# Form 45-106F1 Report of Exempt Distribution

### IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

ITEM 1 – REPORT TYPE
X       New report         Amended report       If amended, provide filing date of report that is being amended.
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.
X Issuer (other than an investment fund)
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 ASHLEY GOLD CORP.
Previous full legal name
If the issuer's name changed in the last 12 months, provide most recent previous legal name.
Website         WWW.ASHLEYGOLD.COM         (if applicable)
If the issuer has a legal entity identifier, provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".
Legal entity identifier
ITEM 4 – UNDERWRITER INFORMATION
If an underwriter is completing the report, provide the underwriter's full legal name and firm National Registration Database (NRD) number.
Full legal name N/A
Firm NRD number (if applicable)
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter. Street address
Municipality Province/State
Country     Postal code/Zip code
Telephone number     Website     (if applicable)

ITEM 5 – ISSUER INFORMATION
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
a) Primary industry
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that corresponds to the issuer's primary business activity. For more information on finding the NAICS industry code go to <b>Statistics Canada's NAICS industry search tool</b> .
NAICS industry code 2 1 2 9 9
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.         Image: Image
b) Number of employees
Number of employees: $X$ $0 - 49$ $50 - 99$ $100 - 499$ $500$ or more
c) SEDAR profile number
Does the issuer have a SEDAR profile?         No       X       Yes       If yes, provide SEDAR profile number       0       0       5       3       5       2       1         If the issuer does not have a 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
f) Reporting issuer status
Is the issuer a reporting issuer in any jurisdiction of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All 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 names of all exchanges on which its securities are listed. Include only the names of exchanges for which the
issuer has applied for and received a listing, which excludes, for example, automated trading systems.           Exchange names
h) Size of issuer's assets
Select the size of the issuer's assets for its most recent financial year-end (Canadian \$). If the issuer has not existed for a full 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 investr	nent fund, provide the following information.
a) Investment fund	manager information
Full legal name	
Firm NRD Number	(if applicable)
If the investment fund manag	er 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 investme	ent fund
Money market Balanced	most accurately identifies the issuer (select only one).         Equity       Fixed income         Alternative strategies       Other (describe)
Invests primarily Is a UCITs Fund <sup>1</sup> Undertaking for the Collective Inve	of the following apply to the investment fund. in other investment fund issuers 1 stment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow perate throughout the EU on a passport basis on authorization from one member state.
c) Date of formation	and financial year-end of the investment fund
Date of formation	YYYY     MM     DD     MM     DD
d) Reporting issuer	status of the investment fund
Is the investment fund a repor	ting issuer in any jurisdiction of Canada? No Yes
If yes, select the jurisdictions of All	f Canada in which the investment fund is a reporting issuer. AB BC MB NB NL NT NU ON PE QC SK YT
e) Public listing stat	us of the investment fund
CUSIP number	USIP number, provide below (first 6 digits only).
	has applied for and received a listing, which excludes, for example, automated trading systems.
Exchange names	
f) Net asset value (	NAV) of the investment fund
Select the NAV range of the in \$0 to under \$5M \$100M to under \$500M	Image: System of the date of the most recent NAV calculation (Canadian \$).         Image: System of the date of the most recent NAV calculation (Canadian \$).         Image: System of the date of the most recent NAV calculation (Canadian \$).         Image: System of the date of the most recent NAV calculation (Canadian \$).         Image: System of the date of the most recent NAV calculation (Canadian \$).         Image: System of the date of the most recent NAV calculation (Canadian \$).         Image: System of the date of the most recent NAV calculation (Canadian \$).         Image: System of the date of the most recent NAV calculation (Canadian \$).         Image: System of the date of the most recent NAV calculation (Canadian \$).         Image: System of the date of the most recent NAV calculation (Canadian \$).         Image: System of the date of the most recent NAV calculation (Canadian \$).         Image: System of the date of the most recent NAV calculation (Canadian \$).         Image: System of the date of the most recent NAV calculation (Canadian \$).         Image: System of the date of the most recent NAV calculation (Canadian \$).         Image: System of the date of the date of the date of the most recent NAV calculation (Canadian \$).         Image: System of the date of the

## ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

resident in the	at jurisdiction	of Can	ada completes a disi ada only. Do not inc in Item 7 must recon	lude in Item 7	securities issued as	s paymen	t of commissio	ons or finder's f		
	urrency				,					
Solact the curr	rongy or curro	ncioc i	n which the distribut	ion was mado	All dollar amount	nrovido	d in the report	must be in Car	adian dollars	
	-		n which the distribut		1		-	must be in Car	iaalan aollars	
X Ca	anadian do	llar	US doll	ar	Euro Ot	her (de	scribe)			
b) Di	stribution d	ate(s	)							
	and end date	s. If the	d dates. If the report e report is being filed							
	:	Start		07 04		Enc		023 07	04	
			YYYY	MM DD			Y	YYY MM	DD	
c) De	etailed purc	hase	r information							
Complete S	Schedule 1	of th	is form for each	purchaser	and attach the	e sched	ule to the c	completed re	eport.	
			distributed	•					<u>•</u>	
	F									
			for all distributions i If providing the CUS							
									Canadian \$	
Security code	CUSIP num (if applicat			Description of s	security		Number of securities	Single or lowest price	Highest price	Total amount
UNITS	04471L1	05	\$0.07 Units with each share and one ( exercisable at \$0 closing.	(1) common	share purchase v	varrant	5,162,915	\$0.07	\$0.07	\$361,404.09
e) De	etails of righ	nts an	d convertible/ex	changeable	securities			•	•	
	-									
			ons) were distribute ide the conversion I							changeable
Security	code g sec code	urity	Exercise p (Canadian Lowest		Expiry date (YYYY-MM-DD)	Conv	ersion ratio	Describe	other terms (if	applicable)
f) Su	Immary of t	he di	stribution by juris	sdiction and	exemption					
State the total resides and fo jurisdiction of This table req	l dollar amour or each exem Canada, inclu uires a separa	nt of se ption 1 Ide dis Ite line	ecurities distributed o relied on in Canada tributions to purchas titem for: (i) each ju jurisdiction of Canad	and the numbe for that distr sers resident in risdiction whe	er of purchasers for ibution. However, that jurisdiction of re a purchaser resi	if an issu <sup>f</sup> Canada des, (ii) eo	ier located ou only. ach exemptior	itside of Canad n relied on in th	la completes ne jurisdiction	a distribution in a where a purchaser
		-	ate the province or t		-		indud, q u pui	chuser resides i	in a foreign ja	isulction.
	or country	<u>uuu, si</u>		Exemption reli		uy.	Numb		otal amount (	Canadian \$)
ALBERTA			NI 45-106 5A 2 [	Listed Issuer I	Financing Exempti	onl	purch 2			\$139,724.97
	COLUMBIA				Financing Exempti			5		\$73,450.00
ONTARIO					Financing Exempti		e			\$37,204.08
SASKATO	HEWAN		NI 45-106 5A.2 [	Listed Issuer I	Financing Exempti	on]	1			\$11,025.00
MANITOB	A		NI 45-106 5A.2 [	Listed Issuer I	Financing Exempti	on]	1			\$50,000.02
AUSTRAL	IA		NI 45-106 5A.2 [	Listed Issuer I	Financing Exempti	on]	1			\$50,000.02
				То	tal dollar amoun	t of sec	urities distri	ibuted		\$361,404.09
				Total num	ber of unique p	urchase	rs <sup>2</sup> 3	4		
			que purchasers to whic ed on multiple exempt			unt each p	ourchaser only o	once, regardless	of whether the	ssuer distributed

