# Form 45-106F1 Report of Exempt Distribution

TEM 1 - REPORT TYPE							
✓ New report							
☐ Amended report If amended, pro	vide filing date of report that is	being amended	(YYYY-MM-DD)				
ITEM 2 - PARTY CERTIFYING THE REPORT	TTEM 2 - PARTY CERTIFYING THE REPORT						
Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.							
☐ Investment fund issuer	osare and the companion policy to Wi	77 700.					
✓ Issuer (other than an investment fur	nd)						
Underwriter	,						
ITEM 3 - ISSUER NAME AND OTHER IDEN							
Provide the following information about the issuer, or if the issuer is an investment fund, about the fund.							
Full legal name Silver Hammer Mining Corp.							
Previous full legal name							
If the issuer's name changed in the last 12 mo	onths, provide most recent previous lego	al name.					
Website		(if applicable)					
If the issuer has a legal entity identifier, provide below.	. Refer to Part B of the Instructions for t	he definition of "legal en	tity identifier".				
Legal entity identifier							
If two or more issuers distributed a single security, pro	vide the full legal name(s) of the co-issi	uer(s) other than the issue	er named above.				
Full legal name(s) of co-issuer(s)		(if applicable)					
ITEM 4 - UNDERWRITER INFORMATION							
If an underwriter is completing the report, provide the	underwriter's full legal name and firm	NRD number.					
Full legal name							
Firm NRD number	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	Prov	rince/State					
Country	Postal cod	e/Zip code					
Telephone number		Website	(if applicable)				

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 3 9 8  If the issuer is in the mining industry, indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.    Exploration   Development   Production					
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 3 9 8  If the issuer is in the mining industry, indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.  ✓ Exploration					
NAICS industry code 2 1 2 3 9 8  If the issuer is in the mining industry, indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.    Exploration   Development   Production					
If the issuer is in the mining industry, indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.    Exploration   Development   Production					
mining industry. Select the category that best describes the issuer's stage of operations.    Exploration   Development   Production					
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					
Mortgages Real estate Commercial/business debt Consumer debt Private companies   Cryptoassets   Number of employees   Number of employees: ✓ 0 - 49 ∫ 50 - 99 ∫ 100 - 499 ∫ 500 or more    SEDAR profile number  Does the issuer have a SEDAR profile?  No ✓ Yes If yes, provide SEDAR profile number  O 0 0 5 0 9 5 0  If the issuer does not have SEDAR profile complete item 5(d) - (h).   d) Head office address Province/State   Municipality Postal code/Zip code   Country Telephone number					
Cryptoassets  b) Number of employees  Number of employees:					
b) Number of employees   Number of employees: ✓ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more    C) SEDAR profile number  Does the issuer have a SEDAR profile?  ☐ No ☑ Yes If yes, provide SEDAR profile number ☐ 0 0 0 5 0 9 5 0  If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Municipality  Postal code/Zip code  Country  Telephone number  e) Date of formation and financial year-end  Date of formation					
Number of employees:					
c) SEDAR profile number  Does the issuer have a SEDAR profile?  No Yes If yes, provide SEDAR profile number 0 0 0 5 0 9 5 0  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  Financial year-end					
Does the issuer have a SEDAR profile?  No Yes If yes, provide SEDAR profile number 0 0 0 5 0 9 5 0  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  Financial year-end					
No    Yes    If yes, provide SEDAR profile number    0    0    5    0    9    5    0     If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address					
If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Municipality  Country  Postal code/Zip code  Telephone number  e) Date of formation and financial year-end  Financial year-end					
d) Head office address  Street address Province/State Postal code/Zip code Country Telephone number  e) Date of formation and financial year-end  Financial year-end					
Street address Province/State Postal code/Zip code Country Postal code/Zip code Telephone number  e) Date of formation and financial year-end Financial year-end					
Municipality Postal code/Zip code Country Telephone number  e) Date of formation and financial year-end  Date of formation Financial year-end					
Country  Telephone number  e) Date of formation and financial year-end  Date of formation  Financial year-end					
e) Date of formation and financial year-end  Date of formation Financial year-end					
Date of formation 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

