# Form 45-106F1 Report of Exempt Distribution

ITEM 1 - REPORT TYPE						
✓ New report						
Amended report If amended, provide filing 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 reg Instrument 81-106 Investment Fund Continuous Disclosure and the comp	-	restment fund, refer to section 1.1 of National				
☐ Investment fund issuer						
✓ 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 an in	evestment fund, about the fund.					
Full legal name Golden Opportunity Re	esources Corp.					
Previous full legal name						
If the issuer's name changed in the last 12 months, provide most	recent previous legal name.					
Website www.golden-opps.com	ı (if applicab	e)				
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 identifier						
If two or more issuers distributed a single security, provide the full legal n	ame(s) of the co-issuer(s) other th	an the issuer named above.				
Full legal name(s) of co-issuer(s)	(if applicabl	e)				
ITEM 4 - UNDERWRITER INFORMATION						
If an underwriter is completing the report, provide the underwriter's full le	egal 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)				

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 <b>mining industry</b> , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.							
✓ Exploration ☐ Development ☐ Production							
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.							
☐ Mortgages ☐ Real estate ☐ Commercial/business debt ☐ Consumer debt ☐ Private companies							
☐ Cryptoassets							
b) Number of employees							
Number of employees: ✓ 0 - 49							
c) SEDAR profile number							
Does the issuer have a SEDAR profile?							
No  ✓ Yes If yes, provide SEDAR profile number  0 0 0 4 7 5 3 4							
If the issuer does not have SEDAR profile complete item 5(d) - (h).							
d) Head office address							
Street address Province/State							
Municipality Postal code/Zip code							
Country Telephone number							
e) Date of formation and financial year-end							
Date of formation Financial year-end MM DD Financial year-end							
f) Reporting issuer status							
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes							
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.							
☐ AII ☐ AB ☐ BC ☐ MB ☐ NB ☐ NL ☐ NT							
NS NU ON PE QC SK YT							
g) Public listing status							
If the issuer has a CUSIP number, provide below (first 6 digits only)							
CUSIP number							
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an							
exchange and not a trading facility such as, for example, an automated trading system.							
Exchange name							
h) Size of issuer's assets							

Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.

☐ \$0 to under \$5M	☐ \$5M to under \$25M	☐ \$25M to under \$100M
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

TEM 6 - INVESTMENT FUND ISSUER INFORMATION							
If the issuer is an inves	tment fund, provide the following information.						
a) Investment fund manager information							
Full legal name							
Firm NRD number	(if applicable)						
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.						
Street address							
Municipality	Province/State						
Country	Postal code/Zip code						
Telephone number	Website (if applicable)						
b) Type of investment	fund						
Type of investment fund tha	nt most accurately identifies the issuer (select only one) .						
Money market	☐ Equity ☐ Fixed income ☐ Balanced						
Alternative strateg	gies Cryptoasset Other (describe)						
Indicate whether one or bot	h of the following apply to the investment fund .						
Invests primarily in	n other investment fund issuers						
☐ Is a UCITs Fund¹							
<sup>1</sup> Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.						
c) Date of formation a	and financial year-end of the investment fund						
Date of forma	tion Financial year-end MM DD MM DD						
d) Reporting issuer st	atus of the investment fund						
Is the investment fund a reporting issuer in any jurisdication of Canada? No Yes							
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.						
☐ AII ☐	AB BC MB NB NL NT						
□ NS □	NU ON PE QC SK YT						
e) Public listing status	e) Public listing status of the investment fund						
If the investment fund has a	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							
	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 \$500M to under \$1B \$1B or over Date of NAV calculation:  YYYY MM DD						

## **ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION**

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

a)	Currency				
Select	the currency or curre	encies in which the distribu	ıtion was made. All	dollar amounts provided in th	ne report must be in Canadian dollars.
<b>√</b> C	anadian dollar	US dollar	Euro	Other (describe)	

### b) Distribution date(s)

0.....

