Form 45-106F1 Report of Exempt Distribution

ITEM 1 – REPORT TYPE								
X New report Amended report If amended, provide filing date of report that is being amended. (YYYY-MM-DD)								
ITEM 2 – PARTY CERTIFYII	NG 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 X Issuer (other than an investment fund) Underwriter								
ITEM 3 – ISSUER NAME AN	ND OTHER IDENT	IFIERS						
Provide the following information about	the issuer, or if the issuer	is an investment fund, about ti	he fund.					
Full legal name	Blue Lagoon Resou	rces Inc.						
Previous full legal name								
If the issuer's name changed in	the last 12 months, prov	ide most recent previous legal	name.					
Website		(if ap	oplicable)					
If the issuer has a legal entity identifier, p	provide below. Refer to Pa	rt B of the Instructions for the o	definition of "legal entity identif	ier".				
Legal entity identifier								
If two or more issuers distributed a single	security, provide the full	legal name(s) of the co-issuer(.	s) other than the issuer named (above.				
Full legal name(s) of co-issuer(s)		(if ap	oplicable)					
ITEM 4 - UNDERWRITER I								
If an underwriter is completing the repor	t, provide the underwriter'	s full legal name and firm NRI	O number.	1				
Full legal name	Full legal name							
Firm NRD number	Firm NRD number (if applicable)							
If the underwriter does not have a firm N	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	ephone number Website (if applicable							

If the iccuer is an	
-	investment fund, do not complete Item 5. Proceed to Item 6.
a) Primary i	ndustry
	lorth American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely suer's primary business activity.
	NAICS industry code 2 1 2 2 9 9
	mining industry, indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in Select the category that best describes the issuer's stage of operations. Development Production
Is the issuer's primary Mortgage Cryptoas	
b) Number	of employees
Number of e	mployees: X 0 – 49 50 – 99 100 – 499 500 or more
c) SEDAR	profile number
	Yes If yes, provide SEDAR profile number 0 0 0 4 6 5 9 6 not have a SEDAR profile complete Item 5(d) – (h).
d) Head offi	ce address
Street address	Province/State Province
Municipality	Postal code/Zip code
Country	
Country	Telephone number
	Telephone number prmation and financial year-end
	prmation and financial year-end
e) Date of form	ormation and financial year-end ation Financial year-end
e) Date of form f) Reporting	prmation and financial year-end ation YYYY MM DD Financial year-end MM DD
e) Date of form Date of form f) Reporting Is the issuer a reporti	prmation and financial year-end ation
e) Date of form Date of form f) Reporting Is the issuer a reporti	prmation and financial year-end ation YYYY MM DD Financial year-end MM DD MM DD MISsuer status
e) Date of form Date of form f) Reporting Is the issuer a reporting If yes, select the jurising	prmation and financial year-end ation
e) Date of form Date of form f) Reporting Is the issuer a reporti If yes, select the jurise All NS	prmation and financial year-end ation Financial year-end MM DD TYYYY MM DD Tyyy MM DD Tyyyy MM DD Tyyyy MM DD Tyyyy MM DD Tyyyy MM DD Tyyy MM DD Tyyyy MM DD Tyyyy MM DD Tyyyy MM DD Tyyyy MM DD Tyyy MM DD Tyyyy MM DD Tyyyy MM DD Tyyyy MM DD Tyyyy MM DD Tyyy MM DD Tyyyy MM DD Tyyyy MM DD Tyyyy MM DD Tyyyy MM DD Tyyy MM DD Tyy MM DD Tyyy MM DD T
e) Date of form f) Reporting Is the issuer a reporti If yes, select the jurise All NS g) Public lis If the issuer has a CU	primation and financial year-end ation
e) Date of form f) Reporting Is the issuer a reporti If yes, select the jurise All NS g) Public lis If the issuer has a CU CUSIP If the issuer is publicle exchange and not a second	primation and financial year-end ation
e) Date of form Date of form f) Reporting Is the issuer a reporti All NS g) Public lis If the issuer has a CU CUSIP If the issuer is publicle exchange and not a in Exchange.	ormation and financial year-end ation Financial year-end MM DD g issuer status Ing issuer in any jurisdiction of Canada? No Yes dictions of Canada in which the issuer is a reporting issuer. AB BC MB NB NL NT NU ON PE QC SK YT Iting status SIP number, provide below (first 6 digits only). Inumber Visted, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an rading facility such as, for example, an automated trading system.
e) Date of form. f) Reporting Is the issuer a reporti If yes, select the jurist All NS g) Public lis If the issuer has a CU CUSIP If the issuer is public! exchange and not a in Exchange h) Size of is Select the size of the	primation and financial year-end ation

