 2020 04 29 | | | | | | | | | | | |
| | | | | YYYY | MM | DD | | | YYYY | MM | DD | |
| c) Det | ailed | purchase | er infor | mation | | | | | | | | |
| Complet | te Sch | edule 1 | of this | form for ea | ch purc | haser and a | ttach the schedul | e to i | the comple | eted re | eport. | |
| d) Typ | pes of | securitie | s distr | ibuted | | | | | | | | |
| | | | | | | | security basis. Refer t JSIP number assigned | | | | | ow to indicate the |
| | _ | | | | | | | | | | Canadian \$ | |
| Security code | | IP number pplicable) | | Descriptio | n of secur | rity | Number of securities | | Single or lowest price | Hig | hest price | Total amount |
| U B S | 5 24 | 4735H | one of th one | s, each Unit common sh e Issuer (a l whole transi e purchase | are in t Jnit Sh ferable | he capitals are) and common | 8,628,333.0 | 00 | 0.0750 | C | 0.0750 | 647,124.99 |
| | toile o | frighte o | - | vertible/exch | | | | | | | | |
| If any righ | nts (e.g | warrants, | option | s) were distribu | ted, prov | ide the exercis | | | | | | xchangeable securities |
| Convertib exchanges security c | able | Underlyi security c | | | ise price adian \$) ні | ghest | Expiry date (YYYY- MM-DD) | Co | nversion ratio | Des | scribe other i | tems (if applicable) |
| W N | Т | C M | s | 0.2000 | | 0.2000 | 2025-04-29 | 1:1 | | | | |
| f) Sum | nmarv | of the di | stribut | ion by jurisdic | tion and | d exemption | I | | | | | |
| purchaser distributio This table purchaser jurisdictio | r reside on in a requir reside n. | s and for e jurisdictio es a separ s, if a purc | each ex n of Ca ate line chaser r | emption relied (nada, include d item for: (i) eac esides in a juris | on in Car istributio ch jurisdi diction o | nada for that c ins to purchase ction where a f Canada, and | f purchasers for each distribution. However, ers resident in that jun purchaser resides, (ii) I (iii) each exemption e state the country. | if an risdict each | issuer locate tion of Canac exemption r | d outsid da only. elied or | de of Canac | la completes a sdiction where a |
| | | nce or ntry | | | Exe | emption relied o | n | Nu | Imber of uniqu purchasers | le ^{2<u>ā</u>} | Total ar | mount (Canadian \$) |
| Brit | tish C | olumbia | à | NI 45-106 2 | .3 [Acc | credited inv | estor] | | | 6 | | 138,000.00 |
| | Ont | ario | | NI 45-106 2 | .3 [Acc | credited inv | restor] | | | 12 | | 353,499.99 |
| | Qué | ebec | | NI 45-106 2 | .3 [Acc | credited inv | restor] | | | 10 | | 140,625.00 |
| | Alb | erta | | NI 45-106 2 | .3 [Acc | credited inv | restor] | | | 1 | | 15,000.00 |
| | | | | | | Tota | I dollar amount of s | ecuri | ities distrib | uted | | 647,124.99 |
| | | | | | Tota | I number of | unique purchasers ² | b | | 29 | | |
| | | | | | | | | | | | | |