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION					
If the issuer is an inves	tment fund, provide the following information.					
a) Investment fund ma	anager information					
Full legal name						
Firm NRD number	(if applicable)					
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.					
Street address						
Municipality	Province/State					
Country	Postal code/Zip code					
Telephone number	Website (if applicable)					
b) Type of investment	fund					
Type of investment fund tha	it most accurately identifies the issuer (select only one) .					
Money market	☐ Equity ☐ Fixed income ☐ Balanced					
Alternative strate	gies Cryptoasset Other (describe)					
Indicate whether one or bot	h of the following apply to the investment fund .					
Invests primarily in	n other investment fund issuers					
☐ Is a UCITs Fund¹						
	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union of ollective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.					
c) Date of formation a	nd financial year-end of the investment fund					
Date of forma	Date of formation 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 T					
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						
-	AV) of the investment fund					
	investment fund as of the date of the most recent NAV calculation (Canadian \$).					
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M					
\$100M to under \$500	DM S500M to under \$1B S1B or over Date of NAV calculation:					
	YYYY MM DD					

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

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

a)	Currency				
Selec	t the currency or curre	encies in which the distri	bution was made. A	ll dollar amounts provided in ti	he report must be in Canadian dollars.
✓ (	Canadian dollar	US dollar	Euro	Other (describe)	

#### b) Distribution date(s)

a) Curranav

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	2022	06	02	End date	2022	06	02
	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 \$	
Sec	urity de	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
U	3 S		Each unit consists of one share and one-half of a warrant. Each whole warrant will entitle the holder to purchase an additional share at \$0.50 per share for a period of 24 months.	7,913,286.00	0.3800		3,007,048.68

### 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 security code		Exercise price (Canadian \$)		Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)				
						Lowest	Highest			
N	N	Т	С	М	S	0.5000		2024-06-02		

#### 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 \$)
Alberta	NI 45-106 2.3 [Accredited investor]	6	180,500.00
British Columbia	NI 45-106 2.3 [Accredited investor]	27	970,380.16
British Columbia NI 45-106 2.5 [Family, friends and business associates]		1	19,988.00
Ontario	NI 45-106 2.3 [Accredited investor]	13	1,354,720.52
Québec	NI 45-106 2.3 [Accredited investor]	1	114,000.00

Aruba	NI 45-106 2.3 [Accredited investor]	1	9,500.00		
China	NI 45-106 2.3 [Accredited investor]	1	76,000.00		
New Zealand	NI 45-106 2.3 [Accredited investor]	1	5,700.00		
Switzerland	NI 45-106 2.3 [Accredited investor]	1	26,600.00		
Thailand	NI 45-106 2.3 [Accredited investor]	1	133,000.00		
United States	NI 45-106 2.3 [Accredited investor]	1	28,500.00		
United States	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	3	88,160.00		
	3,007,048.68				
	Total number of unique purchasers <sup>2</sup> b 57				

<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.

Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. <b>Complete additional copies of this page if more than one person was, or will be, compensated.</b>
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.
No ✓ Yes If yes, indicate number of persons compensated. 7

