Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 10218400

| 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 CERTIFY | ING THE | REPOR | Г | | | | | | | | |
| 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 iss | Investment fund issuer | | | | | | | | | | |
| ✓ Issuer (other than a | an inves | ment fu | nd) | | | | | | | | |
| | | | | | | | | | | | |
| Item 3 - Issuer Name a | | | | RS | | | | | | | |
| Provide the following information | | | | | invest | ment fu | nd, aboı | it the fund. | | | |
| Full leg | al name | Terra B | alcani | ca Reso | ource | es Cor | p. | | | | |
| Previous full leg | Previous full legal name | | | | | | | | | | |
| If the issuer's name char | If the issuer's name changed in the last 12 months, provide most recent previous legal name. | | | | | | | | | | |
| | Website | www.te | rrabre | sources | .com | <u>ו</u> | | (if applicabl | e) | | |
| If the issuer has a legal entity ide | entifier <u>,</u> pro | vide below | . Refer t | o Part B o | f the I | Instructio | ons for ti | he definition o | of "legal enti | ty identifier | <i>"</i> . |
| Legal entity id | dentifier | | | | | | | | | | |
| If two or more issuers distributed | l a single se | curity, pro | vide the | full legal | name | e(s) of th | e co-issu | ıer(s) other th | an the issuer | named abo | ive. |
| Full legal name(s) of co-i | ssuer(s) | | | | | | | (if applicable | e) | | |
| ITEM 4 - UNDERWRITER | | | | | | | | | | | |
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| If an underwriter is completing the Full legal name | në report, p | | underw | | legal | name a | | NRD number. | | | |
| Firm NRD number | | | | | | | | | | | |
| 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 | | | | | | Pos | tal code | e/Zip code | | | \exists |
| Telephone number | | | | | | | | Website | | | (if applicable) |

| ITEM 5 - ISSUER INFORMATION | | | | | | | |
|---|--|--|--|--|--|--|--|
| If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6. | | | | | | | |
| a) Primary industry | | | | | | | |
| Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity. | | | | | | | |
| NAICS industry code 2 1 2 2 0 | | | | | | | |
| If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations. | | | | | | | |
| Exploration Development Production | | | | | | | |
| Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply. | | | | | | | |
| Mortgages Real estate Commercial/business debt Consumer debt Private companies | | | | | | | |
| Cryptoassets | | | | | | | |
| b) Number of employees | | | | | | | |
| Number of employees: 🗹 0 - 49 🗌 50 - 99 🗌 100 - 499 🗌 500 or more | | | | | | | |
| c) SEDAR profile number | | | | | | | |
| Does the issuer have a SEDAR profile? | | | | | | | |
| No✓ YesIf yes, provide SEDAR profile number00053179 | | | | | | | |
| If the issuer does not have SEDAR profile complete item 5(d) - (h). | | | | | | | |
| d) Head office address | | | | | | | |
| Street address Province/State | | | | | | | |
| Municipality Postal code/Zip code | | | | | | | |
| Country Telephone number | | | | | | | |
| e) Date of formation and financial year-end | | | | | | | |
| Date of formation Financial year-end | | | | | | | |
| YYYY MM DD MM DD | | | | | | | |
| f) Reporting issuer status | | | | | | | |
| Is the issuer a reporting issuer in any jurisdication of Canada? No Yes | | | | | | | |
| If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. | | | | | | | |
| AII AB BC MB NB NL NT | | | | | | | |
| NS NU ON PE QC SK YT | | | | | | | |
| g) Public listing status | | | | | | | |
| If the issuer has a CUSIP number, provide below (first 6 digits only) | | | | | | | |
| CUSIP number | | | | | | | |
| If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system. | | | | | | | |
| Exchange name | | | | | | | |
| h) Size of issuer's assets | | | | | | | |
| Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date. | | | | | | | |

| \$0 to under \$5M | \$5M to under \$25M | □ \$25M to under \$100M |
|-----------------------|---------------------|-------------------------|
| S100M to under \$500M | S500M to under \$1B | \$1B or over |