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

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

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

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

#### 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)
1.				
2.				
3.				
3.				

ITEM 8 – COMPENSATION INFORMATION	
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in conne	ection
with the distribution. <b>Complete additional copies of this page if more than one person was, or will be, compensated.</b>	ction
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.	
No X Yes If yes, indicate number of persons compensated.	
a) Name of person compensated and registration status	
Indicate whether the person compensated is a registrant.	
No X 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 not an individual, provide the following information.	I
Full legal name of non-individual <b>PI FINANCIAL CORP.</b>	1
Firm NRD number5290(if applicable)	
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.           X         No         Yes	
b) Business contact information	
If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address	٦
Municipality Province/State	
Country Postal code/Zip code	
Email address   Telephone number	
c) Relationship to issuer or investment fund manager	
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Pa	rt B(2)
of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.	
Connected with the issuer or investment fund manager	
Insider of the issuer (other than an investment fund)	
Director or officer of the investment fund or investment fund manager	
Employee of the issuer or investment fund manager	
X 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 amo	unts
in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments	-
services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, o report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.	r
Cash commissions paid \$2,345.00	
Value of all security code 1 Security code 2 Security code 3	
A scompensation <sup>4</sup> \$Nil Security codes W N T	
Describe terms of warrants, options or other rights 24 months	
Other compensation <sup>5</sup> Describe	7
Total compensation paid \$2,345.00	_
Check box if the person will or may receive any deferred compensation (describe the terms below)	
	7
<sup>4</sup> 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 is	
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 issu <sup>5</sup> Do not include deferred compensation.	er.

a) Name of person comp	ensated and r	egistration statu	S									
Indicate whether the person compen	sated is a regist	rant.										
If the person compensated is an indi	vidual, provide t	he name of the ind	ividual.									
Full legal name of individua	l											
		mily name		rst given n	ame		Se	econdary	given	names		
If the person compensated is not an	individual, provi	-										_
Full legal name of ne	on-individual	CANACCORD	GENUITY	CORP.	,							
Firm N	NRD number	9 0 0			(if a	pplica	able)					
Indicate whether the person compen	sated facilitated	the distribution th	rough a fund	ling porte	al or ar	n inte	ernet-bo	ased poi	rtal.			
b) Business contact infor	mation											
If a firm NRD number is not provided	d in Item 8(a), pi	rovide the business	contact info	rmation (	of the p	perso	n being	ј сотре	ensate	d.		
Street address												
Municipality				Provi	nce/St	tate						Ē
Country			Pos	tal code	/Zip c	ode						7
Email address			Te	elephone	e num	nber						
c) Relationship to issuer	or investment	fund manager										
Indicate the person's relationship with of the Instructions and the meaning Connected with the issue Insider of the issuer (of Director or officer of the Employee of the issuer X None of the above	of "control" in se uer or investme ther than an inv e investment fu	ection 1.4 of NI 45- ent fund manager estment fund) nd or investment fu	106 for the p	ourposes						"connect	ed" in Po	ərt B(2)
d) Compensation details												
Provide details of all compensation p in Canadian dollars. Include cash con services incidental to the distribution report on, internal allocation arrang Cash commissions paid Value of all securities distributed	mmissions, secu n, such as clerica	rities-based compe l, printing, legal or directors, officers c	nsation, gifts accounting s	s, discoun services. A of a non Securi	nts or o An issu n-indivi	ther o ler is l idual e 1	comper not req compe	nsation. Juired to	Do no ask fo by the	ot report   or details issuer.	payment	ts for
as compensation <sup>4</sup>				W	Ν	Т						
Describe terms of	warrants, optio	ns or other rights	42,857 Find 24 months	ler Warran	nts exer	cisabl	e into c	ommon s	shares	at \$0.12 v	vithin	
Other compensation <sup>5</sup>		Describe										
Total compensation paid	\$3,000.00											
Check box if the person	will or may rece	ive any deferred co	ompensatior	n (describ	be the t	terms	s below	/)				
<sup>4</sup> Provide the aggregate value of all securities Indicate the security codes for all securities <sup>5</sup> Do not include deferred compensation.												