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	05	20	End date	2020	05	20
	YYYY	MM	DD		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 (if applicable)			Description of security	Number of securities	Single or lowest price	Highest price	Total amount
U	В	Ø		Each Unit consists of One common share at \$0.10 and One-Half warrant. Each Whole warrant is exercisable by the holder at \$0.25 for two years		0.1000	0.1000	2,200,000.00
C	М	s	38116R	common shares	3,745,269.00	0.1000	0.1000	374,527.00

#### e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

Convertible / exchangeable		٠.		se price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)			
						Lowest	Highest			
W	Ν	Т	С	М	S	0.2500	0.2500	2022-05-20	1:1	

# f) Summary of the distribution by jurisdiction and exemption

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

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

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

Province or country	Exemption relied on	Number of unique <sup>28</sup> purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	46	865,500.00
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	2	4,500.00
Alberta	NI 45-106 2.3 [Accredited investor]	5	96,000.00
Ontario	NI 45-106 2.3 [Accredited investor]	13	995,000.00
United States	Other	3	39,000.00

	Total number of unique purchasers <sup>2</sup> b	73	
	Total dollar amount of se	curities distributed	2,574,527.00
Saskatchewan	NI 45-106 2.3 [Accredited investor]	1	25,000.00
British Columbia	NI 45-106 2.13 [Petroleum, natural gas and mining properties]	1	374,527.00
Thailand	NI 45-106 2.3 [Accredited investor]	2	145,000.00
India	NI 45-106 2.3 [Accredited investor]	1	30,000.00

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

#### g) Net proceeds to the investment fund by jurisdiction

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

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

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

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

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

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

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

<sup>&</sup>lt;sup>2b</sup> In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

ITEM 8 - COMPENSATIO	N INFORMATION								
Provide information for each pe the distribution. <b>Complete add</b>	· ·		, ,		•			in connectio	n with
Indicate whether any compens	ation was paid, or will be p	aid, in connecti	on with the distribution	n.					
No ✓ Yes	If yes, indicate nu	mber of perso	ons compensated.		7				
a) Name of person comp	ensated and registratio	n status							
Indicate whether the person cor	npensated is a registrant.		☐ No	✓ Ye	S				
If the person compensated is an	individual, provide the nar	me of the individ	dual.						
Full legal name of indiv	idual								
	Family	name	First give	n name			Secondary of	given names	
If the person compensated is no	t an individual, provide the	following infor	mation.						
Full legal name	of non-individual PI Fi	nancial Corp							
Fi	rm NRD number 5	2 9	0		(if	appli	cable)		
Indicate whether the person cor	npensated facilitated the di	istribution throu	igh a funding portal or	an inte	ernet-bas	sed p	ortal. 🗸	] No 🔲	Yes
b) Business contact infor									
If a firm NRD number is not pro		the business co	ontact information of th	he perso	on being	com	pensated.		
Street address	1900-666 Burrard St								
Municipality	Vancouver			Provi	ince/Sta	ite	British Colum	bia	
Country	Canada		Posta	al code	e/Zip co	de	V6C 3N1		
Email address	laurab@pifinancialcorp	.com	Tel	lephon	e numb	er	6046642900		
c) Relationship to issuer	or investment fund mar	ager							
Indicate the person's relationshi the Instructions and the meanin	ng of "control" in section 1.4	4 of NI 45-106 f	or the purposes of com	pleting	this sect	ion.	-		(2) of
Connect with the issu	er or investment fund man	ager	Insid	der of th	ne issuer	(oth	er than an invest	ment fund)	
Director or officer of the	ne investment fund or inve	stment fund ma	anager Emp	oloyee c	of the iss	uer c	or investment fun	d manager	
✓ None of the above									
d) Compensation details									
Provide details of all compensate Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with th	ommissions, securities-bas ch as clerical, printing, lega	ed compensatio l or accounting	n, gifts, discounts or ot services. An issuer is no	ther con ot requi	npensati ired to a	on. D	o not report payı	ments for sei	rvices
Cash commissions pa	id 21,245.00			Secu	urity code	1	Security code 2	Security cod	de 3
Value of all securitie distributed as compensatio			Security codes	W		Т			
Describe to	erms of warrants, options	or other rights	212,450 Warrants	Exerc	isable a	at \$0	.25 for a term of	of 2 years.	
Other compensation	n <sup>5</sup>	Describe							$\overline{}$
Total compensation pa	id 21,245.00								
Check box if the pe	rson will or may receive ar	ny deferred com	npensation (describe t	he term	ns below	)			
<sup>4</sup> Provide the aggregate value of	of all securities distributed a	as compensatio	on, excludina options	warran	ts or oth	er ria	hts exercisable t	o acquire	
additional securities of the issurights exercisable to acquire ac	er. Indicate the security co	odes for all secu							r

