# 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 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 (in Québec, Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement Fund Continuous Disclosure).

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 investment fund, about the fund.

Full legal name	Arctic Fox Lithium Corp. / Arctic Fox Lithium Corp.	
Previous full legal name	ARCTIC FOX VENTURES INC.	
If the issuer's name changed in	the last 12 months, provide most recent previous legal name.	
Website	(if applicable)	
If the issuer has a legal entity identifier, p	rovide below. Refer to Part B of the Instructions for the definition of "legal ent	ity identifier".
Legal entity identifier		
If two or more issuers distributed a single above.	e security, provide the full legal name(s) of the co-issuer(s) other than the issue	er named
Full legal name(s) of co-issuer(s)	(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 212220
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 🗌 50 - 99 🗌 100 - 499 🗌 500 or more
c) SEDAR+ profile number
Provide the issuer's SEDAR+ profile number
000048104

ITEM 6 - INVESTMENT	ITEM 6 - INVESTMENT FUND ISSUER INFORMATION								
If the issuer is an investment fund, provide the following information.									
a) Investment fund m	anager informatior	1							
Full legal name				]					
Firm NRD number		(if applicable	)	-					
SEDAR+ profile number									
b) Type of investment	t fund								
Type of investment fund that mo	ost accurately identifies	the issuer (select only one).							
🗌 Money market	Equity	Fixed income	Balanced						
Alternative strategies	Cryptoasset	Other (describe)							

	both of the following apply to the in	vestment fund.										
Invest primarily in o	other investment fund issuers											
Is a UCITs Fund <sup>1</sup>												
	ive Investment of Transferable Securities fu				nion (EU) directives							
that allow collective investme	ent schemes to operate throughout the EU c	n a passport basis on authorizat	ion from one memb	er state.								
c) Net asset val	ue (NAV) of the investment fu	und										
Select the NAV range of t	the investment fund as of the date o	f the most recent NAV calcu	lation (Canadian	\$).								
Under \$5M	SM to under \$	25M 🗌 \$25M to unde	r \$100M	Date of NAV	calculation:							
S100M to under \$5	500M 🗌 \$500M to unde	r \$1B 🗌 \$1B or over										
				YYYY	MM DD							
ITEM 7 - INFORM	ATION ABOUT THE DISTI											
-	ide of Canada completes a distribut											
	hasers resident in that jurisdiction o fees, in connection with the distribu											
ltem 7 must reconcile wi	ith the information provided in Sche	dule 1 of the report.										
a) Currency												
Select the currency or cu dollars.	irrencies in which the distribution w	as made. All dollar amount	s provided in the	report must	be in Canadian							
🖌 Canadian dollar	US dollar Euro O	ther (describe)										
b) Distribution	dates											
	art and end dates. If the report is be both the start and end dates. If the											
	-				the distribution date as both the start and end dates. If the report is being filed for securities distribued on a continuous basis, include the start and end dates for the distribution period covered by the report.							
Start date	2024 07 29	End date	2024	07 29								
Start date	2024 07 29 YYYY MM DD	End date		07 29 MM DD								
	YYYY MM DD	End date										
		End date										
c) Detailed pure	YYYY MM DD		YYYY	MM DD								
c) Detailed pur Complete Schedule 1 o	YYYY MM DD		YYYY	MM DD								
c) Detailed pure <b>Complete Schedule 1 o</b> d) Types of sec	YYYY MM DD chaser information of this form for each purchaser an urities distributed	d attach the schedule to t	YYYY he completed r	eport.	uctions for how							
c) Detailed pure Complete Schedule 1 of d) Types of sec Provide the following inf to indicate the security of	YYYY MM DD	d attach the schedule to t ted on a per security basis.	YYYYY The completed r Refer to Part A(12	eport. 2) of the Instr								
c) Detailed pure <b>Complete Schedule 1 o</b> d) Types of sec Provide the following inf	YYYY MM DD chaser information of this form for each purchaser an urities distributed formation for all distributions report	d attach the schedule to t ted on a per security basis.	YYYYY The completed r Refer to Part A(12	eport. 2) of the Instr								
c) Detailed pure Complete Schedule 1 of d) Types of sec Provide the following inf to indicate the security of	YYYY MM DD chaser information of this form for each purchaser an urities distributed formation for all distributions report	d attach the schedule to t ted on a per security basis.	YYYYY T <b>he completed r</b> Refer to Part A(12 SIP number assig	eport. 2) of the Instr								
c) Detailed pure <b>Complete Schedule 1 o</b> d) Types of sec Provide the following inf to indicate the security of distributed. <b>CUSIP</b> number (if	YYYY MM DD chaser information of this form for each purchaser an urities distributed formation for all distributions report code. If providing the CUSIP number,	d attach the schedule to t ted on a per security basis.	YYYYY he completed r Refer to Part A(12 SiP number assig	eport. 2) of the Instr ned to the se								
c) Detailed pure <b>Complete Schedule 1 o</b> d) Types of sec Provide the following inf to indicate the security of distributed.	YYYY MM DD chaser information of this form for each purchaser an urities distributed formation for all distributions report	<b>d attach the schedule to a</b> ted on a per security basis. indicate the full 9-digit CUS	YYYY <b>The completed r</b> Refer to Part A(12 SIP number assig	eport. 2) of the Instr ned to the se	curity being							
<ul> <li>c) Detailed pure</li> <li>Complete Schedule 1 of</li> <li>d) Types of sec</li> <li>Provide the following inf</li> <li>to indicate the security of</li> <li>distributed.</li> </ul>	YYYY MM DD chaser information of this form for each purchaser an urities distributed formation for all distributions report code. If providing the CUSIP number,	d attach the schedule to a ted on a per security basis. indicate the full 9-digit CUS	YYYYY he completed r Refer to Part A(12 SiP number assig	MM DD eport. 2) of the Instr ned to the se Canadian \$ Highest price	curity being Total							