a) Name of person comp	ensated and reg	gistration status								
Indicate whether the person co	mpensated is a regi	istrant.	☐ No	$\checkmark$	Yes					
If the person compensated is ar	n individual, provide	e the name of the indiv	ridual.							
Full legal name of indiv	ridual							1		
		Family name	F	rirst given n	ame	Secondary	given names	_		
If the person compensated is no	ot an individual, pro	ovide the following info	rmation.							
Full legal name	of non-individua	Echelon Wealth F	Partners Inc.							
F	irm NRD numbe	r 3 2 4	2 0		(if a	applicable)				
Indicate whether the person co	mpensated facilitat	ed the distribution thro	ugh a funding p	ortal or ar	internet-bas	ed portal.	✓ No ☐ Yes	j		
b) Business contact infor	rmation									
If a firm NRD number is not pro	ovided in Item 8 (a)	, provide the business o	contact informat	ion of the	person being	compensated.				
Street address										
Municipality				P	rovince/Sta	te				
Country				Postal o	code/Zip cod	de				
Email address			Ī	Telep	hone numb	er				
c) Relationship to issuer	or investment fu	nd 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.  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  None of the above										
d) Compensation details										
Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with the Cash commissions page	ion paid, or to be p commissions, secur ch as clerical, print ne directors, officers	ities-based compensati ing, legal or accounting	on, gifts, discour g services. An iss	nts or othe uer is not i	r compensation required to as	on. Do not report pay k for details about, c	ments for services	ıl		
Value of all securitie	25					Security code 2	Security code 3			
distributed as compensation			Security codes	L						
Describe t	erms of warrants,	options or other rights		an addit	ional share	broker's warrant of the Issuer at a				
Other compensatio	n <sup>5</sup>	Describe								
Total compensation pa	139,	356.58								
Check box if the pe	erson will or may re	eceive any deferred co	mpensation (de	scribe the	terms below)					
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire act <sup>5</sup> Do not include deferred comp	uer. Indicate the se dditional securities	ecurity codes for all sec	ion, <u>excluding</u> o curities distribute	ptions, wa ed as com	rrants or othe pensation, <u>in</u>	er rights exercisable <u>cluding</u> options, war	to acquire тants or other			

a) Name of person comp	ensated and regis	stration	status										
Indicate whether the person co	mpensated is a regist	rant.			☐ No		<b>√</b>	] Yes					
If the person compensated is ar	individual, provide	the nam	e of the i	individ	dual.								
Full legal name of indiv	ridual												
		Family na	ame			Firs	st given	name		Second	ary giver	names	
If the person compensated is no	ot an individual, prov	ide the f	following	infor	mation.								
Full legal name	of non-individual	Canad	cord G	enuit	y Corp./0	Corpor	ation (	Canac	cord Ge	nuity			
F	irm NRD number	9	0	0					(if ap	plicable)			
Indicate whether the person co	mpensated facilitated	the dist	tribution	throu	gh a fund	ing por	tal or a	ın inter	 net-basea	l portal.	<b>√</b> N	ا oo	Yes
b) Business contact infor	mation												
If a firm NRD number is not pro	ovided in Item 8 (a), <sub>I</sub>	orovide t	he busin	ess co	ntact info	rmatior	n of the	e persoi	n being co	mpensated.			
Street address													
Municipality							-	Provin	ce/State				
Country						F	Postal	code/	Zip code				
Email address							Tele	phone	numbei	,			
c) Relationship to issuer	or investment fun	d mana	iger										
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.  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  None of the above													
d) Compensation details													
Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, sure allocation arrangements with the Cash commissions page.	commissions, securiti ch as clerical, printin e directors, officers c	es-based g, legal d	d compei or accou	nsatio nting	n, gifts, di services. A	scounts In issue	or other	er comp require by the	oensation. ed to ask j	Do not report	paymen t, or rep	ts for se	ervices internal
Value of all securities	es			,	\		ľ	W	N T				
distributed as compensation	n <sup>4</sup>			3	Security co	oaes	L						
Describe t	erms of warrants, op	otions or	other ri	ghts		nase a	n addi	itional	share of	oker's warrar the Issuer a			
Other compensatio	n <sup>5</sup>		Desc	ribe									
Total compensation pa	20,3	30.00											
Check box if the pe	rson will or may rec	eive any	deferre	d com	pensatio	n (desci	ribe the	e terms	below)				
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire and <sup>5</sup> Do not include deferred comp	ier. Indicate the sec Idditional securities o	urity coa	les for al	nsatic Il secu	n, <u>exclud</u> ırities dist	<u>ing</u> opti ributed	ions, w as con	arrants mpensa	or other inclu	rights exercisa <u>ıding</u> options, ı	ole to ac varrants	cquire s or othe	er

