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	Canter Resources Corp.	
Previous full legal name	CANTER RESOURCES CORP.	
If the issuer's name changed in	the last 12 months, provide most recent previous legal name.	
Website	www.canterresources.com (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 entity identifier"	•
Legal entity identifier		
lf two or more issuers distributed a single above.	e security, provide the full legal name(s) of the co-issuer(s) other than the issuer named	
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, firm NRD number, and SEDAR+ profile number.

Full legal name		
Firm NRD number	(if applicable)	
SEDAR+ profile number		

ITEM 5 - ISSUER INFORMATION

THEW 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 212398							
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							
🗌 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							
000053286							

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

Indicate whether one or l	Indicate whether one or both of the following apply to the investment fund.						
🗌 Invest primarily in c	other investment fund issuers						
Is a UCITs Fund ¹							
	re Investment of Transferable Securities funds (UC						
that allow collective investmer	nt schemes to operate throughout the EU on a pa	issport basis on authoriz	ation from one me	ember state.			
c) Net asset valu	ue (NAV) of the investment fund						
Select the NAV range of th	he investment fund as of the date of the ı	most recent NAV calc	ulation (Canad	lian \$).			
Under \$5M	□ \$5M to under \$25M	\$25M to und		Date of NAV calculation:			
		_					
\$100M to under \$50	00M 🗌 \$500M to under \$1B	s1B or over		YYYY MM DD			
ITEM 7 - INFORMA	ATION ABOUT THE DISTRIBL	JTION					
If an issuer located outsi	de of Canada completes a distribution in	a jurisdiction of Car	ada include in	Item 7 and Schedule 1			
information about purch	asers resident in that jurisdiction of Can	ada only. Do not incl	ude in Item 7 s	ecurities issued as payment of			
	fees, in connection with the distribution, with the information provided in Schedule		sed in Item 8. 1	The information provided in			
a) Currency							
Select the currency or cu dollars.	rrencies in which the distribution was mo	ade. All dollar amour	nts provided in a	the report must be in Canadian			
🖌 Canadian dollar	🗌 US dollar 📄 Euro Other (describe)					
b) Distribution (datas						
b) Distribution (Jates						
	rt and end dates. If the report is being file						
	both the start and end dates. If the report I dates for the distribution period covered		urities distribu	ed on a continuous basis,			
			0000				
Start date		End date		12 21			
	YYYY MM DD		YYYY	MM DD			
c) Detailed purc	haser information						
Complete Schedule 1 oj	f this form for each purchaser and att	ach the schedule to	the complete	d report.			
d) Types of secu	urities distributed						
Provide the following infe	ormation for all distributions reported or	a par sacurity basis	Pofor to Part	N(12) of the Instructions for how			
	ode. If providing the CUSIP number, indic						
distributed.							
				Canadian \$			
Security CUSIP		Number of	Single or	Highest			
code applicable)	Description of security	securities	lowest price	price Total amount			
UBS 13810W102	Units	6,401,400.0000	0.500	0.5000 3,200,700.0000			
	11	, , , , , , , , , , , , , , , , , , , ,		,,			

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			Exercise price (Canadian \$) Expiry date (YYYY-MM- DD) Conversion		Conversion ratio	Describe other terms (if
security code	security code	Lowest	Highest	00)		applicable)
WNT	CMS	0.7000	0.7000	2025-12-21	0.50	Half warrants, transferable, subject to acceleration provi sions.