<sup>&</sup>lt;sup>5</sup>Do not include deferred compensation.

a) Name of person compe	nsated and regis	tration status											
Indicate whether the person comp	pensated is a registr	rant.		No		$\checkmark$	Yes						
If the person compensated is an i	ndividual, provide ti	he name of the ir	ndividu	ıal.									
Full legal name of individ	ual												
	F	amily name		1	First	given n	ame			Se	condary	given nam	nes
If the person compensated is not	an individual, provi	de the following	inform	ation.									
Full legal name of	f non-individual	Canaccord Ge	nuity	Corp.									
Firr	n NRD number	9 0	0					(i	if appl	icable)			
Indicate whether the person comp	pensated facilitated	the distribution t	hroug	h a fundin	g porta	ıl or ar	interi	net-b	ased p	ortal.	<b>✓</b>	No	Yes
b) Business contact inform	ation												
If a firm NRD number is not provi	ided in Item 8 (a), p	rovide the busine	ss con	tact inforr	mation (	of the	person	bein	ng com	pensated	<i>d</i> .		
Street address													
Municipality						Р	rovin	ce/S	tate				
Country					Po	ostal c	code/z	Zip c	ode				
Email address					•	Telep	hone	num	nber				
c) Relationship to issuer or	r investment fund	d manager											
Indicate the person's relationship the Instructions and the meanina										ning of "	'connecte	ed" in Pa	rt 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.  Connect with the issuer or investment fund manager  Insider of the issuer (other than an investment fund)													
Director or officer of the	investment fund o	or investment fun	d man	ager		mploy	ee of	the is	ssuer	or investr	ment fun	ıd manaç	ger
None of the above													
d) Compensation details													
Provide details of all compensation	n paid, or to be paid	d, to the person id	dentifie	ed in Item	8(a) in	conne	ction v	vith t	he dis	tribution.	Provide	all amou	unts in
Canadian dollars. Include cash coi incidental to the distribution, such													
allocation arrangements with the										ueiuiis i	ubout, oi	тероп о	n, unternat
Cash commissions paid	23,20	05.00					Securi	tv coc	de 1	Security	code 2	Security	/ code 3
Value of all securities			90	ecurity cod	loc		П	N	Т				
distributed as compensation <sup>4</sup>			56	curity coc									
Describe ter	ms of warrants, op	tions or other rig	hts 2	232,050	Warra	nts is	sued	exer	cisab	le at \$0.	.25 for t	wo yea	rs
Other compensation <sup>5</sup>		Descr	ibe										
Total compensation paid	23,20	05.00											
Check box if the pers	on will or may rece	eive any deferred	comp	ensation	(descrit	oe the	terms	belo	w)				
<sup>4</sup> Provide the aggregate value of													
additional securities of the issue rights exercisable to acquire add <sup>5</sup> Do not include deferred comper	litional securities of		securi	ues aistril	outed a	s com <sub>i</sub>	pensa	uon,	<u>INCIUO</u>	<u>ıng</u> optio	vis, Warr	ants or c	nner
23 not molado deferred comper	iodilori.												