| If the issue is an investment fund, provide the following information: a) Investment fund manager information Full legal name | | | | | | | |
|---|--|--|--|--|--|--|--|
| Full legal name | | | | | | | |
| Firm NRD number (if applicable) If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State | | | | | | | |
| If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality County Postal code/Zip code County Telephone number Postal code/Zip code Do Type of investment fund Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Do Type of investment fund that most accurately identifies the issuer (select only one). Do Money market De Quity De County De C | | | | | | | |
| Street address Municipality Country Postal code/Zip code Telephone number Website (if applicable) b Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most investment fund issuers Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Is a UCITS Fund' Undertaking for the Collective Investment fund issuers c Date of formation and financial year-end of the investment fund EUT of formation and financial year-end of the investment fund Setter the jurisdictions of Canada in which the investment fund is a reporting issuer. All All AB BC MB NB NL NT Public listing status of the investment fund is a reporting issuer. If yes, setert the jurisdictions of Canada in which the investment fund is a reporting issuer. ON YES If yes, setert the jurisdictions of Canada in which the investment fund is a reporting issuer. ON YES If yes, setert the jurisdictions of Canada in which the investment fund is a reporting issuer. ON YES If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number CUSIP number If the investment fund is publicly listed, provide the name of the exchange on which the investment fund is securities primarily trade. Provide only the function of the investment fund is a reporting issuer. If the investment fund is a cUSIP number, provide below (first 6 digits only) CUSIP number CUSIP number Indicate the in | | | | | | | |
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| name of an exchange and not a trading facility such as, for example, an automated trading system | | | | | | | |
| name of an exchange and not a trading facility such as, for example, an automated trading system. | | | | | | | |
| Exchange name | | | | | | | |
| f) Net asset value (NAV) of the investment fund | | | | | | | |
| Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$). | | | | | | | |
| L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad \text{ to under \$\mathbf{S}M \qquad \text{to under \$\mathbf{S}M | | | | | | | |
| \$0 to under \$5M \$5M to under \$25M \$25M to under \$100M \$100M to under \$500M \$500M to under \$1B \$1B or over Date of NAV calculation: | | | | | | | |

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

| purchasers resident in that jurisdie | nada completes a distribution in a jur ction of Canada only. Do not include which must be disclosed in Item 8. Th | in Item 7 securities issu | ied as payment o | f commissions or f | inder's fees in | | | | | |
|--|---|------------------------------|------------------------------|--|-------------------------|--|--|--|--|--|
| a) Currency | | | | | | | | | | |
| Select the currency or currencies i | n which the distribution was made. A | All dollar amounts provi | ded in the report | must be in Canadi | ian dollars. | | | | | |
| Canadian dollar | ✓ Canadian dollar US dollar Euro Other (describe) | | | | | | | | | |
| b) Distribution date(s) | | | | | | | | | | |
| State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report. | | | | | | | | | | |
| Start da | te 2023 06 21 | End d | ^{ate} 2023 | 06 21 | | | | | | |
| | YYYY MM DD | | YYYY | MM DD | | | | | | |
| c) Detailed purchaser infor | | | | | | | | | | |
| · · | s form for each purchaser and | attach the schedule | e to the compl | eted report. | | | | | | |
| d) Types of securities distr | | | | | | | | | | |
| - | n for all distributions reported on a pe SIP number, indicate the full 9-digit (| | | | ow to indicate the | | | | | |
| | | | | Canadian \$ | 5 | | | | | |
| Security CUSIP number (if applicable) | Description of security | Number of securities | Single or lowest price | Highest price | Total amount | | | | | |
| C M S com one | s, each unit consisting of one mon share of the Issuer and transferable common share chase warrant | | 00 0.085 | 0 | 307,748.00 | | | | | |
| e) Details of rights and cor | nvertible/exchangeable securitie | S | | | | | | | | |
| were distributed, provide the con | ns) were distributed, provide the exerc version ratio and describe any other | | | | exchangeable securities | | | | | |
| Convertible / exchangeable Underlying security code security code | Exercise price (Canadian \$) Lowest Highest | Expiry date (YYYY- MM-DD) | Conversion ratio | | | | | | | |
| W N T C M S | 0.1300 | 2026-06-21 | | Each warrant is exercisable into one common share of the Issuer (each a "Warrant Share") at an exercise price of \$0.13 per Warrant Share until June 21, 2026 | | | | | | |
| f) Summary of the distribut | tion by jurisdiction and exemptic | n | | | | | | | | |
| 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 | Ion | Number of unique purchasers | | mount (Canadian \$) | | | | | |
| Québec | NI 45-106 2.3 [Accredited in | ivestor] | | 1 | 4,250.00 | | | | | |
| Québec | NI 45-106 2.5 [Family, friend associates] | ds and business | | 1 | 12,500.00 | | | | | |
| United States | NI 45-106 2.3 [Accredited in | ivestor] | | 2 25,872.0 | | | | | | |

| Germany | NI 45-106 2.3 [Accredited investor] | 7 | 226,876.00 |
|---------|---|----|------------|
| Austria | NI 45-106 2.3 [Accredited investor] | 1 | 12,750.00 |
| Japan | NI 45-106 2.3 [Accredited investor] | 1 | 8,500.00 |
| Panama | NI 45-106 2.3 [Accredited investor] | 1 | 17,000.00 |
| | 307,748.00 | | |
| | Total number of unique purchasers ^{2b} | 15 | |