f) Summary of the distribution by jurisdiction and exemption

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

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

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

Province or country	Exemption relied on	Number of unique purchasers ^{2a}	Total amount (Canadian \$)				
British Columbia	NI 45-106 2.3 [Accredited investor]	23	676,500.0000				
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	1	5,000.0000				
Alberta	NI 45-106 2.3 [Accredited investor]	4	70,000.0000				
Ontario	NI 45-106 2.3 [Accredited investor]	19	680,000.0000				
Québec	NI 45-106 2.3 [Accredited investor]	8	504,000.0000				
Saskatchewan	NI 45-106 2.3 [Accredited investor]	1	10,000.0000				
Australia	NI 45-106 2.3 [Accredited investor]	2	80,000.0000				
Cayman Islands	NI 45-106 2.3 [Accredited investor] 2		80,000.0000				
Cyprus	NI 45-106 2.3 [Accredited investor]	1	30,000.0000				
Germany	NI 45-106 2.3 [Accredited investor]	1	10,000.0000				
Hong Kong	NI 45-106 2.3 [Accredited investor]	1	120,000.0000				
Ireland	NI 45-106 2.3 [Accredited investor]	1	12,500.0000				
Israel	NI 45-106 2.3 [Accredited investor]	1	5,000.0000				
Panama	NI 45-106 2.3 [Accredited investor]	1	25,000.0000				
Puerto Rico	NI 45-106 2.3 [Accredited investor]	1	150,000.0000				
Singapore	NI 45-106 2.3 [Accredited investor]	1	100,000.0000				
Thailand	NI 45-106 2.3 [Accredited investor]	1	75,000.0000				
United States of America NI 45-106 2.3 [Accredited investor]		21	567,700.0000				
	Total dollar amount of securities distributed						
	Total number of unique purchasers2b90						

^{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.

Provide information for each person (as defined in NI 45-106) (in Québec, Regulation 45-106 respecting Prospectus Exemptions) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.								
Indicate whether any co	Indicate whether any compensation was paid, or will be paid, in connection with the distribution. No If yes, indicate number of persons compensated.							
a) Name of per	son compens	ated and regi	istration	status				
Indicate whether the per □ No ☑ Yes	rson compensate	d is a registrant.						
lf the person compensa	ted is an individu	al, provide the n	ame of the	individual.			•	
Full legal name of	individual							
If the person compensa	ted is not an indiv	Family name <i>vidual, provide ti</i>	he followinį		given nam 1.	le	Secondary giv	en names
Full legal name of	f non-individual	Echelon Wealt	h Partners	s Inc.				
Firi	m NRD number	32420			(if app	licable)		
Indicate whether the pe	rson compensate	d facilitated the	distributio	n through a f	้ นทding เ	oortal or a	n internet-based ı	portal
✓ No ☐ Yes	,	, , , , , , , , , , , , , , , , , , ,			01			
b) Business coi	ntact informat	ion						
lf a firm NRD number is	not provided in li	tem 8(a), provid	e the busin	ess contact ir	nformati	on of the p	person being com	pensated.
Street address	2500 - 181 Bay	Street						
Municipality	Toronto			Province	e/State	Ontario		
Country	Canada		Po	ostal code/Zi	p code	M5J 2T3		
Email address	nbpp@echelon	partners.com	-	Telephone n	umber	+1 (416)	572-5489	
c) Relationship to issuer or investment fund manager								
Indicate the person's rel 'connected' in Part B(2) of respecting Prospectus E	ationship with the of the Instructions xemptions) for the e issuer or inves	e issuer or inves s and the meani e purposes of co tment fund ma	tment fund ng of 'contr ompleting th nager	l manager (se rol' in section				
Insider of the issuer (other than an investment fund)								
Director or officer				ia manager				
Employee of the isNone of the above		ent lund manag	zer					
d) Compensati	on details							

Cash commissions paid	40005.0000		
Value of all securities distributed as compensation ⁴	0.0000		
Security codes	Security code 1	Security code 2	Security code 3
Security codes	CMS	WNT	
Describe terms of warrants, options or other rights	80,010 finder's was share for a period	e at \$0.50 per	
Other compensation ⁵			
Describe			
Total compensation paid	40005.0000		
Check box if the person will or may receive any def	erred compensatio	on (describe the te	erms below)
⁴ Provide the aggregate value of all securities distributed as compensa securities of the issuer. Indicate the security codes for all securities dis acquire additional securities of the issuer.		-	
⁵ Do not include deferred compensation.			