a) Name of person comp	ensated and regis	stration status								
Indicate whether the person cor	mpensated is a regist	rant.	☐ No	$\checkmark$	] Yes					
If the person compensated is an	individual, provide i	the name of the indiv	idual.							
Full legal name of indiv	ridual									
		Family name	F	irst given	name	l	Seconda	ry given n	ames	
If the person compensated is no	ot an individual, prov	ide the following info	rmation.							
Full legal name	of non-individual	Haywood Securit	ies Inc.							
Fi	irm NRD number	1 6 3	0			(if app	olicable)			
Indicate whether the person cor	mpensated facilitated	the distribution thro	ugh a funding p	ortal or a	ın intern	⊐ et-based	portal.	✓ No	Yes	
b) Business contact infor	mation									
If a firm NRD number is not pro	ovided in Item 8 (a), p	provide the business o	contact informati	on of the	person	being coi	mpensated.			
Street address	700-200 Burrard 9	St								
Municipality	Vancouver				Provinc	e/State	British Col	ımbia		
Country	Canada			Postal	code/Z	ip code	V6C 3L6			
Email address	rrongavilla@hayw	ood.com		Tele	phone r	number	60469760	'9		
c) Relationship to issuer	or investment fun	d manager								
Indicate the person's relationship								ected" 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.  Connect with the issuer or investment fund manager  Insider of the issuer (other than an investment fund)										
_	Director or officer of the investment fund or investment fund manager  Employee of the issuer or investment fund manager									
_	ne investment tana t	or investment rand in	lanayei	Lilipid	iyee oi ti	ie issuei	or investment	unu mai	iagei	
✓ None of the above										
d) Compensation details										
Provide details of all compensat Canadian dollars. Include cash of incidental to the distribution, suc allocation arrangements with th	commissions, securiti ch as clerical, printin	es-based compensati g, legal or accounting	on, gifts, discoun g services. An issi	ts or oth uer is not	er compe required	ensation. I to ask f	Do not report p	ayments	for services	
Cash commissions pa	aid 2,1	00.00		[	Security	/ code 1	Security code	2 Secu	urity code 3	
Value of all securitie distributed as compensatio	-		Security codes		1 W	N T				
•		otions or other rights	21,000 warr	ants at	\$0.25 fc	or Two \	Years			
Other compensation	n <sup>5</sup>	Describe								
Total compensation pa	2,10	00.00								
Check box if the pe	rson will or may rece	eive any deferred co	mpensation (des	scribe the	e terms l	pelow)				
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ac <sup>5</sup> Do not include deferred comp	uer. Indicate the secu dditional securities o	urity codes for all sec								