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

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

g) Net proceeds to the investment fund by jurisdiction

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

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

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

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

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

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

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

| ITEM 8 - COMPENSATIO | N INFORMATION | | | | | | |
|---|--|--------------------------------|---|-------------------------|------------------------------------|---------------------------------|------------------|
| Provide information for each pe the distribution. Complete add | | | | | | • • | connection with |
| Indicate whether any compens | ation was paid, or will be po | aid, in connecti | on with the distri | bution. | | | |
| 🗌 No 🗹 Yes | If yes, indicate nur | nber of perso | ons compensate | ed. | 4 | | |
| a) Name of person comp | ensated and registratior | status | | | | | |
| Indicate whether the person con | npensated is a registrant. | | ✓ No | | Yes | | |
| If the person compensated is an | individual, provide the nam | ne of the indivi | dual. | | | | |
| Full legal name of indiv | idual | | | | | | |
| | Family r | ame | Firs | st given na | ime | Secondary give | n names |
| If the person compensated is no | t an individual, provide the | following infor | mation. | | | | |
| Full legal name | of non-individual Small | Cap Invest | GmbH | | | | |
| Fi | rm NRD number | | | | (if app | licable) | |
| Indicate whether the person con | npensated facilitated the dis | tribution throu | gh a funding por | tal or an | internet-based | portal. 🗸 I | No 🗌 Yes |
| b) Business contact infor | | | | | | | |
| If a firm NRD number is not pro | | the business co | ontact information | n of the p | erson being cor | npensated. | |
| Street address | Niddastrasse 84 | | | | | | |
| Municipality | Frankfurt | | | Pi | ovince/State | | |
| Country | Germany | | F | Postal c | ode/Zip code | 60329 | |
| Email address | afriedrich@small-cap-in | vest.com | | Telepł | none number | 496924182950 | |
| c) Relationship to issuer | or investment fund man | ager | | | | | |
| Indicate the person's relationshi the Instructions and the meanin | | | | | | | in Part B(2) of |
| Connect with the issu | er or investment fund mana | ager | | Insider o | of the issuer (ot | her than an investme | nt fund) |
| Director or officer of the | ne investment fund or inves | stment fund ma | anager | Employe | ee of the issuer | or investment fund m | nanager |
| ✓ None of the above | | | | | | | |
| d) Compensation details | | | | | | | |
| Provide details of all compensation Canadian dollars. Include cash control incidental to the distribution, such allocation arrangements with the | ommissions, securities-base ch as clerical, printing, legal e directors, officers or emplo | d compensatio or accounting | n, gifts, discounts services. An issue | or other r is not re | compensation. equired to ask fo | Do not report paymer | nts for services |
| Cash commissions pa | | | | : | Security code 1 | Security code 2 Security code 2 | ecurity code 3 |
| Value of all securitie distributed as compensation | | S | Security codes | | | | |
| Describe to | erms of warrants, options o | r other rights | | | | | |
| Other compensation | 15 | Describe | | | | | |
| Total compensation pa | id 8,654.00 | | | | | | |
| Check box if the pe | rson will or may receive an | y deferred con | pensation (desc | ribe the t | erms below) | | |
| | | | | | | | |
| ⁴ Provide the aggregate value of | | | | | | | |
| additional securities of the issu rights exercisable to acquire ad | | | ırities distributed | as comp | ensation, <u>inclu</u> | <u>ding</u> options, warrant. | s or other |
| ⁵ Do not include deferred comp | ensation. | | | | | | |