\$100M to under \$500M \$500M to under \$1B \$1B or over
ITEM 6 - INVESTMENT FUND ISSUER INFORMATION
If the issuer is an investment fund, provide the following information.
a) Investment fund manager information
Full legal name
Firm NRD Number (if applicable)
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 Province/State
Country Postal code/Zip code
Telephone number Website (if applicable)
b) Type of investment fund
Type of investment fund that most accurately identifies the issuer (select only one). Money market
Is a UCITs Fund¹ ¹Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.
c) Date of formation and financial year-end of the investment fund Date of formation Financial year-end MM DD YYYY MM DD MM DD
d) Reporting issuer status of the investment fund
Is the investment fund a reporting issuer in any jurisdiction of Canada? No Yes
If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. All AB BC MB NB NL NT NS NU ON PE QC SK YT
e) Public listing status of the investment fund
If the investment fund has a CUSIP number, provide below (first 6 digits only). CUSIP number If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system. Exchange name
f) Net asset value (NAV) of the investment fund
Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$). \$0 to under \$5M \$5M to under \$25M \$25M to under \$100M \$100M to under \$500M \$500M to under \$1B \$1B or 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.

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a)) Currenc	N
a	Oulicit	v

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

X 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
 2020
 08
 12

 YYYY
 MM
 DD

 End date
 2020
 08
 12

 YYYY
 MM
 DD

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 Description of security (if applicable)		Number of securities	Single or lowest price	Highes t price	Total amount
U	В	S	Units, consisting of one common share and one-half of a warrant		21,496,301	0.35		7,523,706

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 /		xchangeable Underlying		Convertible / exchangeable		•		se price dian \$)	Expiry date	Conversion	Describe other terms (if applicable)
sec	curity c	ode	sec	urity c	ode	Lowest	Highest	(YYYY-MM-DD)	ratio	, , ,		
W	Ν	Т	С	М	S	0.50		2022-08-12	1:1	Acceleration provisions		

f) Summary of the distribution by jurisdiction and exemption

State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only.

This table requires a separate line item for: (i) each jurisdiction where a purchaser resides, (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign jurisdiction.

For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Exemption relied on	Number of unique purchasers ^{2a}	Total amount (Canadian \$)
BC	Section 2.3 of NI 45-106	116	2,881,880
BC	Section 2.5 of NI 45-106	3	109,501
AB	Section 2.3 of NI 45-106	43	867,794
ON	Section 2.3 of NI 45-106	38	2,208,206
QC	Section 2.3 of NI 45-106	2	105,000
SK	Section 2.3 of NI 45-106	5	92,600

United States	BCI 72-503	6	256,550
Grand Cayman	Section 2.3 of NI 45-106	1	35,000
Australia	Section 2.3 of NI 45-106	3	163,275
Switzerland	Section 2.3 of NI 45-106	4	80,500
Germany	Section 2.3 of NI 45-106	11	276,660
United Kingdom	Section 2.3 of NI 45-106	2	87,500
Paraguay	Section 2.3 of NI 45-106	1	101,115
Thailand	Section 2.3 of NI 45-106	2	88,725
British Virgin Islands	Section 2.3 of NI 45-106	1	35,000
Belgium	Section 2.3 of NI 45-106	1	70,000
Bosnia	Section 2.3 of NI 45-106	1	32,900
Costa Rica	Section 2.3 of NI 45-106	1	31,500
	Total dollar amount of sec	urities distributed	7,523,706
	Total number of unique purchasers ^{2b}	241	

^{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.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)
1.				
2.				
3.				