a) Name of person comp	ensated and regis	stration status						
Indicate whether the person cor	mpensated is a regist	rant.	☐ No	✓	Yes			
If the person compensated is an	individual, provide i	the name of the indivi	dual.					
Full legal name of indiv	ridual							
		Family name	First	given nar	me		Secondary of	given names
If the person compensated is no	ot an individual, prov	ide the following infor	mation.					
Full legal name	of non-individual	Leede Jones Gab	le Inc.					
Fi	irm NRD number	5 7 7	0			(if appli	icable)	
Indicate whether the person cor	mpensated facilitated	the distribution throu	ıgh a funding port	al or an i	internet-	based p	ortal. 🗸	No Yes
b) Business contact infor	mation							
If a firm NRD number is not pro	ovided in Item 8 (a), p	provide the business co	ontact information	of the pe	erson bei	ing com	pensated.	
Street address	1800-1140 Pende	er St W						
Municipality	Vancouver			Pro	ovince/	State	British Colum	bia
Country	Canada		Р	ostal co	de/Zip	code	V6E 4G1	
Email address	syndication@leed	efinancial.com		Teleph	one nui	mber	6046583017	
c) Relationship to issuer	or investment fund	d manager						
Indicate the person's relationship							ning of "connecte	ed" in Part B(2) of
the Instructions and the meaning	-		· · · <u>—</u>	•	-		or than an invast	mont fried)
Connect with the issu			_	ilisidei oi	1 1116 1551	uer (our	er than an invest	ment rana)
Director or officer of the	he investment fund o	or investment fund ma	anager	Employe	e of the	issuer c	or investment fun	d manager
✓ None of the above								
d) Compensation details								
Provide details of all compensati								
Canadian dollars. Include cash c incidental to the distribution, suc								
allocation arrangements with th	e directors, officers o	r employees of a non-						
Cash commissions pa	3,1	50.00		S	Security co	ode 1	Security code 2	Security code 3
Value of all securitie	-		Security codes	W	V N	Т		
distributed as compensatio		otions or other rights	21 F00 Warran	oto ot ©O	) 25 for	two vo	.oro	
		Describe	31,500 Warrar	115 at \$0	7.25 101	two ye	:d15	
Other compensation								
Total compensation pa	id 3,18	50.00						
Check box if the pe	rson will or may rece	eive any deferred con	npensation (descri	ibe the te	erms bel	ow)		
<sup>4</sup> Provide the aggregate value of	of all securities distri	buted as compensation	on. excludina ontid	ons. warr	rants or o	other rin	nhts exercisable t	o acquire
additional securities of the issurights exercisable to acquire ac	ier. Indicate the sect	urity codes for all secu						
Do not include deferred comp								

a) Name of person comp	ensated and regis	stration stat	us												
Indicate whether the person co	mpensated is a regist	trant.		☐ No		$\checkmark$	] Yes	S							
If the person compensated is ar	n individual, provide	the name of	he indivi	dual.											
Full legal name of indiv	vidual														
		Family name			Firs	t given	name			1	Secon	dary g	jiven n	ames	
If the person compensated is no	ot an individual, prov	ide the follov	ing infor	mation.											
Full legal name	of non-individual	Mackie Re	esearch	Capital C	Corp.										
F	irm NRD number	3 0	7	0					(if ap	plicabl	le)				
Indicate whether the person co	mpensated facilitated	d the distribu	tion throu	ıgh a fund	ing port	tal or a	ın inte	rnet	-based	d porta	l.	<b>√</b>	] No		Yes
b) Business contact infor	rmation														
If a firm NRD number is not pro	ovided in Item 8 (a), <sub>I</sub>	provide the b	usiness co	ontact info	rmation	of the	perso	on be	eing co	ompens	sated.				
Street address	199 Bay St														
Municipality	Toronto						Provii	nce	/State	Or	ntario				
Country	Canada				P	Postal	code	/Zip	code	e M	5R 2A7	•			
Email address	mgrzesiak@macł	kieresearch	.com			Tele	phone	e nı	umbe	r 41	686086	674			
c) Relationship to issuer	or investment fun	d manager		-											
Indicate the person's relationsh											of "con	necte	d" in	Part B(2	2) of
the Instructions and the meaning	•		45-106 †	or the pur		•	_								
Connect with the issu	ier or investment für	id manager			Ш	inside	r or th	e iss	suer (c	otner tn	nan an ir	ivesti	ment	runa)	
Director or officer of t	he investment fund	or investmen	t fund ma	anager		Emplo	yee o	f the	issue	er or inv	vestmer	t fund	d mar	nager	
✓ None of the above															
d) Compensation details															
Provide details of all compensat															
Canadian dollars. Include cash of incidental to the distribution, su															
allocation arrangements with th			of a non-	individual	compe	nsated	by the	e issi	uer.						
Cash commissions pa	aid 10,5	00.00					Secu	urity o	code 1	Sec	curity cod	e 2	Secu	rity cod	e 3
Value of all securitie distributed as compensation			;	Security co	odes		W	N	Т						
·	erms of warrants, o	otions or othe	er rights												
Other compensatio			escribe	105,000	) Warra	ant @	\$0.2	25 fo	r two	vears					
Total compensation pa		00.00		,						,					
	erson will or may rec		erred con	npensatior	n (descr	ribe the	e term	ıs be	elow)						
<sup>4</sup> Provide the aggregate value of additional securities of the issues.															
rights exercisable to acquire a  Do not include deferred comp	dditional securities d						-			-	Í				