Provide information for each person (as defined in NI 45-106) (in Québec, Regulation 45-106 respecting Prospectus Exemptions) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional 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. 7							
a) Name of per	son compensated and reg	istration status					
🗌 No 🗹 Yes	rson compensated is a registrant ted is an individual, provide the r						
Full legal name of	individual						
If the person compensa	Family name ted is not an individual, provide t	5	e Secondary given names				
Full legal name of	f non-individual RED CLOUD S	ECURITIES INC.					
Firr	m NRD number 62810	(if app	licable)				
Indicate whether the pe	rson compensated facilitated the	distribution through a funding t	oortal or an internet-based portal				
√ No □Yes		0,000	,				
b) Business coi	ntact information						
lf a firm NRD number is	not provided in Item 8(a), provid	le the business contact informati	on of the person being compensated.				
Street address	120 Adelaide Street, West, Sui	ite 1400					
Municipality	Toronto	Province/State	Ontario				
Country	Canada	Postal code/Zip code	M5H 1T1				
	ssmith@redcloudsecurities.c						
Email address	om	Telephone number	+1 (647) 261-4468				
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 (in Québec, Regulation 45-106 respecting Prospectus Exemptions) for the purposes of completing this section.							
Connected with th	e issuer or investment fund ma	anager					
🗌 Insider of the issue	er (other than an investment fu	ind)					
Director or officer	of the investment fund or inve	stment fund manager					
Employee of the is	suer or investment fund mana	ger					
✓ None of the above							

d) Compensation details

Cash commissions paid	700.0000			
Value of all securities distributed as compensation ⁴	0.0000			
Security codes	Security code 1	Security code 2	Security code 3	
Security codes	CMS	WNT		
Describe terms of warrants, options or other rights	1,400 finder's war share for a perioc]		
Other compensation ⁵				
Describe				
Total compensation paid	700.0000			
Check box if the person will or may receive any def	erred compensatio	on (describe the te	erms below)	
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer.				
⁵ Do not include deferred compensation.				

Provide information for whom the issuer directly copies of this page if n	/ provides, or will	provide, any co	mpensation in	connection with			
Indicate whether any co		paid, or will be p indicate numb		Г	ribution. 7		
a) Name of per	son compens	ated and regi	istration stat	US			
Indicate whether the per		-					
If the person compensat		al, provide the n	ame of the indi	vidual.		1	
Full legal name of	individual	Family name		First sives see		Casandanı siy	
If the person compensa	ted is not an indiv	Family name vidual, provide ti		First given nan ormation.	ne	Secondary giv	en names
Full legal name of	f non-individual	HAYWOOD SE	CURITIES INC.	/ VALEURS MOE	BILIERES H	AYWOOD Inc.	
Firr	n NRD number	1630		(if app	olicable)		
Indicate whether the pe	rson compensate	d facilitated the	distribution th	ough a funding	portal or a	n internet-based į	portal
√ No □ Yes	,	,				,	
	- + + : +	•					
b) Business coi	ntact informat	ION					
lf a firm NRD number is	not provided in l	tem 8(a), provid	e the business o	contact informat	ion of the _l	person being com	pensated.
Street address	200 Burrard Str	eet, Suite 700					
Municipality	Vancouver			Province/State	British C	olumbia	
Country	Canada		Posta	l code/Zip code	V6C 3L6		
Email address	kbella@haywoo	od.com	Tele	phone number	+1 (604)	697-7431	
c) Relationship	to issuer or ir	ivestment fur	nd manager				
Indicate the person's rel 'connected' in Part B(2) (respecting Prospectus E	of the Instructions	s and the meani	ing of 'control' in	n section 1.4 of N			
Connected with th	e issuer or inves	tment fund ma	nager				
🗌 Insider of the issue	er (other than an	investment fu	nd)				
Director or officer	of the investmer	nt fund or inves	stment fund m	anager			
Employee of the is	suer or investme	ent fund manag	ger				
✓ None of the above							
d) Compensati	on details						