^{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.

ITEM 8 - COMPENSA	ATION INFO	RMATION					
			* *	or will provide, any compensation in son was, or will be, compensated.			
Indicate whether any compensation was paid, or will be paid, in connection with the distribution. No X Yes If yes, indicate number of persons compensated.							
a) Name of person c	ompensated ar	nd registration st	atus				
Indicate whether the person con No X Yes	mpensated is a re	gistrant.					
If the person compensated is ar	n individual, provi	de the name of the	individual.				
Full legal name of individu							
		mily name	First given name	Secondary given names			
If the person compensated is no							
Full legal name of r		Mackie Resear					
	NRD number	3 0 7	0 (if applic				
X No Yes	mpensated facilit	ated the distribution	n through a funding portal or an	ınternet-based portal.			
b) Business contact	information						
The state of the s	ovided in Item 8(a	n), provide the busir	ness contact information of the p	erson being compensated.			
Street address							
Municipality			Province/State				
Country			Postal code/Zip code				
Email address			Telephone number				
c) Relationship to iss	suer or investm	ent fund manage	er				
Part B(2) of the Instructions and Connected with the is Insider of the issuer (Director or officer of the issuer Employee of the issuer	d the meaning of ssuer or investme other than an invente investment fur	"control" in section int fund manager estment fund) ind or investment fu	1.4 of NI 45-106 for the purpose	Refer to the meaning of "connected" in es of completing this section.			
X None of the above							
d) Compensation de							
amounts in Canadian dollars. In payments for services incidenta	nclude cash comn Il to the distribution	nissions, securities- on, such as clerical,	based compensation, gifts, discou printing, legal or accounting ser	ction with the distribution. Provide all unts or other compensation. Do not report vices. An issuer is not required to ask for s of a non-individual compensated by the			
Cash commissions paid	\$13,981						
Value of all securities distributed as compensation ⁴	0	Secu	urity codes W N T	Security code 2 Security code 3			
Describe terms of wa	arrants, options	or other rights	39,945 finder's warrants, e share at a price of \$0.50 fo	ach exercisable into a common			
Other compensation ⁵		Describe		. a. pones e. a. i monare.			
Total compensation paid							
⁴ Provide the aggregate value of all se	ecurities distributed a r all securities distrib	ns compensation, <u>exclu</u>		s below) exercisable to acquire additional securities of the ghts exercisable to acquire additional securities of			

ITEM 8 - COMPENS	ATION INFO	RMATION					
· · · · · · · · · · · · · · · · · · ·			* *	or will provide, any compensation in on was, or will be, compensated.			
Indicate whether any compensor No X Yes	Indicate whether any compensation was paid, or will be paid, in connection with the distribution. No X Yes If yes, indicate number of persons compensated.						
a) Name of person c	ompensated ar	nd registration st	atus				
Indicate whether the person col	mpensated is a re	gistrant.					
If the person compensated is an	n individual, provi	de the name of the	individual.				
Full legal name of individu							
16.1		mily name	First given name	Secondary given names			
If the person compensated is no		Leede Jones G					
Full legal name of i							
	NRD number	5 7 7	0 (if applica	•			
No Yes	mpensated facilit	ited the distribution	n through a funding portal or an	ınternet-based portal.			
b) Business contact	information						
F	ovided in Item 8(a), provide the busir	ness contact information of the pe	erson being compensated.			
Street address							
Municipality [Province/State				
Country			Postal code/Zip code				
Email address			Telephone number				
c) Relationship to iss	suer or investm	ent fund manage	er				
	d the meaning of ssuer or investme	"control" in section nt fund manager	manager (select all that apply). 1.4 of NI 45-106 for the purpose	Refer to the meaning of "connected" in s of completing this section.			
Director or officer of t	he investment fur	nd or investment fu	ind manager				
Employee of the issue	er or investment f	und manager					
X None of the above							
d) Compensation de	tails						
amounts in Canadian dollars. In payments for services incidenta	nclude cash comn Il to the distributio	nissions, securities- on, such as clerical,	based compensation, gifts, discou printing, legal or accounting serv	ction with the distribution. Provide all unts or other compensation. Do not report vices. An issuer is not required to ask for of a non-individual compensated by the			
Cash commissions paid	\$20,353						
Value of all securities distributed as	0	Sec	Security code 1	Security code 2 Security code 3			
compensation ⁴	Ů		y N N I				
Describe terms of wa	Describe terms of warrants, options or other rights 51,150 finder's warrants, each exercisable into a common share at a price of \$0.50 for a period of 24 months.						
Other compensation ⁵		Describe					
Total compensation paid	\$20,353						
⁴ Provide the aggregate value of all se	ecurities distributed a r all securities distrib	s compensation, <u>exclu</u>		s below) xercisable to acquire additional securities of the this exercisable to acquire additional securities of			