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

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

g) Net proceeds to the investment fund by jurisdiction

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

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

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

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 person the distribution. Complete addition | | | | | | • • | sation in connection v | <i>with</i> |
| Indicate whether any compensation | on was paid, or will be | paid, in connecti | on with the dis | stribution | | | | |
| 🗌 No 🗹 Yes | If yes, indicate nu | umber of perso | ns compens | sated. | 3 | | | |
| a) Name of person compens | sated and registration | on status | | | | | | |
| Indicate whether the person compe | nsated is a registrant. | | No No | \checkmark | Yes | | | |
| If the person compensated is an inc | lividual, provide the na | me of the individ | lual. | | | | | |
| Full legal name of individu | al | | | | | | | |
| | Family | name | | First given | name | Seco | ondary given names |] |
| If the person compensated is not a | n individual, provide th | e following infor | mation. | | | | | |
| Full legal name of | non-individual PI F | inancial Corp. | | | | | | |
| Firm | NRD number 5 | 2 9 | 0 | | (if ap | plicable) | | |
| Indicate whether the person compe | nsated facilitated the c | listribution throu | gh a funding p | portal or a | an internet-based | l portal. | ✓ No 🗌 Y | Yes |
| b) Business contact informa | | | | | | | | |
| If a firm NRD number is not provid | ed in Item 8 (a), provid | e the business co | ntact informa | tion of the | e person being co | mpensated. | | |
| Street address | | | | | | | | |
| Municipality | | | | | Province/State | | | |
| Country | | | | Postal | code/Zip code | | | |
| Email address | | | | Tele | phone number | , | | |
| c) Relationship to issuer or i | nvestment fund ma | nager | | | | | | |
| Indicate the person's relationship w the Instructions and the meaning o | | | | | | | onnected" in Part B(2) | of |
| Connect with the issuer of | or investment fund ma | nager | | Inside | r of the issuer (o | ther than an | investment fund) | |
| Director or officer of the i | nvestment fund or inve | estment fund ma | nager | _ Emplo | oyee of the issue | r or investme | ent fund manager | |
| \checkmark None of the above | | | | | | | | |
| d) Compensation details | | | | | | | | |
| Provide details of all compensation Canadian dollars. Include cash com incidental to the distribution, such a allocation arrangements with the du Cash commissions paid | missions, securities-bas Is clerical, printing, lego irectors, officers or emp | sed compensation al or accounting ployees of a non- | n, gifts, discou services. An iss | nts or oth suer is no | er compensation. t required to ask ; | Do not repo | ort payments for servio | ces |
| Value of all securities | 1,800.00 | | | | Security code 1 | Security co | ode 2 Security code 3 | 3 |
| distributed as compensation ⁴ | | | Security codes | • | | | | |
| | is of warrants, options | - | | | | | | |
| Other compensation ⁵ | | Describe | | | | | | |
| Total compensation paid | | | | | | | | |
| Check box if the person | n will or may receive a | ny deferred com | pensation (de | escribe th | e terms below) | | | _ |
| | | | | | | | | |
| ⁴ Provide the aggregate value of an additional securities of the issuer. | Indicate the security c | odes for all secu | | | | | | |
| rights exercisable to acquire addit. ⁵ Do not include deferred compens | | ISSUEF. | | | | | | |