a) Name of person comp	ensated and regis	stration	status										
Indicate whether the person cor	mpensated is a regist	trant.			☐ No		✓	Yes					
If the person compensated is an	individual, provide	the nam	e of the	individ	dual.								
Full legal name of indiv	ridual												
		Family na	ame			Firs	st given	name		Second	ary give	n names	
If the person compensated is no	ot an individual, prov	ide the f	ollowing	j infor	mation.								
Full legal name	of non-individual	HAYW	/OOD :	SECL	JRITIES	INC./	VALE	URS I	ИОВILIE	RES HAYW	DOD I	nc.	
F	irm NRD number	1	6	3	0				(if ap	plicable)			
Indicate whether the person cor	mpensated facilitated	d the dist	ribution	throu	gh a fund	ing por	tal or a	n interi	— net-based	portal.	<b>✓</b>	No [	Yes
b) Business contact infor	mation												
If a firm NRD number is not pro	ovided in Item 8 (a), <sub>I</sub>	provide t	he busir	ness co	ntact info	rmatior	n of the	persor	n being co	mpensated.			
Street address													
Municipality							ı	Provin	ce/State				
Country						F	Postal	code/2	Zip code				
Email address							Tele	phone	number				
c) Relationship to issuer	or investment fun	d mana	ger										
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.  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													
None of the above													
d) Compensation details													
Provide details of all compensate Canadian dollars. Include cash concidental to the distribution, surallocation arrangements with the Cash commissions pa	commissions, securiti ch as clerical, printin e directors, officers c	es-based g, legal (	l compe or accou	nsatio Inting	n, gifts, dis services. A	counts n issue	or othe r is not	er comp require	ensation. Ed to ask f	Do not report	рауте	nts for se	ervices
Cash commissions pa	10,0	12.00						Securi	ty code 1	Security code	2 S	Security co	ode 3
Value of all securitie distributed as compensatio	-			5	Security co	des		W	N T				
Describe t	erms of warrants, op	otions or	other ri	ghts		ase a	n addi	tional	share of	oker's warrar the Issuer a			
Other compensation	n <sup>5</sup>		Desc	cribe									
Total compensation pa	10,6	12.00											
Check box if the pe	rson will or may rec	eive any	deferre	ed com	npensatior	(desc	ribe the	e terms	below)				
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire action of the include deferred comp	ier. Indicate the sec Idditional securities o	urity cod	les for a	ensatic II secu	on, <u>excludi</u> urities disti	ing opti ributed	ions, wa as con	arrants npensa	or other i tion, <u>inclu</u>	rights exercisa <u>uding</u> options,	ble to a	acquire ts or othe	er

a) Name of person comp	ensated and reg	istration status								
Indicate whether the person co	mpensated is a regi	strant.	☐ No	$\checkmark$	Yes					
If the person compensated is ar	n individual, provide	the name of the indiv	idual.							
Full legal name of indiv	vidual									
		Family name	•	First given n	ame	Secondary (	given names			
If the person compensated is no	ot an individual, pro	vide the following info	rmation.							
Full legal name	of non-individual	PI Financial Corp	./Corporation	Financièr	e PI					
F	irm NRD number	5 2 9	0		(if ap	plicable)				
Indicate whether the person co	mpensated facilitate	ed the distribution thro	ugh a funding p	portal or an	internet-base	d portal. ✓	No Yes			
b) Business contact infor	rmation									
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business o	ontact informa	tion of the p	person being co	ompensated.				
Street address										
Municipality				Р	rovince/State	;				
Country				Postal c	ode/Zip code	;				
Email address			]	Telep	hone numbe	r				
c) Relationship to issuer	or investment fur	nd 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.  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										
None of the above										
d) Compensation details						<u> </u>				
Provide details of all compensate Canadian dollars. Include cash a incidental to the distribution, surallocation arrangements with the Cash commissions page 1.	commissions, securi ch as clerical, printi ne directors, officers	ties-based compensati ng, legal or accounting	on, gifts, discou g services. An iss	nts or other suer is not r	compensation equired to ask	. Do not report pay	ments for services			
·		137.30			Security code 1	Security code 2	Security code 3			
Value of all securitie distributed as compensation			Security codes		WNT					
Describe t	erms of warrants, o	options or other rights	1 '	an additi	onal share o	roker's warrant is f the Issuer at a p				
Other compensatio	n <sup>5</sup>	Describe								
Total compensation pa	17, <sup>2</sup>	137.36								
Check box if the pe	erson will or may re	ceive any deferred co	mpensation (de	scribe the	terms below)					
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the sed dditional securities	curity codes for all sec	ion, <u>excluding</u> c curities distribut	options, wa	rrants or other pensation, incl	rights exercisable a uding options, warr	o acquire ants or other			

