# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 10199422

ITEM 1 - REPORT TYPE	TEM 1 - REPORT TYPE							
✓ New report								
☐ Amended report If amended	Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD)							
ITEM 2 - PARTY CERTIFYING THE RE	PORT							
Indicate the party certifying the report (select or Instrument 81-106 Investment Fund Continuou			restment fund, refer to section	on 1.1 of National				
Investment fund issuer	bisclosure and the companie	on policy to TVI or Too.						
✓ Issuer (other than an investme	ent fund)							
Underwriter								
	1							
ITEM 3 - ISSUER NAME AND OTHER								
Provide the following information about the issu		tment fund, about the fund.						
	reka Lithium Corp.							
Previous full legal name Sc	out Minerals Corp.							
If the issuer's name changed in the last	12 months, provide most rece	ent previous legal name.						
Website htt	ps://scoutmineralscorp.	.com (if applicabl	e)					
If the issuer has a legal entity identifier_provide	below. Refer to Part B of the I	Instructions for the definition	of "legal entity identifier".					
Legal entity identifier								
If two or more issuers distributed a single securi	ty, provide the full legal name	e(s) of the co-issuer(s) other th	an the issuer named above.					
Full legal name(s) of co-issuer(s)		(if applicable	e)					
ITEM 4 - UNDERWRITER INFORMAT	ION							
If an underwriter is completing the report, provi	de the underwriter's full legal	name and firm NRD number.		1				
Full legal name								
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		ı				
Telephone number		Website		(if applicable)				

TEM 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 3 9 8						
If the issuer is in the <b>mining industry</b> , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.						
✓ Exploration ☐ Development ☐ Production						
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.						
☐ Mortgages ☐ Real estate ☐ Commercial/business debt ☐ Consumer debt ☐ Private companies						
☐ Cryptoassets						
b) Number of employees						
Number of employees: ✓ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more						
c) SEDAR profile number						
Does the issuer have a SEDAR profile?						
No						
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 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
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT FUND ISSUER INFORMATION							
If the issuer is an inves	tment fund, provide the following information.						
a) Investment fund ma	a) Investment fund manager information						
Full legal name							
Firm NRD number	(if applicable)						
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.						
Street address							
Municipality	Province/State						
Country	Postal code/Zip code						
Telephone number	Website (if applicable)						
b) Type of investment	fund						
Type of investment fund tha	it most accurately identifies the issuer (select only one) .						
Money market	☐ Equity ☐ Fixed income ☐ Balanced						
Alternative strate	gies Cryptoasset Other (describe)						
Indicate whether one or bot	h of the following apply to the investment fund .						
Invests primarily in	n other investment fund issuers						
☐ Is a UCITs Fund¹							
	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union of ollective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.						
c) Date of formation a	nd financial year-end of the investment fund						
Date of forma	tion Financial year-end MM DD						
d) Reporting issuer st	atus of the investment fund						
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes						
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.						
AII	AB BC MB NB NL NT						
☐ NS ☐	NU ON PE QC SK T						
e) Public listing status of the investment fund							
If the investment fund has a CUSIP number, provide below (first 6 digits only)							
CUSIP number							
If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.							
Exchange name							
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 \$).							
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M						
\$100M to under \$500	DM S500M to under \$1B S1B or over Date of NAV calculation:						
	YYYY MM DD						

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

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

a)	Currency				
Seled	t the currency or curre	ncies in which the distrib	oution was made. A	ll dollar amounts provided in ti	he report must be in Canadian dollars.
<b>√</b> (	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 date	2023	05	31	End date	2023	05	31
	YYYY	MM	DD		YYYY	MM	DD

#### c) Detailed purchaser information

Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.

## d) Types of securities distributed

Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

					Canadian \$		
	Security CUSIP number (if applicable)		Description of security	Number of securities	Single or lowest price	Highest price	Total amount
S	U	В	Subscription Receipts @ \$0.50	5,637,400.00	0.5000		2,818,700.00
S	U	В	Subscription Receipts @\$0.60	3,578,333.00	0.6000		2,146,999.80
S	U	В	Subscription Receipts @\$0.65	337,693.00	0.6500		219,500.45

# 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 security code		е			•	Exercise price (Canadian \$)		Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
						Lowest	Highest			