a) Name of person compe	ensated and r	egistration statu	s					
Indicate whether the person compension	sated is a regist	rant.						
If the person compensated is an indiv	vidual, provide t	he name of the inc	lividual.					
Full legal name of individual								
	Fa	mily name	Fi	rst given name		Secondary give	en names	
If the person compensated is not an i	individual, provi	ide the following in	formation.					
Full legal name of no	on-individual	LEEDE JONE	S GABLE I	NC.				
Firm N	IRD number	5 7 7	0	(if a	applica	ble)		
Indicate whether the person compens	sated facilitated	the distribution th	rough a fund	ling portal or a	ın inter	rnet-based portal.		
b) Business contact inforr	nation							
If a firm NRD number is not provided	l in Item 8(a), pi	rovide the business	contact info	rmation of the	person	n being compensat	ted.	
Street address	•					<u> </u>		
Municipality				Province/S	State			=
Country			Pos	tal code/Zip o	code			=
Email address			1	elephone nur				$\exists$
c) Relationship to issuer of	or investment	fund manager	1					
Indicate the person's relationship with			nnaaer (selec	t all that apply	) Refei	r to the meaning o	of "connected" in F	Part B(2)
of the Instructions and the meaning of							, connected and	un e 2(2)
Connected with the issue	uer or investme	ent fund manager						
Insider of the issuer (ot	her than an inv	estment fund)						
Director or officer of the	e investment fu	nd or investment f	und manage	r				
Employee of the issuer	or investment	fund manager						
X None of the above		-						
d) Compensation details								
Provide details of all compensation p	aid or to be na	id to the person id	ontified in Ite	om 8(a) in conr	noction	with the distribut	ion Provide all an	nounts
in Canadian dollars. Include cash cor								
services incidental to the distribution,								
report on, internal allocation arrange	ements with the	directors, officers of	or employees	of a non-indiv	vidual c	compensated by th	ne issuer.	
Cash commissions paid	\$10,342.50							
Value of all securities distributed	\$Nil	Sec	urity codes	Security cod	e 1	Security code 2	Security code 3	3
as compensation <sup>4</sup>	ψιτιι	000		W N	Т			
Describe terms of	warrants, optio	ns or other rights	147,750 Fin 24 months	der Warrants ex	ercisab	le into common shai	res at \$0.12 within	
Other compensation⁵		Describe						
Total compensation paid	\$10,342.50							
Check box if the person v	will or may rece	ive any deferred c	ompensatior	n (describe the	terms	below)		
<sup>4</sup> Provide the aggregate value of all securitie	s distributed as co	mpensation. excluding	options. warra	nts or other rights	s exercis	sable to acquire additi	ional securities of the	issuer
Indicate the security codes for all securities								
<sup>5</sup> Do not include deferred compensation.								

a) Name of person com	pensated and r	egistration statu	S					
Indicate whether the person compe	-							
If the person compensated is an inc		he name of the ind	lividual.					
Full legal name of individu								
		amily name		rst given name		Secondary giver	names	
If the person compensated is not a		-						1
Full legal name of	non-individual	TMM CAPITAI		RY INC.				]
Firm	NRD number			(it	f applica	able)		
Indicate whether the person compe	ensated facilitated	the distribution th	rough a fund	ling portal or	an inte	rnet-based portal.		
b) Business contact info	ormation							
If a firm NRD number is not provid	led in Item 8(a), pl	rovide the business	contact info	rmation of th	ne persor	n being compensate	ed.	
Street address	#423, 120 – 23	RD STREET EAS	Т					
Municipality	SASKATOON		]	Province	/State	SASKATCHE	WAN	
Country	CANADA		Pos	tal code/Zip	code	S7K 0K8		
Email address	tmmcapitaladviso	ory@hotmail.com	] Te	elephone nu	umber	306-690-8886		
c) Relationship to issue	r or investment	fund manager						
Indicate the person's relationship w of the Instructions and the meaning Connected with the is Insider of the issuer ( Director or officer of t Employee of the issue	g of "control" in so ssuer or investme other than an inv he investment fu	ection 1.4 of NI 45- ent fund manager estment fund) nd or investment fu	106 for the p	ourposes of co			f "connected" in Pa	rt B(2)
X None of the above								
d) Compensation details								
Provide details of all compensation in Canadian dollars. Include cash c services incidental to the distributio report on, internal allocation arran Cash commissions paid Value of all securities distributed	ommissions, secu on, such as clerica	rities-based compe l, printing, legal or directors, officers c	nsation, gifts accounting	s, discounts or services. An is s of a non-ind Security co	r other c ssuer is r lividual o ode 1	compensation. Do n not required to ask	ot report payments for details about, o	s for
as compensation <sup>4</sup>	ψιιι	060		W N	Т			
Describe terms of	of warrants, optio	ns or other rights	71,429 Find 24 months	ler Warrants ex	kercisable	e into common share	s at \$0.12 within	
Other compensation <sup>5</sup>		Describe						
Total compensation paid	\$5,000.00							
Check box if the person	n will or may rece	ive any deferred co	ompensatior	n (describe th	ie terms	below)		
<sup>4</sup> Provide the aggregate value of all securi Indicate the security codes for all securiti <sup>5</sup> Do not include deferred compensation.								