Cash commissions paid	3500.0000		
Value of all securities distributed as compensation ⁴	0.0000		
Coqueity codes	Security code 1	Security code 2	Security code 3
Security codes	CMS	WNT	
Describe terms of warrants, options or other rights	7,000 finder's wa share for a period	rrants exercisable d of two years.	at \$0.50 per
Other compensation ⁵			
Describe			
			_
Total compensation paid	3500.0000		
Check box if the person will or may receive any def	erred compensation	on (describe the te	erms below)
⁴ Provide the aggregate value of all securities distributed as compensa securities of the issuer. Indicate the security codes for all securities dis acquire additional securities of the issuer.		-	
⁵ Do not include deferred compensation.			

	provides, or will	provide, any com	06) (in Québec, Regulatic pensation in connection I be, compensated.				
Indicate whether any co □ No ☑ Yes		-	<i>iid, in connection with th</i> of persons compensat				
a) Name of per	son compensa	ated and regis	tration status				
Indicate whether the pe	rson compensated	d is a registrant.					
lf the person compensa	ted is an individud	al, provide the na	me of the individual.				
Full legal name of	individual						
lf the person compensa	ted is not an indiv	Family name idual, provide the		en name	2	Secondary giv	en names
Full legal name of	non-individual	Cannacord Gen	uity Corp.				
Firi	n NRD number		(if appli	icable)		
Indicate whether the pe	ء rson compensated	d facilitated the d	istribution through a fun	ding po	ortal or a	n internet-based ı	portal
√ No □ Yes	,			0,		,	
h) Dusiness se	ata at informati	ian					
b) Business coi							
lf a firm NRD number is	not provided in It	em 8(a), provide	the business contact info	rmatio	on of the p	person being com	vensated.
Street address	2200-609 Granv	ville Street					
Municipality	Vancouver		Province/	State [British C	olumbia	
Country	Canada		Postal code/Zip	code	V7Y 1H2		
Email address	kvoon@cgf.com	l	Telephone nur	nber [+1 (604)	643-7300	
c) Relationship	to issuer or in	vestment fund	d manager				
 'connected' in Part B(2) of respecting Prospectus E Connected with th Insider of the issue 	of the Instructions xemptions) for the e issuer or invest er (other than an of the investmen suer or investme	and the meaning purposes of con ment fund man investment fund t fund or investr	ager d) ment fund manager				
d) Compensati	on details						

Cash commissions paid	15680.0000		
Value of all securities distributed as compensation ⁴	0.0000		
Coqueity codes	Security code 1	Security code 2	Security code 3
Security codes	CMS	WNT	
Describe terms of warrants, options or other rights	31,360 finder's was share for a period	arrants exercisabled of two years.	e at \$0.50 per
Other compensation ⁵			
Describe			
Total compensation paid	15680.0000		
Check box if the person will or may receive any def	erred compensation	on (describe the te	erms below)
⁴ Provide the aggregate value of all securities distributed as compensa securities of the issuer. Indicate the security codes for all securities dis acquire additional securities of the issuer.		-	
⁵ Do not include deferred compensation.			

Provide information for whom the issuer directly copies of this page if n	provides, or will	provide, any coi	mpensation in	connection with t			
Indicate whether any co		oaid, or will be p indicate numbe		Г			
a) Name of per	son compensa	ated and regi	stration stat	US			
Indicate whether the per		-		uidual			
If the person compensation		n, provide the h		viuuui.			
Full legal name of		Family name		First given nam		Secondary give	
If the person compensa	ted is not an indiv	-	he following inf	-	e	Secondary give	
Full legal name of	non-individual	Intrynsyc Capi	tal Corporatio	n]
Firi	m NRD number			(if app	licable)		
Indicate whether the pe	rson compensated	d facilitated the	distribution thi	ough a funding p	oortal or a	n internet-based p	oortal
☑ No 🗌 Yes	·	-					
b) Business co	atact informati	ion					
b) business col							
lf a firm NRD number is	not provided in It	em 8(a), provide	e the business o	contact informati	on of the p	person being comp	pensated.
Street address	1460-1066 W. H	astings Street					
Municipality	Vancouver			Province/State	British C	olumbia	
Country	Canada		Posta	l code/Zip code	V6E 3X2		
Email address	kyle@intrynsyc.	com	Tele	phone number	+1 (604)	221-9666	
c) Relationship	to issuer or in	vestment fur	nd manager				
Indicate the person's rel 'connected' in Part B(2) respecting Prospectus E	of the Instructions	and the meani	ng of 'control' ii	n section 1.4 of N			
🗌 Connected with th	e issuer or invest	tment fund ma	nager				
🗌 Insider of the issue	er (other than an	investment fur	nd)				
Director or officer	of the investmen	nt fund or inves	tment fund m	anager			
Employee of the is	suer or investme	ent fund manag	ger				
✓ None of the above	!						
d) Compensati	on details						