#### f) Summary of the distribution by jurisdiction and exemption

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

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

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

Province or country	Exemption relied on	Number of unique <sup>28</sup> purchasers	Total amount (Canadian \$)
Alberta	NI 45-106 2.3 [Accredited investor]	8	740,000.00
British Columbia	NI 45-106 2.3 [Accredited investor]	72	1,906,499.80
Nova Scotia	NI 45-106 2.3 [Accredited investor]	1	30,000.00
Ontario	NI 45-106 2.3 [Accredited investor]	26	1,996,700.00
Saskatchewan	NI 45-106 2.3 [Accredited investor]	2	75,000.00
Hong Kong	NI 45-106 2.3 [Accredited investor]	1	100,000.00
Taiwan, Province Of China	NI 45-106 2.3 [Accredited investor]	1	20,000.00

United Kingdom	NI 45-106 2.3 [Accredited investor]	2	25,000.00			
United States	NI 45-106 2.3 [Accredited investor]	1	50,000.00			
Belgium	NI 45-106 2.3 [Accredited investor]	1	5,000.00			
Québec	NI 45-106 2.3 [Accredited investor]	2	37,000.00			
Ontario	1	200,000.45				
	5,185,200.25					
	Total number of unique purchasers <sup>2</sup> b 118					

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

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

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

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

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

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

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

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

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

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

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

a) Name of person compe	ensated and regis	tration st	tatus						
Indicate whether the person com	npensated is a regist	rant.		☐ No		<b>√</b>	Yes		
If the person compensated is an	individual, provide t	he name o	of the indivi	dual.					
Full legal name of indivi	dual								
		Family nam	ne	•	First	given n	ame	•	Secondary given names
If the person compensated is not	•								
Full legal name of	of non-individual	Leede J	lones Gab	le Inc.					
Fir	m NRD number	5	7 7	0				(if appl	icable)
Indicate whether the person com	npensated facilitated	the distri	bution throu	ıgh a fundi	ing port	al or an	interne	t-based p	oortal.  Ves
b) Business contact inform	mation								
If a firm NRD number is not prov	vided in Item 8 (a), p	provide the	e business co	ontact info	rmation	of the p	person b	eing com	pensated.
Street address									
Municipality						Р	rovince	e/State	
Country				j	Р	ostal c	ode/Zip	p code	
Email address						Telep	hone n	umber	
c) Relationship to issuer of	or investment fund	d manage	er	1					
Indicate the person's relationship the Instructions and the meaning									ning of "connected" in Part B(2) of
Connect with the issue	er or investment fun	d manage	er			Insider	of the is	suer (oth	er than an investment fund)
Director or officer of th	e investment fund o	or investm	ent fund ma	anager		Employ	ee of th	e issuer o	or investment fund manager
None of the above									
d) Compensation details									
	ommissions, securition h as clerical, printing	es-based c g, legal or	compensation accounting	n, gifts, dis services. A	counts n issuer	or other is not r	comper equired	nsation. L to ask fo	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
Cash commissions pai	d 8,0	50.00					Security	code 1	Security code 2 Security code 3
Value of all securities distributed as compensation	-		;	Security co	odes		W N		
Describe te	erms of warrants, op	otions or o	ther rights	period o	of 24 m roker \	onths i Varran	from clots ts exer	osing. cisable	e at a price of \$0.75 for a at a price of \$0.85 for a
Other compensation	5		Describe						
Total compensation pai	d 8,05	50.00							
Check box if the per	son will or may rece	eive any d	eferred con	npensation	(descr	ibe the	terms b	elow)	
<sup>4</sup> Provide the aggregate value of additional securities of the issue rights exercisable to acquire ad <sup>5</sup> Do not include deferred compe	er. Indicate the secu Iditional securities o	ırity codes	s for all sect						