a) Name of person comp	ensated and reg	istration status								
Indicate whether the person co	mpensated is a regi	strant.	☐ No	✓ Y	'es					
If the person compensated is ar	n individual, provide	e the name of the indiv	ridual.							
Full legal name of indiv	vidual									
		Family name	Fi	rst given nam	ne	Secondary (	given names			
If the person compensated is no	ot an individual, pro	ovide the following info	ormation.							
Full legal name	of non-individual	Richardson Wea	lth Limited / Pat	rimoine R	ichardson Li	mitée				
F	irm NRD number	2 1 9	7 0		(if app	licable)				
Indicate whether the person co	mpensated facilitate	ed the distribution thro	ough a funding po	rtal or an ir	nternet-based <sub>l</sub>	portal.	No Yes			
b) Business contact infor	rmation									
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business	contact informatio	on of the pe	rson being con	npensated.				
Street address										
Municipality				Pro	vince/State					
Country			7	Postal cod	de/Zip code					
Email address			7	Telepho	one number					
c) Relationship to issuer	or investment fu	nd 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.  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										
✓ None of the above										
d) Compensation details			10 11							
Provide details of all compensate Canadian dollars. Include cash a incidental to the distribution, su allocation arrangements with the	commissions, securi ch as clerical, printi ne directors, officers	ties-based compensating, legal or accounting or employees of a nor	ion, gifts, discount g services. An issu	s or other co er is not req	ompensation. I Juired to ask fo	Do not report payr	ments for services			
Cash commissions pa	2,2	280.00		Se	ecurity code 1	Security code 2	Security code 3			
Value of all securitie distributed as compensation			Security codes	W	' N T					
Describe t	erms of warrants, o	options or other rights	0,000	additional	share of the	er's warrant is e Issuer at a pric				
Other compensatio	n <sup>5</sup>	Describe								
Total compensation pa	aid 2,2	280.00								
Check box if the pe	erson will or may re	ceive any deferred co	mpensation (des	cribe the te	rms below)					
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the sed dditional securities	curity codes for all sed								

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 ar	individual, provide	the nam	e of the i	ndivi	dual.								
Full legal name of indiv	ridual												
		Family na	ame			First	t given r	name		Secon	dary gi	ven name	S
If the person compensated is no	ot an individual, prov	ide the f	ollowing	infor	mation.								
Full legal name	of non-individual	TD W	ATERH	ous	E CANA	DA INC	Э.						
F	irm NRD number	8	9	5	0				(if ap	plicable)			
Indicate whether the person co	mpensated facilitated	d the dist	ribution	throu	ıgh a fundi	ng port	al or a	n intern	et-basea	portal.	<b>✓</b>	No [	Yes
b) Business contact infor	mation												
If a firm NRD number is not pro	ovided in Item 8 (a), p	orovide t	he busin	ess co	ontact info	rmation	of the	person	being co	mpensated.			
Street address													
Municipality							F	Provinc	e/State				
Country						Р	ostal	code/Z	ip code				
Email address							Telep	ohone	number	,			
c) Relationship to issuer	or investment fun-	d mana	ger										
Indicate the person's relationsh the Instructions and the meanin	ng of "control" in sec	tion 1.4 d	of NI 45-			oses of	compl	eting th	is sectior				
Director or officer of t	he investment fund (	or invest	ment fur	nd ma	anager		Employ	vee of tl	ne issue	r or investmer	nt fund	manage	er
✓ 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 the Cash commissions pa	commissions, securiti ch as clerical, printin ne directors, officers o	es-based g, legal d	d comper or accoui	satio nting	n, gifts, dis services. A	counts n issuer	or othe is not	r compe required by the is	ensation. I to ask ¡ ssuer.	Do not report for details abo	t paym ut, or i	ents for s report on	services , internal
Value of all securitie									code 1	Security cod	le Z	Security of	code 3
distributed as compensatio				5	Security co	des	L		<u> </u>				
Describe t	erms of warrants, op	otions or	other riç	ghts		e an a	dditior	nal sha	re of th	ker's warran e Issuer at a			
Other compensatio	n <sup>5</sup>		Desc	ribe									
Total compensation pa	1,1	40.00											
	erson will or may reco												
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire at <sup>5</sup> Do not include deferred comp	uer. Indicate the secu dditional securities o	urity coa	les for all										her