| a) Name of person comp | ensated and registra | ation status | | | | | | | |
|---|---|-----------------------|---|----------------------------|--------------------------------|---|--|--|--|
| Indicate whether the person co | mpensated is a registra | nt. | No No | \checkmark | 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 names | | | | | | | | |
| If the person compensated is no | If the person compensated is not an individual, provide the following information. | | | | | | | | |
| Full legal name of non-individual Canaccord Genuity Corp./Corporation Canaccord Genuity | | | | | | | | | |
| Firm NRD number 9 0 0 (if applicable) | | | | | | | | | |
| Indicate whether the person co | mpensated facilitated th | ne distribution throu | ıgh a funding po | rtal or an | internet-based | d portal. 🖌 No 🗌 Yes | | | |
| b) Business contact infor | mation | | | | | | | | |
| If a firm NRD number is not pro | ovided in Item 8 (a), pro | wide the business co | ontact informatic | on of the p | erson being co | ompensated. | | | |
| Street address | | | | | | | | | |
| Municipality | | | | Pr | rovince/State | 9 | | | |
| Country | | | | Postal co | ode/Zip code | e | | | |
| Email address | | | | Teleph | none numbe | r | | | |
| c) Relationship to issuer | or investment fund r | manager | 1 | | | | | | |
| | 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 "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. | | | | | | | | |
| | ier or investment fund i | | or the purposes o | - | - | n. other than an investment fund) | | | |
| | | | | | | | | | |
| Director or officer of t | he investment fund or i | investment fund ma | anager | Employe | ee of the issue | er or investment fund manager | | | |
| None of the above | | | | | | | | | |
| d) Compensation details | | | | | | | | | |
| Canadian dollars. Include cash o | commissions, securities- ch as clerical, printing, | based compensatio | n, gifts, discount. services. An issue | s or other er is not re | compensation equired to ask | distribution. Provide all amounts in a. Do not report payments for services for details about, or report on, internal | | | |
| Cash commissions pa | aid 595 | .00 | | S | Security code 1 | Security code 2 Security code 3 | | | |
| Value of all securitie | | | Security codes | | | | | | |
| distributed as compensatio | erms of warrants, optic | | | | | | | | |
| Other compensatio | - | Describe | | | | | | | |
| Total compensation pa | | .00 | | | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | | | |
| | | | · · · · | | , | | | | |
| | | | | | | | | | |
| ⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire a ⁵ Do not include deferred comp | ler. Indicate the securit dditional securities of t | ty codes for all sect | | | | rights exercisable to acquire l <u>uding</u> options, warrants or other | | | |

| a) Name of person compen | sated and registratio | n status | | | | | | | |
|---|--|------------------|--------------------|---------------------|---------------|-------------|-------------|-------------|-------|
| Indicate whether the person compe | ensated is a registrant. | | No No | ✓ | Yes | | | | |
| If the person compensated is an individual, provide the name of the individual. | | | | | | | | | |
| Full legal name of individu | ıal | | | | | | | | |
| | Family | name | Firs | at given na | me | | Secondary g | given name | 6 |
| If the person compensated is not a | n individual, provide the | following infor | mation. | | | | | | |
| Full legal name of non-individual Echelon Wealth Partners Inc. | | | | | | | | | |
| Firm NRD number 3 2 4 2 0 (if applicable) | | | | | | | | | |
| Indicate whether the person compe | Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. | | | | | | | | |
| b) Business contact informa | ation | | | | | | | | |
| If a firm NRD number is not provia | led in Item 8 (a), provide | the business co | ontact information | n of the pe | erson being | compensa | ited. | | |
| Street address | | | | | | | | | |
| Municipality | | | | Pro | ovince/Sta | ite | | | |
| Country | | | F | Postal co | ode/Zip co | de 🗌 | | | |
| Email address | | | | Teleph | ione numb | er | | | |
| c) Relationship to issuer or | investment fund mar | ager | | | | | | | |
| 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 "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 of | | | | - | f the issuer | | n an invest | ment fund |) |
| Director or officer of the | investment fund or inve | stment fund ma | anager | Employe | e of the iss | uer or inve | estment fun | d manage | r |
| ✓ None of the above | | | | | | | | | |
| d) Compensation details | | | | | | | | | |
| <i>Compensation details</i> <i>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.</i> | | | | | | | | | |
| Cash commissions paid | 298.00 | | | S | Security code | 1 Secu | rity code 2 | Security of | ode 3 |
| Value of all securities | | | Security codes | | | | | | |
| distributed as compensation ⁴ | ns of warrants, options of | or other rights | | | | | | | |
| Other compensation ⁵ | | Describe | | | | | | | |
| Total compensation paid | 298.00 | | | | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | | | |
| | , | | | | , | | | | |
| | | | | | | | | | |
| ⁴ Provide the aggregate value of a additional securities of the issuer. rights exercisable to acquire addit ⁵ Do not include deferred compension ⁵ Do not include deferred compension. | Indicate the security co tional securities of the is | des for all secu | | | | | | | ner |