a) Name of person compe	ensated and regis	stration sta	itus						
Indicate whether the person com	npensated is a regist	rant.		☐ No		$\checkmark$	Yes		
If the person compensated is an	individual, provide t	the name of	the individ	dual.					
Full legal name of indivi	dual								
		Family name			Firs	t given n	ame		Secondary given names
If the person compensated is not	t an individual, prov	ide the follo	wing infor	mation.					
Full legal name	of non-individual	PI Financ	ial Corp.	/Corporat	ion Fir	nancièr	e PI		
Fii	rm NRD number	5	2 9	0				(if appl	licable)
Indicate whether the person com	npensated facilitated	the distribu	ıtion throu	ıgh a fundi	ng port	tal or an	interne	t-based p	portal. No 🗸 Yes
b) Business contact inform	mation								
If a firm NRD number is not pro	vided in Item 8 (a), p	provide the l	business co	ntact info	rmation	of the p	person b	eing com	npensated.
Street address									
Municipality						Р	rovince	e/State	
Country					Р	ostal c	ode/Zip	o code	
Email address						Telep	hone n	umber	
c) Relationship to issuer of	or investment fund	d managei	r	I					
									nning of "connected" in Part B(2) of
the Instructions and the meaning			II 45-106 f	or the purp		•	-		
Connect with the issue	er or investment fun	d manager			Ш	Insider	of the is	suer (oth	ner than an investment fund)
Director or officer of the	e investment fund o	or investme	nt fund ma	anager		Employ	ee of th	e issuer (	or investment fund manager
✓ None of the above									
d) Compensation details									
	ommissions, securition h as clerical, printing	es-based co g, legal or a	mpensatio ccounting	n, gifts, dis services. A	counts n issuer	or other r is not r	r compei required	nsation. L to ask fo	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
Cash commissions pai		70.00	•		•		Security		Security code 2 Security code 3
Value of all securities distributed as compensation	-		S	Security co	des		W N		Security code 2 Security code 3
Describe te	erms of warrants, op	otions or oth	er rights	period o	f 24 m roker \	onths f Narran	from clots exer	osing. cisable	e at a price of \$0.75 for a at a price of \$0.85 for a
Other compensation	5	ı	Describe						
Total compensation pai	d 15,07	70.00							
Check box if the per	son will or may rece	eive any de	ferred com	npensation	(descr	ibe the	terms b	elow)	
<sup>4</sup> Provide the aggregate value on additional securities of the issue rights exercisable to acquire and <sup>5</sup> Do not include deferred compe	er. Indicate the secu Iditional securities o	urity codes i	for all secu						

a) Name of person comp	ensated and regis	tration status						
Indicate whether the person con	npensated is a regist	rant.		No	$\checkmark$	Yes		
If the person compensated is an	individual, provide i	he name of the	individ	ual.				
Full legal name of indiv	dual							
		Family name		•	First given na	ame		Secondary given names
If the person compensated is no	t an individual, prov	ide the followin	g inforn	nation.				
Full legal name	of non-individual	Canaccord C	enuity	Corp./Cor	poration C	anacco	rd Genu	uity
Fi	rm NRD number	9 0	0				(if appli	cable)
Indicate whether the person con	npensated facilitated	the distribution	throug	nh a funding	portal or an	internet	-based p	ortal. No 🗸 Yes
b) Business contact infor	mation							
If a firm NRD number is not pro	vided in Item 8 (a), ¡	provide the busi	ness coi	ntact inform	ation of the p	person be	eing com	pensated.
Street address								
Municipality					Р	rovince	/State	
Country					Postal c	ode/Zip	code	
Email address					Telep	hone ni	umber	
c) Relationship to issuer	or investment fund	d manager						
								ning of "connected" in Part B(2) of
the Instructions and the meanin	-		-106 fo	r the purpos -		-		
Connect with the issue	er or investment fun	d manager		L	Insider	of the iss	suer (oth	er than an investment fund)
Director or officer of the	e investment fund o	or investment fu	ınd mar	nager	Employ	ee of the	e issuer c	or investment fund manager
✓ None of the above								
d) Compensation details								
	ommissions, securiti h as clerical, printin	es-based compe g, legal or accou	nsation Inting s	, gifts, discou ervices. An is	unts or other ssuer is not r	compen	sation. D to ask for	ribution. Provide all amounts in to not report payments for services details about, or report on, internal
Cash commissions pa	id 25,6	62.00				Security of	rode 1	Security code 2 Security code 3
Value of all securitie distributed as compensation	-		S	ecurity code		W N	Т	Security code 2 Security code 9
Describe te	erms of warrants, op	otions or other r		period of 2 19,670 Bro	24 months t	from clo	sing. rcisable	at a price of \$0.75 for a at a price of \$0.85 for a
Other compensation	n <sup>5</sup>	Des	cribe					
Total compensation pa	id 25,66	62.00	L					
Check box if the per	son will or may reco	eive any deferre	ed comp	ensation (d	lescribe the	terms be	elow)	
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire ac <sup>5</sup> Do not include deferred compa	er. Indicate the secu Iditional securities o	ırity codes for a						