Iт	ем 9 – Directors, Exi	ECUTIVE OFFICERS	AND PROM	OTERS OF TH	ie Issuer				
If	the issuer is an investment fu	ınd, do not complete	Item 9. Procee	ed to Item 10.					
Inc	dicate whether the issuer is any	of the following (selec	t all that apply).						
	<b>X</b> Reporting issuer in any ju	risdiction of Canada							
	Foreign public issuer								
	Wholly owned subsidiary		in any jurisdictio	on of Canada <sup>6</sup>					
-	Provide nam	e of reporting issuer							
	Wholly owned subsidiary	•	suer <sup>6</sup>						
		foreign public issuer							
	Issuer distributing eligible	e foreign securities on	ly to permitted of	clients <sup>7</sup>					
⁰Ar Iaw ≀Cł	the issuer is at least one of the in issuer is a wholly owned subsidiary of to be owned by its directors, are ber heck this box if it applies to the curren igible foreign security" and "permitted	of a reporting issuer or a for neficially owned by the report t distribution even if the iss	oreign public issue orting issuer or the suer made previou	r if all of the issue foreign public iss	r's outstanding voting secu uer, respectively.				
	If the issuer is none of t	he above, check this	box and comp	lete Item 9(a)	- (c).				
	a) Directors, executive	officers and promo	ters of the iss	uer					
	ovide the following information ritory, otherwise state the coun						la, state	e the pro	vince or
	Organization or company name	Family name	First given name	Secondary given names	Business location individual or resi jurisdiction of inc	dential	Relationship to issuer (select all that apply)		
					Province or co	untry	D	0	Р
	b) Promoter information	n							
loc	the promoter listed above is not cations within Canada, state the ficer.								
	Organization or company name	Family name	First given name	Second ary given	Residential jurisdiction of individual	Relation (select one			
_				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 or director 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 not be delegated to an agent or other individual preparing the report on behalf of the issuer or underwriter. If the individual completing and filing the report is different from the individual certifying the report, provide their name and contact details 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.

#### IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

By completing the information below, I certify to the securities regulatory authority or regulator that:

- I have read and understand this report; and
- all of the information provided in this report is true.

•	•								
Full legal name	CHRISTIAN	DARCY		J					
	Family name	First given name	e	Secondary g	iven names				
Title	Title PRESIDENT, CEO AND DIRECTOR								
Name of issuer/underwriter/ investment fund manager	ASHLEY GOLD CORP.								
Telephone number	587-777-9072	Email address	dchristi	christian@ashleygoldcorp.com					
Signature	"Darcy Christian"	Date	2023	07	04				
		· ·	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 ind	ividual certifying the repo				
Full legal name	SALEM	NORMA		Title	PARALEGAL
	Family name	First given name	e Secondary giv names	ven	
Name of company	HEIGHINGTON LAW				
Telephone number	403-237-0018		Email address	norma@hlf.ca	

#### 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 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.