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

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

Convertible / exchangeable	Underlying		se price dian \$)	Expiry date (YYYY-MM- DD)	Conversion ratio	Describe other terms (if applicable)	
security code	security code	ecurity code Lowest Highe		Lowest Highest			арріїсаріе)
WNT	CMS	0.0500		2029-07-29	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 purchasers <sup>2a</sup>	Total amount (Canadian \$)
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	2	54,000.0000
British Columbia	1	22,500.0000	
	Total dollar am	ount of securities distributed	\$76,500.0000
	Total number of unique purchasers <sup>2b</sup>	3	

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

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

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

*If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides.*<sup>3</sup>*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>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.

# **ITEM 8 - COMPENSATION INFORMATION**

Provide information for each person (as defined in NI 45-106) (in Québec, Regulation 45-106 respecting Prospectus Exemption whom the issuer directly provides, or will provide, any compensation in connection with the distribution. <b>Complete addition</b> copies of this page if more than one person was, or will be, compensated.	
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.	
✓ No Yes If yes, indicate number of persons compensated.	
a) Name of person compensated and registration status	
Indicate whether the person compensated is a registrant.	
🗌 No 🔄 Yes	
If the person compensated is an individual, provide the name of the individual.	
Full legal name of individual	
Family name       First given name       Secondary given name         If the person compensated is not an individual, provide the following information.       Secondary given name	
Full legal name of non-individual	
Firm NRD number (if applicable)	
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal	
b) Business contact information	
If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensate	d.
Street address	
Municipality Province/State	
Country Postal code/Zip code	
Email address Telephone number	
c) Relationship to issuer or investment fund manager	
Indicate the person's relationship with the issuer or investment fund 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 (in Québec, Regulation 45- respecting Prospectus Exemptions) for the purposes of completing this section.	106
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	
None of the above	
d) Compensation details	

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				
Value of all securities distributed as compensation <sup>4</sup>				
Security codes	Security code 1	Security code 2	Security code 3	
Describe terms of warrants, options or other rights				]
Other compensation <sup>5</sup>				
Describe				
Total compensation paid				
Check box if the person will or may receive any def	erred compensati	on (describe the te	erms below)	
<sup>4</sup> Provide the aggregate value of all securities distributed as acquire additional securities of the issuer. Indicate the secu options, warrants or other rights exercisable to acquire ad <sup>5</sup> Do not include deferred compensation.	urity codes for all s	ecurities distributed		

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

Indicate whether the issuer is any of the following (select the one that applies – if more than one applies, select only one).

$\checkmark$	Reporting	issuer	in a	jurisdiction	of	Canada
--------------	-----------	--------	------	--------------	----	--------

E Foreign public issuer

Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada <sup>6</sup>

Provide name of reporting issuer

Wholly owned subsidiary of a foreign public issuer <sup>6</sup>

Provide name of foreign public issuer

Issuer distributing only eligible foreign securities and the distribution is to permitted clients only <sup>7</sup>.

#### If the issuer is at least one of the above, do not complete Item 9(a) - (c). Proceed to Item 10.

<sup>6</sup> An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively.

<sup>7</sup> Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.

### □ If the issuer is none of the above, check this 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 territory, otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.

Organization or company name	Family name	First given	Secondary given names	Business location of non-individual or residential jurisdiction of individual		Relationship to issuer (select all that apply)		
		name		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	Family	First given	, , ,	Residential jurisdiction of individual		promoter (select if applicable)
company name	name	name	names	Province or country	D	0
c) Residential a	ddress of	each indivi	dual			

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

By completing the inform securities regulatory aut	a completed report of exempt distribution. npleting the information below, I certify, on behalf of the issuer/underwriter/investment fund manager, to the cies regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having sed reasonable diligence, the information provided in this report is true and, to the extent required, complete.						
Name of Issuer/ investment fund manager/agent	Arctic Fox Lithium Corp.						
Full legal name	CHEW	Sor	ny				
	Family name	First give	en name	Secondary given names			
Title	Director						
Telephone number	+1 (604) 689-2646	Email address	schew@pacifi	cparagon.com			
Signature	Sonny Chew	Date	2024 YYYY	07 30 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	LIBBY	Cynthia				
	Family name	First given name	Secondary given names			
Title	Paralegal					
Name of company	CC CORPORATE COUNSEL PROFESSIONAL CORPORATION / CORPORATION PROFESSIONNELLE DES CONSEILLERS JURIDIQUES D'ENTREPRISES CC					
Telephone number		Email address clibb	y@corpcounselusa.com			

# **NOTICE – COLLECTION AND USE OF PERSONAL INFORMATION**

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation. If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

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.