| a) Name of person comp | pensated and registra | ation status | | | | | | | | |
|--|--|-----------------------|---|-----------------------------|---------------------------------|--|--|--|--|--|
| Indicate whether the person co | mpensated is a registra | nt. | No No | ✓ Y | /es | | | | | |
| If the person compensated is ar | n individual, provide the | name of the indivi | dual. | | | | | | | |
| Full legal name of indiv | /idual | | | | | | | | | |
| | Fa | mily name | Firs | st given nam | ne | Secondary given names | | | | |
| If the person compensated is not an individual, provide the following information. | | | | | | | | | | |
| Full legal name | of non-individual Ir | ndustrial Alliance | Securities Inc. | | | | | | | |
| F | irm NRD number | 1 5 4 | 0 0 | | (if app | blicable) | | | | |
| Indicate whether the person co | mpensated facilitated th | ne distribution throu | igh a funding por | tal or an in | nternet-based | portal. 🖌 No 🗌 Yes | | | | |
| b) Business contact info | rmation | | | | | | | | | |
| If a firm NRD number is not pro | ovided in Item 8 (a), pro | vide the business co | ontact informatio | n of the pei | rson being co | mpensated. | | | | |
| Street address | | | | | | | | | | |
| Municipality | | | | Pro | vince/State | | | | | |
| Country | | | • | Postal cod | de/Zip code | | | | | |
| Email address | | | | Telepho | one number | | | | | |
| c) Relationship to issuer | or investment fund r | nanager |] | | | | | | | |
| | | | | | | aning of "connected" in Part B(2) of | | | | |
| the Instructions and the meaning | - | | or the purposes o | - | - | | | | | |
| | uer or investment fund | | | | | ther than an investment fund) | | | | |
| Director or officer of t | he investment fund or | investment fund ma | anager | Employee | e of the issuer | or investment fund manager | | | | |
| None of the above | | | | | | | | | | |
| d) Compensation details | | | | | | | | | | |
| Canadian dollars. Include cash o | commissions, securities- tch as clerical, printing, | based compensatio | n, gifts, discounts services. An issue | or other co r is not req | ompensation. quired to ask f | stribution. Provide all amounts in Do not report payments for services for details about, or report on, internal | | | | |
| Cash commissions pa | aid 31,140 | .00 | | Se | ecurity code 1 | Security code 2 Security code 3 | | | | |
| Value of all securitie distributed as compensatic | | | Security codes | | | | | | | |
| | terms of warrants, optic | ons or other rights | | | | | | | | |
| Other compensatio | n ⁵ | Describe | | | | | | | | |
| Total compensation pa | aid | | | | | | | | | |
| Check box if the pe | erson will or may receiv | e any deferred con | pensation (desc | ribe the ter | rms below) | | | | | |
| | | | | | | | | | | |
| ⁴ Provide the aggregate value of additional securities of the issu rights exercisable to acquire a ⁵ Do not include deferred comp | uer. Indicate the securi additional securities of t | ty codes for all sect | | | | ights exercisable to acquire <u>ding</u> options, warrants or other | | | | |

| a) Name of person comp | ensated and registra | ition status | | | | | | | | |
|---|--|---|---|-------------------------------------|-----------------------------|--------------------------------------|--------------------|--|--|--|
| Indicate whether the person co | mpensated is a registran | t. | No No | ✓ Yes | | | | | | |
| If the person compensated is ar | n individual, provide the | name of the indivi | dual. | | | | | | | |
| Full legal name of indiv | vidual | | | | | | | | | |
| | Fan | nily name | Firs | t given name | | Secondary | given names | | | |
| If the person compensated is not an individual, provide the following information. | | | | | | | | | | |
| Full legal name | of non-individual In | tegral Wealth Se | ecurities Limited | ł | | | | | | |
| F | irm NRD number | 3 1 0 | | | (if appli | icable) | | | | |
| Indicate whether the person co | mpensated facilitated th | e distribution throu | igh a funding por | tal or an intern | ⊐ et-based p | ortal. 🗸 | 🛛 No 🗌 Yes | | | |
| b) Business contact info | mation | | | | | | | | | |
| If a firm NRD number is not pro | ovided in Item 8 (a), prov | vide the business co | ontact informatior | n of the person | being com | pensated. | | | | |
| Street address | | | | | | | | | | |
| Municipality | | | | Provinc | e/State | | | | | |
| Country | | | F | Postal code/Z | ip code | | | | | |
| Email address | | | | Telephone | number | | | | | |
| c) Relationship to issuer | or investment fund n | nanager | | | | | | | | |
| Indicate the person's relationsh the Instructions and the meanin Connect with the issu | | 1.4 of NI 45-106 f | or the purposes of | f completing th | is section. | ning of "connect er than an inves | | | | |
| Director or officer of t | he investment fund or i | nvestment fund ma | anager | Employee of the | ne issuer o | or investment fur | nd manager | | | |
| ✓ None of the above | | | | | | | | | | |
| d) Compensation details | | | | | | | | | | |
| Provide details of all compensat Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with th | commissions, securities- ch as clerical, printing, le | based compensatio egal or accounting | n, gifts, discounts services. An issue | or other compe r is not required | ensation. E I to ask for | o not report pay | ments for services | | | |
| Cash commissions pa | aid 8,000. | 00 | | Security | / code 1 | Security code 2 | Security code 3 | | | |
| Value of all securitie distributed as compensatio | | | Security codes | | | | | | | |
| | erms of warrants, optio | ns or other rights | | | | | | | | |
| Other compensatio | n ⁵ | Describe | | | | | | | | |
| Total compensation pa | iid | | L | | | |] | | | |
| Check box if the pe | erson will or may receive | any deferred con | npensation (desci | ribe the terms I | pelow) | | | | | |
| | | | | | | | | | | |
| ⁴ <i>Provide the aggregate value of additional securities of the issurights exercisable to acquire a</i> ⁵ <i>Do not include deferred comp</i> | ler. Indicate the security dditional securities of th | v codes for all secu | | | | | | | | |