Cash commissions paid	14000.0000		
Value of all securities distributed as compensation ⁴	0.0000		
Coqueity codes	Security code 1	Security code 2	Security code 3
Security codes	CMS	WNT	
Describe terms of warrants, options or other rights	28,000 finder's w share for a period	arrants exercisabl d of two years.	e at \$0.50 per
Other compensation ⁵			
Describe			
			_
Total compensation paid	14000.0000		
Check box if the person will or may receive any def	erred compensation	on (describe the te	erms below)
⁴ Provide the aggregate value of all securities distributed as compensa securities of the issuer. Indicate the security codes for all securities dis acquire additional securities of the issuer.		-	
⁵ Do not include deferred compensation.			

Provide information for whom the issuer directly copies of this page if n	/ provides, or will J	provide, any col	mpensatio	n in connectio				
Indicate whether any co		oaid, or will be p indicate numbe			Г	ribution. 7		
a) Name of per	son compensa	ated and regi	stration	status				
Indicate whether the pe	rson compensated	l is a registrant.						
If the person compensati	ted is an individua	al, provide the n	ame of the	individual.				
Full legal name of			,					
If the person compensat	L	Family name idual, provide tl	he following		given nam I.	ie	I Secondary giv	ven names
Full legal name of	f non-individual	PI Financial Co	orp./Corpo	ration Financ	cière Pl			
Firr	n NRD number	5290			(if app	licable)		-
Indicate whether the pe	۱ rson compensatea	l facilitated the	distributio	n through a fi	ı unding ı	portal or a	n internet-based ı	portal
✓ No ☐ Yes		,			01		,	
	· · · · · · · · ·							
b) Business coi	ntact informati	on						
lf a firm NRD number is	not provided in It	em 8(a), provid	e the busin	ess contact in	formati	ion of the _l	person being com	pensated.
Street address	2400-733 Seymo	our St						
Municipality	Vancouver			Province	e/State	British C	olumbia	
Country	Canada		Postal code/Zip code		V6B 0S6			
Email address	NBPP@pifinanci	ial.com		Telephone n	umber	+1 (604)	664-2900	
c) Relationship	to issuer or in	vestment fur	nd mana	gar				
Indicate the person's rel 'connected' in Part B(2) of respecting Prospectus E	ationship with the of the Instructions	e issuer or invest and the meani	tment fund ng of 'contr	l manager (se rol' in section				
Connected with th	e issuer or invest	ment fund ma	nager					
Insider of the issue	er (other than an	investment fur	nd)					
Director or officer				id manager				
Employee of the is		ent fund manag	ger					
✓ None of the above	2							
d) Compensati	on details							

Cash commissions paid	19250.0000		
Value of all securities distributed as compensation ⁴	0.0000		
Coqueity codes	Security code 1	Security code 2	Security code 3
Security codes	CMS	WNT	
Describe terms of warrants, options or other rights	38,500 finder's was share for a period	arrants exercisable d of two years.	e at \$0.50 per
Other compensation ⁵			
Describe			
Total compensation paid	19250.0000		
Check box if the person will or may receive any def	erred compensatio	on (describe the te	erms below)
⁴ Provide the aggregate value of all securities distributed as compensa securities of the issuer. Indicate the security codes for all securities dis acquire additional securities of the issuer.		-	
⁵ Do not include deferred compensation.			