| a) Name of person com | pensated and registration | status | | | | | | | |
|---|--|------------------|-------------------|-------------|-----------------|-----------------|-------------------|--|--|
| Indicate whether the person co | ompensated is a registrant. | [| ✓ No | <u> </u> | Yes | | | | |
| If the person compensated is a | n individual, provide the name | of the individ | ual. | | | | | | |
| Full legal name of indi | vidual | | | | | | | | |
| | Family name First given name Secondary given names | | | | | | | | |
| If the person compensated is n | If the person compensated is not an individual, provide the following information. | | | | | | | | |
| Full legal name of non-individual Proven & Probable | | | | | | | | | |
| Firm NRD number (if applicable) | | | | | | | | | |
| Indicate whether the person cc | Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. | | | | | | | | |
| b) Business contact info | ormation | | | | | | | | |
| If a firm NRD number is not pr | rovided in Item 8 (a), provide th | ne business cor | ntact information | n of the pe | erson being con | npensated. | | | |
| Street address | 214 North Tryon St | | | | | | | | |
| Municipality | Charlotte | | | Pro | ovince/State | North Caro | lina | | |
| Country | United States | | F | ostal co | de/Zip code | 28202 | | | |
| Email address | | Telephone number | | | | | | | |
| c) Relationship to issue | r or investment fund manag | 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 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 p | | | | Se | ecurity code 1 | Security code 2 | 2 Security code 3 | | |
| Value of all securiti distributed as compensation | | S | ecurity codes | | | | | | |
| Describe | terms of warrants, options or | other rights | | | | | | | |
| Other compensation | on ⁵ | Describe | | | | | | | |
| Total compensation p | aid 918.00 | L | | | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | | | |
| | | | | | | |] | | |
| ⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com | suer. Indicate the security code additional securities of the issu | es for all secul | | | | | | | |

| ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER | | | | | | | | | |
|--|--|----------------------|--------------------------|--|---|---|---|----|--|
| If the issuer is an investment fund, do not complete Item 9. Procced to Item 10. | | | | | | | | | |
| Indicate whether the issuer is any o | Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one). | | | | | | | | |
| ✓ Reporting issuer in any jurisdiction of Canada | | | | | | | | | |
| Foreign public issuer | | | | | | | | | |
| Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶ | | | | | | | | | |
| Provide name of reporting issuer | | | | | | | | | |
| Wholly owned subsidiary of | a foreign public iss | uer ⁶ | | | | | | | |
| Provide name of | foreign public issue | er | | | | | | | |
| Issuer distributing only eligible foreign securities and the distribution is to permitted clients only ⁷ | | | | | | | | _ | |
| If the issuer is at least one of the | above, do not com | plete Item 9(a) – (d | :). Proceed to Item | 10. | | | | | |
| ⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions. | | | | | | | | | |
| a) Directors, executive 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. | | | | | | | | or | |
| Organization or company name | Family name | First given name | Secondary given names | non-individu resident jurisdictio | Business location of non-individual or residentail jurisdiction of individual | | Relationship to issuer (select all that apply) | | |
| | | | | Province or | country | D | 0 | Р | |
| | | | | | | | | | |
| b) Promoter information | | | | | | | | | |
| If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer. | | | | | | | | | |
| Organization or company name | Family name First given r | First given name | Secondary given names | Residential jurisdiction of individual | jurisdiction of individual (select o | | ationship to promoter one or both if applicable) | | |
| | | | | Province or country | D | | C |) | |
| | | | | | | | | | |
| c) Residential address of each individual | | | | | | | | | |

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

ITEM 10 - CERTIFICATION

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

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

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

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

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of 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 | Terra Balcanica Resources Corp. | | | | | | |
|--|---------------------------------|------------------|--------------------------|-----------------------|----|---|--|
| Full legal name | Cox | Catherine | | | | | |
| | Family name | First given name | | Secondary given names | | | |
| Title | Corporate Secretary | | | | | | |
| Telephone number | 6049994136 | Email address | ccox@terrabresources.com | | | n | |
| Signature | Catherine Cox | Date | 2023 | 06 | 21 | | |
| | | | YYYY | MM | DD | | |

ITEM 11- CONTACT PERSON

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

Same as individual certifying the report

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

Notice - Collection and use of personal information

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

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

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

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

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