a) Name of person compe	nsated and regis	stration	status												
Indicate whether the person com	pensated is a regist	rant.			☐ No		✓	Ye	S						
If the person compensated is an i	ndividual, provide	the name	e of the in	ndivid	lual.										
Full legal name of individ	dual														
		Family na	ame			First	given	name			Se	condary	given n	ames	
If the person compensated is not	an individual, prov	ide the f	ollowing i	infori	mation.										
Full legal name o	f non-individual	Fidelit	y Clearir	ng C	anada Ul	_C / C	ompe	nsati	on Fi	delity	Canada	l			
Fin	m NRD number	2	8	8	8	0				(if appl	icable)				
Indicate whether the person com	pensated facilitated	the dist	ribution t	hrou	gh a fundi	ng port	al or a	n inte	rnet-l	based p	ortal.		No	<b>√</b>	] Yes
b) Business contact inform	nation														
If a firm NRD number is not prov	ided in Item 8 (a), ¡	orovide t	he busine	ss co	ntact infor	mation	of the	perso	on bei	ng com	pensated	<i>1</i> .			
Street address															
Municipality							ı	Provi	nce/S	State					
Country						Р	ostal	code	/Zip o	code					
Email address							Tele	phon	e nur	mber					
c) Relationship to issuer o	r investment fun	d mana	ger												
Indicate the person's relationship the Instructions and the meaning					-						ning of "	connect	ed" in I	Part E	3(2) of
Connect with the issue							-	_			er than a	an inves	tment	fund)	
Director or officer of the	e investment fund (	or invest	ment fund	d ma	ınager		Emplo	yee o	f the i	ssuer	or investi	ment fur	nd mar	nager	
✓ None of the above															
d) Compensation details															
Provide details of all compensatio Canadian dollars. Include cash co incidental to the distribution, such allocation arrangements with the	mmissions, securiti n as clerical, printin	es-based g, legal d	compens or accoun	sation ting :	n, gifts, dis services. Ai	counts ( n issuer	or othe is not	er con requi	npenso red to	ation. E ask fo	o not rep	oort pay	ments	for se	ervices
Cash commissions paid	3,5	00.00						Secu	rity co	de 1	Security	code 2	Secu	rity co	ode 3
Value of all securities distributed as compensation				S	Security co	des		W	N	Т					
Describe ter	rms of warrants, op	otions or	other rigi	hts	7,000 Bi period o						at a pric	e of \$0	).75 fc	r a	
Other compensation <sup>5</sup>	;		Descri	ibe						<u>g</u> .					
Total compensation paid	3,50	00.00													
Check box if the pers	son will or may rec	eive any	deferred	com	pensation	(descri	ibe the	e term	s belo	ow)					
<sup>4</sup> Provide the aggregate value of additional securities of the issue rights exercisable to acquire add <sup>5</sup> Do not include deferred compet	r. Indicate the secu ditional securities o	urity cod	les for all												er

a) Name of person compo	ensated and regis	tration statu	ıs						
Indicate whether the person con	npensated is a regist	rant.		☐ No		$\checkmark$	Yes		
If the person compensated is an	individual, provide i	he name of th	ne individ	dual.					
Full legal name of indivi	dual								
		Family name			First	t given n	ame		Secondary given names
If the person compensated is no	t an individual, prov	ide the follow	ing infor	mation.					
Full legal name	of non-individual	Research (	Capital	Corporati	on / Co	orpora	tion Re	cherche	Capital
Fi	rm NRD number	3 0	7	0				(if appl	icable)
Indicate whether the person con	npensated facilitated	the distributi	on throu	ıgh a fundi	ng port	al or an	interne	t-based p	oortal.  □ No ✓ Yes
b) Business contact inform	mation								
If a firm NRD number is not pro	vided in Item 8 (a), ¡	provide the bu	siness co	ntact infor	mation	of the p	person b	eing con	npensated.
Street address									
Municipality						Р	rovince	e/State	
Country					Р	ostal c	ode/Zip	o code	
Email address						Telep	hone n	umber	
c) Relationship to issuer	or investment fund	d manager							
									ning of "connected" in Part B(2) of
the Instructions and the meaning	-		45-106 J	or tne purp		•	-		or than an investment fund)
Connect with the issue	er or investment fun	u managei			Ш'	msider	or the is	suei (oii	ner than an investment fund)
Director or officer of the	ne investment fund o	or investment	fund ma	anager	<u></u> '	Employ	ee of th	e issuer (	or investment fund manager
✓ None of the above									
d) Compensation details									
	ommissions, securiti h as clerical, printin	es-based com g, legal or acc	pensatio counting	n, gifts, dis services. A	counts ( n issuer	or other is not r	comper equired	nsation. L to ask fo	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
Cash commissions pai	id 133,6	20.00					Security	code 1	Security code 2 Security code 3
Value of all securitie distributed as compensation			Ş	Security co	des		W N		Cecumy code 2
Describe te	erms of warrants, op	otions or othe	r rights	period o	f 24 m Broker	onths Warra	from clonts	osing. ercisable	e at a price of \$0.75 for a
Other compensation	15	De	escribe						
Total compensation pai	id 133,62	20.00							
Check box if the per	son will or may rece	eive any defe	rred com	npensation	(descri	ibe the	terms b	elow)	
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire ad <sup>5</sup> Do not include deferred compe	er. Indicate the secu Iditional securities o	ırity codes fol							