	/ provides, or w	vill provide, any co	106) (in Québec, Regulation 45- mpensation in connection with a ill be, compensated.			
Indicate whether any co □ No ☑ Yes	-		<i>paid, in connection with the dist</i> er of persons compensated.	ribution. 7		
a) Name of per	son compe	nsated and regi	istration status			
Indicate whether the per ☐ No ☑ Yes If the person compensat		-				
Full legal name of		PRATAP	Rajnee]
Full legal flattle of		Family name	First given nam	ne	Secondary given n	lames
lf the person compensa	ted is not an in		he following information.		, ,	
Full legal name of	f non-individua	al				
Firı	m NRD numbe	er	(if app	olicable)		
Indicate whether the ne	rson compense	nted facilitated the	distribution through a funding		internet-based nor	tal
✓ No	son compense				memer basea por	.ur
b) Business coi	ntact inform	ation				
lf a firm NRD number is	not provided i	in Item 8(a), provid	e the business contact informat	ion of the pe	rson being compen	sated.
Street address	1801-621 We	est 57th Avenue				
Municipality	Vancouver		Province/State	British Col	lumbia	7
Country	Canada		Postal code/Zip code	V6P 6P5		
Email address	rajneepratap	@hotmail.com	Telephone number	+1 (778) 82	22-6472	
c) Delationship	to issuer or	investment fu	ad managar			
c) Relationship	to issuer or	investment fur	iu manager			
	of the Instruction	ons and the meani	tment fund manager (select all a ng of 'control' in section 1.4 of N ompleting this section.			
Connected with th	e issuer or inv	vestment fund ma	nager			
🗌 Insider of the issue	er (other than	an investment fui	nd)			
Director or officer	of the investm	nent fund or inves	stment fund manager			
Employee of the is	suer or invest	ment fund manag	ger			
✓ None of the above	:					
d) Compensati	on details					

Cash commissions paid	3325.0000			
Value of all securities distributed as compensation ⁴	0.0000			
Security codes	Security code 1	Security code 2	Security code 3	
	CMS	WNT		
Describe terms of warrants, options or other rights	6,650 finder's war share for a period	rrants exercisable d of two years.	at \$0.50 per	
Other compensation ⁵				
Describe				
Total compensation paid	3325.0000			
Check box if the person will or may receive any def	erred compensatio	on (describe the te	rms below)	
⁴ Provide the aggregate value of all securities distributed as compensa securities of the issuer. Indicate the security codes for all securities dis acquire additional securities of the issuer. ⁵ Do not include deferred compensation.	• •	•		

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

If the issuer is an investment fund, do not complete Item 9. Proceed to Item 10.

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 a jurisdiction of Canada	ł
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Foreign public issuer

Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶

Provide name of reporting issuer

☐ Wholly owned subsidiary of a foreign public issuer ⁶

Provide name of foreign public issuer

 \Box 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 complete Item 9(a) - (c). 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.

□ 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	Business location of non-individual or residential jurisdiction of individualRelationship to i (select all that a				
		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	Relationship to promoter (select one or both if applicable)	
company name	name	name	names	Province or country	D	0
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

securities regulatory aut	<i>of exempt distribution.</i> nation below, l certify, on beh hority or regulator, as applica igence, the information provi	ble, that I have r	eviewed this ı	report and to my knowledge,	having	
Name of Issuer/ investment fund manager/agent	Canter Resources Corp.					
Full legal name	LANG	lon	ess		7	
i un regar nume	Family name	First give		Secondary given names		
Title	CEO					
Telephone number	+1 (604) 737-2303	Email address	jlang@canter	rresources.com		
Signature	"Joness Lang"	Date	2023	12 22		
			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	VENDEL	Lindsay				
	Family name		First given name		Secondary given names	
Title	Consultant					
Name of company	Take It Public Services Inc.					
Telephone number	+1 (604) 737-2303		Email address	lindsa	ay@takeitpublicservices.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.