a) Name of person comp	ensated and reg	istration status								
Indicate whether the person co	mpensated is a regi	istrant.	☐ No	$\checkmark$	Yes					
If the person compensated is ar	n individual, provide	e the name of the indiv	idual.							
Full legal name of indiv	vidual									
		Family name	Fi	rst given na	ame	Secondary	given names			
If the person compensated is no	ot an individual, pro	ovide the following info	rmation.							
Full legal name	of non-individua	RED CLOUD SE	CURITIES INC							
F	irm NRD numbe	r 6 2 8	1 0		(if ap	pplicable)				
Indicate whether the person co	mpensated facilitat	ed the distribution thro	ugh a funding po	ortal or an	internet-base	d portal. ✓	No Yes			
b) Business contact infor	mation									
If a firm NRD number is not pro	ovided in Item 8 (a)	, provide the business o	contact information	on of the p	person being co	ompensated.				
Street address										
Municipality				Pi	rovince/State	;				
Country			Ī	Postal c	ode/Zip code	;				
Email address				Telepl	hone numbe	r				
c) Relationship to issuer	or investment fu	nd 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.  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  None of the above										
d) Compensation details										
Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with the Cash commissions page.	ion paid, or to be p commissions, secur ch as clerical, print ne directors, officers	ities-based compensati ing, legal or accounting	on, gifts, discount g services. An issu	er is not re er is not re ensated b	compensation equired to ask y the issuer.	n. Do not report paya for details about, or	ments for services r report on, internal			
Value of all securitie					Security code 1 W N T	Security code 2	Security code 3			
distributed as compensation			Security codes		VV   IV   I					
Describe t	erms of warrants,	options or other rights		addition	al share of th	er's warrant is ex ne Issuer at a prid				
Other compensatio	n <sup>5</sup>	Describe								
Total compensation pa	aid	190.00								
Check box if the pe	erson will or may re	eceive any deferred co	mpensation (des	cribe the t	terms below)					
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the se dditional securities	curity codes for all sec								

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.				
<sup>6</sup> An issuer is a wholly owned subside securities that are required by law to respectively. <sup>7</sup> Check this box if it applies to the collients. Refer to the definitions of "e.	o be owned by its direction every distribution every	ectors, are benefic en if the issuer mad	ially owned by the re de previous distribut	eporting issuer or ti tions of other types	the foreign	public is	ssuer,	
If the issuer is none of the	above, check this b	ox and complete	Item 9(a) - (c).					
a) Directors, executive officer	e and promoters of	of the issuer						
Provide the following information for	•		moter of the issuer F	or locations within	Canada s	tate the	nrovince	or
territory; otherwise state the country.							province	
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individe resident jurisdictio 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	h individual							
Complete Schedule 2 of this form completed report. Schedule 2 also					(a) and (b)	and at	tach to t	he

# ITEM 10 - CERTIFICATION

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

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

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

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

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

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

Name of issuer/underwriter/ investment fund manager/agent	Silver Hammer Mining Corp.					
Full legal name	Lekstrom	Morgan				
	Family name	First given name	•	Seconda	ary given na	ames
Title	CEO					
Telephone number	2505747350	Email address	morgan	@lakewoo	dexplora	ation.com
Signature	"Morgan Lekstrom"	Date	2022	06	07	
			YYYY	MM	DD	

ITEM 11- CONTACT F	PERSON				
. 3	ness contact information for this report, if different than t		9 9	regulator mo	ay contact with any questions
Same as individua	al certifying the report				
Full legal name				Title	
•	Family name	First given name	Secondary given names		_
Name of company					
Telephone number		Er	nail address		

## Notice - Collection and use of personal information

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

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

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

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

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