a) Name of person compensated and regi	stration status					
Indicate whether the person compensated is a regis	trant.	☐ No	✓ Y	es		
If the person compensated is an individual, provide	the name of the individ	dual.				
Full legal name of individual						
	Family name	Firs	t given nam	ie	Secondary (	given names
If the person compensated is not an individual, pro	vide the following infor	mation.				
Full legal name of non-individual	Echelon Wealth P	artners				
Firm NRD number	3 2 4	2 0		(if appl	icable)	
Indicate whether the person compensated facilitate	d the distribution throu	ıgh a funding port	al or an in	nternet-based p	oortal.	No Yes
b) Business contact information						
If a firm NRD number is not provided in Item 8 (a),	provide the business co	ontact information	of the per	rson being com	pensated.	
Street address Suite 2100 , 1 Ac	elaide Street East					
Municipality Toronto			Prov	vince/State	Ontario	
Country Canada		P	ostal cod	de/Zip code	M5C 2V9	
Email address nbpp@echelonpa	artners.com		Telepho	ne number	4167994597	
c) Relationship to issuer or investment fur	d manager					
Indicate the person's relationship with the issuer or					ning of "connecte	ed" in Part B(2) of
the Instructions and the meaning of "control" in sec		· · · <u>—</u>		-		
Connect with the issuer or investment ful	nd manager		insider or i	the issuer (oth	er than an invest	ment funa)
Director or officer of the investment fund	or investment fund ma	anager	Employee	of the issuer	or investment fun	d manager
✓ None of the above						
d) Compensation details						
Provide details of all compensation paid, or to be po						
Canadian dollars. Include cash commissions, securit incidental to the distribution, such as clerical, printing						
allocation arrangements with the directors, officers	or employees of a non-	individual comper	nsated by t	the issuer.		
Cash commissions paid 4,5	550.00		Se	curity code 1	Security code 2	Security code 3
Value of all securities		Security codes	W	N T		
distributed as compensation <sup>4</sup> Describe terms of warrants, o	ntions or other rights	45,500 Warrar	nts @ \$0	25 for two v		
Other compensation <sup>5</sup>	Describe	40,000 Wallal	πο 🥹 ψο.	.20 101 two y		
·	50.00					
,						
Check box if the person will or may rec	elve any deferred com	npensation (descr	the the ter	ms below)		
<sup>4</sup> Provide the aggregate value of all securities distr						
additional securities of the issuer. Indicate the sec rights exercisable to acquire additional securities		inues aistributed i	as comper	risation, <u>includ</u>	<u>ırıy</u> opuons, warrı	anis or otrier
<sup>5</sup> Do not include deferred compensation.						