ITEM 8 - COMPENSA	ATION INFO	RMATION								
				rides, or will provide, any compensatio e person was, or will be, compensati						
Indicate whether any compensation was paid, or will be paid, in connection with the distribution. No X Yes If yes, indicate number of persons compensated.										
a) Name of person compensated and registration status										
Indicate whether the person con No X Yes	mpensated is a re	gistrant.								
If the person compensated is an individual, provide the name of the individual.										
Full legal name of individual										
Family name First given name Secondary given names										
If the person compensated is no Full legal name of r		IBK Capital Co								
_			· -							
Firm Indicate whether the person con	NRD number	1 7 9		applicable)						
X No Yes		nea the distribution	n through a funding portact	ог ан ініетеі-ваѕеа ропаі.						
b) Business contact										
If a firm NRD number is not pro	ovided in Item 8(a	ı), provide the busir	ness contact information of	the person being compensated.						
L			D : (0							
Municipality [Province/S							
Country	Country Postal code/Zip code									
Email address			Telephone num	nber						
c) Relationship to iss	suer or investm	ent fund manage	er							
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connected 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 manager Employee of the issuer or investment fund manager										
X None of the above										
amounts in Canadian dollars. In payments for services incidenta	tion paid, or to be nclude cash comn Il to the distributio	nissions, securities- on, such as clerical,	based compensation, gifts, oprinting, legal or accounting	connection with the distribution. Provi discounts or other compensation. Do ng services. An issuer is not required to loyees of a non-individual compensat	not report o ask for					
Cash commissions paid	\$78,750									
Value of all securities distributed as compensation ⁴	0	Seci	urity codes Security code W N	e 1 Security code 2 Security c	ode 3					
Describe terms of wa	arrants, options	or other rights		ants, each exercisable into a com 50 for a period of 24 months.	mon					
Other compensation ⁵		Describe	Share at a phoc of wo.	oo for a period of 24 months.						
Total compensation paid	\$78,750									
⁴ Provide the aggregate value of all se	ecurities distributed a r all securities distrib	ns compensation, <u>exclu</u>		terms below) rights exercisable to acquire additional secun other rights exercisable to acquire additional s						