| ITEM 9 - DIRECTORS, EXECU | TIVE OFFICERS | AND PROMOT | ERS OF THE ISS | SUER | | | | | | |
|--|---|-----------------------|--------------------------|---|-----------------------|----------|--------------------------|----|--|--|
| If the issuer is an investment fund | l, do not complete | Item 9. Procced to | Item 10. | | | | | | | |
| Indicate whether the issuer is any o | f the following (seled | t the one that appli | es - if more than one | e applies, select onl | y one). | | | | | |
| Reporting issuer in any juris | diction of Canada | | | | | | | | | |
| Foreign public issuer | | | | | | | | | | |
| Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶ | | | | | | | | | | |
| Provide nan | ne of reporting issue | ər | | | | | | | | |
| Wholly owned subsidiary of | a foreign public iss | uer ⁶ | | | | | | _ | | |
| Provide name of | foreign public issue | er | | | | | |] | | |
| Issuer distributing only eligi | ble foreign securitie | s and the distributio | n is to permitted clie | ents only ⁷ | | | | | | |
| If the issuer is at least one of the | above, do not com | plete Item 9(a) – (d | c). Proceed to Item | 10. | | | | | | |
| ⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions. | | | | | | | | | | |
| a) Directors, executive officer | s and promoters | of the issuer | | | | | | | | |
| Provide the following information for territory; otherwise state the country. | | | | | | tate the | province | or | | |
| Organization or company name | Family name | First given name | Secondary given names | Business loc non-individe resident jurisdictio individu | ual or ail n of | | onship to ct all that | | | |
| | | | | Province or | country | D | 0 | Р | | |
| | | | | | | | | | | |
| b) Promoter information | | | | | | | | | | |
| If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer. | | | | | | | | | | |
| Organization or company name | Organization or company nameFamily nameFirst given nameSecondary given namesResidential jurisdiction of individualRelationship to promoter (select one or both if applicable) | | | | | | | | | |
| | | | | Province or country | D | | С |) | | |
| | | | | | | | | | | |
| c) Residential address of eac | h individual | | | | | | | | | |

Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.

ITEM 10 - CERTIFICATION

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

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

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

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

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

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

| Name of issuer/underwriter/ investment fund manager/agent | Carlyle Commodities Corp. | arlyle Commodities Corp. | | | | | | | | |
|--|---------------------------|--------------------------|-------|------------|--------------|------|--|--|--|--|
| Full legal name | Moroney | | M. | | | | | | | |
| | Family name | First given name | | Seconda | ary given na | imes | | | | |
| Title | Corporate Secretary | rporate Secretary | | | | | | | | |
| Telephone number | 6046964236 | Email address | dmoro | ney@wiklov | w.com | | | | | |
| Signature | Donna Moroney | Date | | 0 05 | 05 | | | | | |
| | | | YYYY | Y MM | DD | | | | | |

ITEM 11- CONTACT PERSON

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

Same as individual certifying the report

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

Notice - Collection and use of personal information

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

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

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

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

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