a) Name of person compe	nsated and registra	ation status								
Indicate whether the person com	pensated is a registrar	nt.	☐ No	✓ Y	'es					
If the person compensated is an i	ndividual, provide the	name of the indivi	dual.							
Full legal name of individ	dual									
	Far	nily name	Fir	st given nam	ne	I	Seco	ondary gi	ven na	mes
If the person compensated is not	an individual, provide	the following infor	rmation.							
Full legal name o	f non-individual Q	west Investment	t Fund Manage	ment Ltd.						
Fin	m NRD number	2 2 0	0 0		(	(if appli	cable)			
Indicate whether the person com	pensated facilitated th	e distribution thro	ugh a funding poi	rtal or an in	nternet-b	pased po	ortal.	$\checkmark$	No	Yes
b) Business contact inform	nation									
If a firm NRD number is not prov	ided in Item 8 (a), pro	vide the business co	ontact informatio	n of the per	rson beiı	ng com	pensated.			
Street address										
Municipality				Pro	vince/S	State				
Country			] !	Postal cod	de/Zip d	code				
Email address				Telepho	one nur	mber				
c) Relationship to issuer o	r investment fund n	nanager								
Indicate the person's relationship the Instructions and the meaning							ning of "co	onnected	d" in P	art B(2) of
Connect with the issue	r or investment fund r	nanager		Insider of	the issu	er (othe	er than an	investn	nent f	und)
Director or officer of the	e investment fund or i	nvestment fund ma	anager	Employee	of the is	ssuer o	r investm	ent fund	mana	ager
✓ None of the above										
d) Compensation details										
Provide details of all compensation Canadian dollars. Include cash continuities incidental to the distribution, such allocation arrangements with the	mmissions, securities- n as clerical, printing, l	based compensatic egal or accounting	on, gifts, discounts services. An issue	s or other co er is not req	ompenso uired to	ation. D ask for	o not repo	ort paym	ents f	or services
Cash commissions paid	14,000	.00		Se	curity co	de 1	Security co	ode 2	Secur	ity code 3
Value of all securities distributed as compensation			Security codes	W	N	Т				
·	rms of warrants, optio	ns or other rights	21,539 Broke period of 24 r				at a pric	e of \$0	.85 fc	or a
Other compensation <sup>5</sup>	5	Describe	polica di 211			9.				
Total compensation paid	14,000.	00								
Check box if the pers	son will or may receive	e any deferred con	npensation (desc	ribe the ter	rms belo	ow)				
<sup>4</sup> Provide the aggregate value of additional securities of the issue rights exercisable to acquire add <sup>5</sup> Do not include deferred compe	r. Indicate the securit ditional securities of th	y codes for all sec	on, <u>excluding</u> opt urities distributed	tions, warra I as comper	ants or o nsation,	ther rigi includi	hts exerci ing options	isable to s, warra	acqu nts or	ire other