ITEM 8 - COMPENSA	ATION INFO	RMATION								
			* *	or will provide, any compensation in son was, or will be, compensated.						
Indicate whether any compensation was paid, or will be paid, in connection with the distribution. No X Yes If yes, indicate number of persons compensated.										
Name of person compensated and registration status										
Indicate whether the person con No X Yes	mpensated is a re	gistrant.								
If the person compensated is an individual, provide the name of the individual.										
Full legal name of individual										
Family name First given name Secondary given names										
If the person compensated is no	T T									
Full legal name of r	<u>.</u>	Haywood Secu	T T T 1							
	NRD number	1 6 3	0 (if applic							
X No Yes	mpensated facilita	ated the distribution	n through a funding portal or an	ınternet-based portal.						
b) Business contact	information									
The state of the s	ovided in Item 8(a	n), provide the busir	ness contact information of the p	erson being compensated.						
Street address										
Municipality			Province/State							
Country			Postal code/Zip code							
Email address			Telephone number							
c) Relationship to iss	suer or investme	ent fund manage	er							
c) Relationship to issuer or investment fund manager Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connected 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 manager Employee of the issuer or investment fund manager										
X None of the above	4-:1-									
amounts in Canadian dollars. In payments for services incidenta	tion paid, or to be nclude cash comn Il to the distributio	nissions, securities- on, such as clerical,	based compensation, gifts, discou printing, legal or accounting ser	ction with the distribution. Provide all unts or other compensation. Do not report vices. An issuer is not required to ask for s of a non-individual compensated by the						
Cash commissions paid	\$12,985									
Value of all securities distributed as compensation ⁴	0	Secu	urity codes W N T	Security code 2 Security code 3						
Describe terms of wa	arrants, options	or other rights	37,100 finder's warrants, e share at a price of \$0.50 fo	ach exercisable into a common						
Other compensation ⁵		Describe	chare at a price of \$0.00 to	r a ported of 24 months.						
Total compensation paid	\$12,985									
⁴ Provide the aggregate value of all se	ecurities distributed a r all securities distribu	ns compensation, <u>exclu</u>		s below) exercisable to acquire additional securities of the ghts exercisable to acquire additional securities of						

ITEM 8 - COMPENSA	ATION INFOR	RMATION								
Provide information for each pectonnection with the distribution						-	-			
Indicate whether any compensation was paid, or will be paid, in connection with the distribution. No X Yes If yes, indicate number of persons compensated.										
a) Name of person compensated and registration status										
Indicate whether the person con No X Yes	mpensated is a regi	istrant.								
If the person compensated is an individual, provide the name of the individual.										
Full legal name of individual										
Family name First given name Secondary given names										
If the person compensated is no	T									
Full legal name of	Ι.	Canaccord G	enuity Corp							
	n NRD number	9 0 0			(if applica					
Indicate whether the person con X No Yes	mpensated facilitat	ed the distribution	n through a	funding por	tal or an	ınternet-	·based port	tal.		
b) Business contact i	information									
If a firm NRD number is not pro	ovided in Item 8(a),	provide the busin	ness contact	information	of the pe	erson bei	ng comper	nsated.		
Street address			1							
Municipality _				Province	e/State					
Country			Post	al code/Zi	ip code					
Email address			T€	lephone r	number					
c) Relationship to iss	suer or investme	nt fund manage	er							
c) Relationship to issuer or investment fund manager Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connected 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 manager Employee of the issuer or investment fund manager X None of the above										
d) Compensation de	tails									
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.										
Cash commissions paid	\$121,652.50									
Value of all securities distributed as compensation ⁴	\$25,000	Sec	urity codes	Security of N	T T		ty code 2 M S	Securi	ity code 3	
Describe terms of wa	arrants, options o	or other rights		inder's wa					ommon	
Other compensation ⁵	· 	Describe	snare at a	a price of S	101 UC.U¢	i a perio	ou oi 24 N	nonths.		
Total compensation paid	\$146,652.50		<u>I</u>							
Check box if the person ⁴ Provide the aggregate value of all se issuer. Indicate the security codes for the issuer. ⁵ Do not include deferred compensation	ecurities distributed as r all securities distribute	compensation, exclu	<u>uding</u> options, v	varrants or oth	her rights e.	xercisable				