a) Name of person comp	ensated and regis	stration status								
Indicate whether the person con	mpensated is a regist	rant.	☐ No	Į.	✓ Yes					
If the person compensated is an	individual, provide t	the name of the indi	vidual.							
Full legal name of indiv	idual									
		Family name		First give	n name		Sec	condary (	given names	
If the person compensated is no	t an individual, prov	ide the following inf	ormation.							
Full legal name	of non-individual	IBK CAPITAL C	ORP.							
Fi	irm NRD number	1 7 9	0			(if a	pplicable)			
Indicate whether the person con	mpensated facilitated	I the distribution thr	ough a fundi	ng portal or	an inter	net-base	d portal.	<b>√</b>	No Yes	
b) Business contact infor	mation									
If a firm NRD number is not pro	ovided in Item 8 (a), p	provide the business	contact infor	mation of t	he persoi	n being d	ompensated			
Street address	130 King Street W	est, Suite 640								
Municipality	TORONTO				Provin	ce/Stat	e Ontario	)		
Country	Canada			Posta	al code/	Zip cod	e M5X1E	Ξ4		
Email address	BPRILL@IBKCAF	PITAL.COM		Tel	ephone	numbe	er 41636	04507		
c) Relationship to issuer	or investment fund	d manager								
Indicate the person's relationship								connecte	ed" 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.  Connect with the issuer or investment fund manager  Insider of the issuer (other than an investment fund)										
Director or officer of the	☐ Director or officer of the investment fund or investment fund manager ☐ Employee of the issuer or investment fund manager									
None of the above										
d) Compensation details										
Provide details of all compensati Canadian dollars. Include cash c incidental to the distribution, suc	ommissions, securiti	es-based compensa	ion, gifts, dis	counts or ot	her com	pensatio	n. Do not rep	ort payı	ments for services	
allocation arrangements with the									·	
Cash commissions pa	id 10,50	00.00			Secur	ity code 1	Security	code 2	Security code 3	
Value of all securitie distributed as compensation	-		Security co	des	W	N T				
•	erms of warrants, op	 otions or other rights	105,000	WARRAN	NTS AT	\$0.25 F	OR TWO	YEARS	;	
Other compensation	n <sup>5</sup>	Describe	•							
Total compensation pa	id 10,50	00.00								
Check box if the per	rson will or may rece	eive any deferred c	ompensation	(describe t	he terms	below)				
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire ac <sup>5</sup> Do not include deferred compa	ier. Indicate the secu Idditional securities o	urity codes for all se								

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER							
If the issuer is an investment fund	d, do not complete l	Item 9. Procced to	Item 10.								
Indicate whether the issuer is any o	f the following (select	t the one that appli	es - if more than one	applies, select onl	y one).						
✓ Reporting issuer in any juris	sdiction of Canada										
Foreign public issuer											
Wholly owned subsidiary of	a reporting issuer in	any jurisdiction of	Canada <sup>6</sup>								
Provide nan	ne of reporting issue	r						7			
Wholly owned subsidiary of	a foreign public issu	uer <sup>6</sup>						_			
Provide name of	foreign public issue	r						7			
Issuer distributing only eligil	ble foreign securities	and the distribution	n is to permitted clie	ents only <sup>7</sup>				_			
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item	10.							
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.  Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.											
If the issuer is none of the above, check this box and complete Item 9(a) - (c).											
a) Directors, executive officers and promoters of the issuer  Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada state the province or											
	Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.										
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individe resident jurisdictio individe	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	c) Residential address of each 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	SOLDEN OPPORTUNITY RESOURCES CORP									
Full legal name	Klomp	Penilla								
	Family name	First given name	•	Seconda	ry given names					
Title	Corporate Secretary									
Telephone number	6043416870	Email address	penillakl	omp@gm	ail.com					
Signature	Penilla Klomp	Date	2020	05	29					
		-	YYYY	MM	DD					

Person				
· · · · · · · · · · · · · · · · · · ·		3 )	regulator may (	contact with any questions
al certifying the report				
			Title	
Family name	First given name	Secondary given names		
	Er	nail address		
	this report, if different than	iness contact information for the individual that the secuthis report, if different than the individual certifying the al certifying the report  Family name  First given name	iness contact information for the individual that the securities regulatory authority or this report, if different than the individual certifying the report in Item 10. al certifying the report	iness contact information for the individual that the securities regulatory authority or regulator may this report, if different than the individual certifying the report in Item 10.  al certifying the report  Title  Family name  First given name  Secondary given names

## 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.