a) Name of person com	pensated and regis	stration status							
Indicate whether the person co	ompensated is a regis	trant.	✓ No	Y	'es				
If the person compensated is a	n individual, provide	the name of the indivi	idual.						
Full legal name of indi	vidual								
		Family name	IFir	st given nam	ne	Secondary	given nan	nes	J
If the person compensated is n	ot an individual, prov	vide the following info	rmation.						
Full legal name	e of non-individual	Marketsmart Com	munications In	c.					
F	Firm NRD number				(if app	licable)			
Indicate whether the person co	ompensated facilitated	d the distribution thro	ugh a funding po	rtal or an in	nternet-based <sub>l</sub>	portal.	✓ No	Yes	
b) Business contact info	rmation								
If a firm NRD number is not pr	rovided in Item 8 (a),	provide the business c	ontact informatio	n of the per	rson being con	npensated.			
Street address	614-409 Granville	e St							
Municipality	Vancouver		1	Pro	vince/State	British Colu	mbia		
Country	Canada		]	Postal cod	de/Zip code	V6C 1T2			
Email address				Telepho	one number	6042614466	; ;		
c) Relationship to issue	r or investment fun	d manager							
Indicate the person's relationsl the Instructions and the mean	•		-			-	ted" in Pa	ırt B(2) of	
Connect with the iss				•		ner than an inve	stment fu	nd)	
<u> </u>		or investment fund m	anager $\square$			or investment fu		,	
	and investment rand	or investment rand in		Linployee	or the locaer	or investment re	na mana	901	
_									
d) Compensation details									
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, so allocation arrangements with t	commissions, securiti uch as clerical, printin	ies-based compensation ng, legal or accounting	on, gifts, discounts services. An issue	s or other co er is not req	ompensation. I Juired to ask fo	Do not report pa	yments fo	r services	!
Cash commissions p	aid 2,4	50.00		Se	ecurity code 1	Security code 2	Securit	y code 3	
Value of all securiti	ies		Security codes	W	T 1			,	
distributed as compensation	on <sup>4</sup>								
Describe	terms of warrants, o	ptions or other rights	4,900 Broker period of 24 r			at a price of \$	0.75 for	а	
Other compensation	on <sup>5</sup>	Describe							
Total compensation p	aid 2,4	50.00							
Check box if the p	erson will or may rec	eive any deferred cor	mpensation (desc	cribe the ter	rms below)				
<sup>4</sup> Provide the aggregate value additional securities of the iss rights exercisable to acquire a <sup>5</sup> Do not include deferred com	suer. Indicate the sec additional securities o	urity codes for all sec							

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER				
If the issuer is an investment fund	d, do not complete l	Item 9. Procced to	Item 10.					
Indicate whether the issuer is any o	f the following (select	t the one that appli	es - if more than one	applies, select onl	y one).			
✓ Reporting issuer in any juris	sdiction of Canada							
Foreign public issuer								
Wholly owned subsidiary of	a reporting issuer in	any jurisdiction of	Canada <sup>6</sup>					
Provide nan	ne of reporting issue	r						7
Wholly owned subsidiary of	a foreign public issu	uer <sup>6</sup>						_
Provide name of	foreign public issue	r						7
Issuer distributing only eligil	ble foreign securities	and the distribution	n is to permitted clie	ents only <sup>7</sup>				_
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item	10.				
<sup>6</sup> An issuer is a wholly owned subside securities that are required by law to respectively. <sup>7</sup> Check this box if it applies to the collients. Refer to the definitions of "e.	o be owned by its direction events distribution events	ectors, are benefic en if the issuer mad	ially owned by the re de previous distribut	eporting issuer or ti tions of other types	the foreign	public is	ssuer,	
If the issuer is none of the	above, check this b	ox and complete	Item 9(a) - (c).					
a) Directors, executive officer	e and promoters of	of the issuer						
Provide the following information for	•		moter of the issuer F	or locations within	Canada s	tate the	nrovince	or
territory; otherwise state the country.							province	
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individe resident jurisdictio individu	ual or ail n of		onship to	
				Province or	country	D	0	Р
b) Promoter information								
If the promoter listed above is not an within Canada, state the province or								
Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual			to promo	
				Province or country	D		C	)
c) Residential address of eac	h individual							
Complete Schedule 2 of this form completed report. Schedule 2 also					(a) and (b)	and at	tach to t	he

# **ITEM 10 - CERTIFICATION**

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

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

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

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

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

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

Name of issuer/underwriter/ investment fund manager/agent	Eureka Lithium Corp.				
Full legal name	Bowra	Gareth			
	Family name	First given name	'	Seconda	ary given names
Title	Chief Financial Officer				
Telephone number	6048323268	Email address	gareth.bo	wra@tre	ewalk.com
Signature	"Gareth Bowra"	Date	2023	06	09
			YYYY	MM	DD

ITEM 11- CONTACT I	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 individua	al certifying the report								
Full legal name	Webb	Patrick		Title	Associate				
	Family name	First given name	Secondary given names	<u> </u>					
Name of company	DLA Piper (Canada) LLF	ס							
Telephone number	6046432965	Er	nail address patrick.we	bb@dlapip	per.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.

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.