ITEM 8 - COMPENSA	ATION INFO	RMATION								
				or will provide, any compensation in com was, or will be, compensated.						
Indicate whether any compensation was paid, or will be paid, in connection with the distribution. No X Yes If yes, indicate number of persons compensated.										
a) Name of person compensated and registration status										
Indicate whether the person con No X Yes	mpensated is a re	gistrant.								
If the person compensated is an individual, provide the name of the individual.										
Full legal name of individual										
Family name First given name Secondary given names										
If the person compensated is no	T T									
Full legal name of r	<u>.</u>	PI Financial Co	· 							
	NRD number	5 2 9	0 (if application							
No Yes	mpensated facilita	ated the distribution	n through a funding portal or an	ınternet-based portal.						
b) Business contact	information									
The state of the s	ovided in Item 8(a	n), provide the busir	ness contact information of the p	erson being compensated.						
Street address										
Municipality			Province/State							
Country			Postal code/Zip code							
Email address			Telephone number							
c) Relationship to iss	suer or investme	ent fund manage	er							
c) Relationship to issuer or investment fund manager Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connected 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 manager Employee of the issuer or investment fund manager										
X None of the above										
d) Compensation de	tails									
amounts in Canadian dollars. In payments for services incidenta	nclude cash comn Il to the distributio	nissions, securities- on, such as clerical,	based compensation, gifts, discou printing, legal or accounting ser	ction with the distribution. Provide all unts or other compensation. Do not report vices. An issuer is not required to ask for s of a non-individual compensated by the						
Cash commissions paid	\$11,662									
Value of all securities distributed as compensation ⁴	0	Sec	Security code 1 W N T	Security code 2 Security code 3						
Describe terms of wa	arrants, options	or other rights		ach exercisable into a common						
Other compensation ⁵		Describe	share at a price of \$0.50 fo	r a period of 24 months.						
Total compensation paid	\$11,662									
⁴ Provide the aggregate value of all se	ecurities distributed a r all securities distribu	ns compensation, <u>exclu</u>		s below) exercisable to acquire additional securities of the ghts exercisable to acquire additional securities of						

If	If the issuer is an investment fund, do not complete Item 9. Proceed to Item 10.										
In	dicate whether the issuer is any of th	he following (select th	e one that app	lies – if more th	nan one	applies, sele	ect only one).				
X Reporting issuer in any jurisdiction of Canada											
Foreign public issuer											
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶											
	Provide name of reporting issuer										
	Wholly owned subsidiary of a foreign public issuer ⁶										
	Provide name of fo	oreign public issuer									
Issuer distributing only eligible foreign securities and the distribution is to permitted clients only ⁷											
⁶ A laı	the issuer is at least one of the al n issuer is a wholly owned subsidiary of a w to be owned by its directors, are benefici	reporting issuer or a forei ally owned by the reportin	gn public issuer if ng issuer or the fol	all of the issuer's reign public issuer	outstandii r, respecti	ng voting secu vely.				,	
	heck this box if it applies to the current dist "eligible foreign security" and "permitted cl			listributions of othe	er types o	f securities to	non-permitted ci	lients. F	Refer to the	e definitions	
	If the issuer is none of the a	bove, check this bo	x and complet	te Item 9(a) –	(c).						
	a) Directors, executive office	cers and promoter	s of the issue	er							
	ovide the following information for rritory, otherwise state the country. I							da, sta	ite the pr	ovince or	
	Organization or company name	Family name	First given name	Secondary given names		non-ind resic jurisdi	dential (sele		issuer	elect all that	
						Province or country		D	0	Р	
	b) Promoter information										
lo	the promoter listed above is not an a cations within Canada, state the pro fficer.										
	Organization or company name										
				names		vince or ountry	D		0		

ITEM 9 – DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER

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 exempt 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	Blue Lagoon Resources Inc.								
Full legal name	Vig Rana								
	Family name	First given name	me Secondary given names						
Title	President & CEO								
Telephone number	604-218-4766	il.com							
Signature	"Rana Vig"	Date 2020 08							
		·	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 ind	ividual certifying the repo	ort								
Full legal name	Fong	Sandy				Title	Paralegal			
	Family name	First given nan	ne	Secondary giv names	ven					
Name of company	Morton Law LLP									
Telephone number	604-331-9547		En	nail address	sf@morto	onlaw.	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 Schedule 1 or 2, that this information is being collected by the securities regulatory authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.