Form 45-106F1 Report of Exempt Distribution

ITEM 1 - REPORT TYPE		
✓ New report ☐ Amended report If amended, pr	rovide filing date of report th	hat is being amended. (YYYY-MM-DD)
ITEM 2 - PARTY CERTIFYING TH	HE REPORT	
section 1.1 of National Instrument 81-106	Investment Fund Continuous I	garding whether an issuer is an investment fund, refer to Disclosure and the companion policy to NI 81-106 (in closure and Policy Statement to Regulation 81-106 respecting
☐ Investment fund issuer		
Issuer (other than an investment fur	nd)	
Underwriter		
ITEM 3 - ISSUER NAME AND O	THER IDENTIFIERS	
Provide the following information about th	ne issuer, or if the issuer is an i	investment fund, about the fund.
Full legal name	Troy Minerals Inc. / Troy Min	nerals Inc.
Previous full legal name		
If the issuer's name changed in th	ne last 12 months, provide mo	ost recent previous legal name.
Website v	www.troyminerals.com	(if applicable)
If the issuer has a legal entity identifier, pro	ovide below. Refer to Part B of	f the Instructions for the definition of "legal entity identifier".
Legal entity identifier		
If two or more issuers distributed a single s above.	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 INFOR	RMATION	
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
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 212220
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.
✓ Exploration ☐ Development ☐ Production
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.
☐ Mortgages ☐ Real estate ☐ Commercial/business debt ☐ Consumer debt ☐ Private companies
☐ Cryptoassets
b) Number of employees
Number of employees: ☑ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more
c) SEDAR+ profile number
Provide the issuer's SEDAR+ profile number
000055383
ITEM 6 - INVESTMENT FUND ISSUER INFORMATION
If the issuer is an investment fund, provide the following information.
a) Investment fund manager information
Full legal name
Firm NRD number (if applicable)
SEDAR+ profile number
b) Type of investment fund
Type of investment fund that most accurately identifies the issuer (select only one).
☐ Money market ☐ Equity ☐ Fixed income ☐ Balanced
☐ Alternative strategies ☐ Cryptoasset ☐ Other (describe)

Indicate wh	Indicate whether one or both of the following apply to the investment fund.									
☐ Invest	☐ Invest primarily in other investment fund issuers									
☐ Is a UC	☐ Is a UCITs Fund ¹									
	1 Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives									
that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.										
c) Ne	et asset valu	e (NAV) of the investment fund								
Select the N	VAV range of th	e investment fund as of the date of the i	most recent NAV calc	ulation (Canadio	an \$).					
Under		\$5M to under \$25M	\$25M to und			V calculation:				
	ÞΟΙVΙ	\$5IVI to under \$25IVI	\$25W to und	er \$100ivi						
☐ \$100N	/I to under \$50	00M	☐ \$1B or over		YYYY	MM DD				
ITFM 7 -	INFORMA	TION ABOUT THE DISTRIBU	ITION							
II E IVI 7		THOM ADOUT THE DISTRIBE								
		le of Canada completes a distribution in								
•	,	asers resident in that jurisdiction of Can ees, in connection with the distribution, v				, ,				
		h the information provided in Schedule :		seu III iteiii o. 11	ie irijorriidilo	iii provided iii				
	urrency	, ,	,							
Select the o	currency or cur	rencies in which the distribution was mo	ade. All dollar amour	ts provided in tl	he report mu	st be in Canadian				
✓ Canad	dian dollar	US dollar Euro Other (describe)							
b) D	ictribution	latas								
ט (ט	istribution c	iales								
State the d	istribution star	t and end dates. If the report is being file	ed for securities distr	ibuted on only o	one distributi	on date, provide				
		oth the start and end dates. If the report		urities distribue	d on a contin	nuous basis,				
include the	start and end	dates for the distribution period covered	d by the report.			_				
	Start date	2024 12 24	End date	2024	12 24					
		YYYY MM DD		YYYY	MM DD					
c) De	 etailed nurc	haser information								
с, Б.	ctanea pare	naser information								
Complete	Schedule 1 of	this form for each purchaser and att	ach the schedule to	the completed	l report.					
d) Ty	ypes of secu	rities distributed								
D	- f-IIii-f-	for all distributions are asset of a		D-f 4- D 4	(12) - f + -	-tt				
		rmation for all distributions reported or de. If providing the CUSIP number, indic		-	-	•				
distributed	-	serif previous gare eees mannaer, man				seedy weng				
					Canadian \$					
	CUSIP									
Security code	number (if	Description of security	Number of securities	Single or lowest price	Highest price	Total amount				
	applicable)		Securities	ionicse pince	piles					

5,000,000.0000

0.2400

1,200,000.0000

Flow-through common shares

FTS

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	Underlying security code	Exercise price (Canadian \$)		Expiry date (YYYY-MM-	Conversion ratio	Describe other terms (if	
		Lowest	Highest	DD)		applicable)	

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]	4	1,200,000.0000				
	Total dollar amount of securities distributed						
	Total number of unique purchasers ^{2b}	4					

^{2a} 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	

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.

^{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.

ITEM 8 - COMPENSATION INFORMATION 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. If yes, indicate number of persons compensated. 2 ☐ No ✓ Yes a) Name of person compensated and registration status Indicate whether the person compensated is a registrant. □ No **✓** 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. PB MARKETS INC. Full legal name of non-individual Firm NRD number | 78820 (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal **V** 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 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 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 the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager ☐ Employee of the issuer or investment fund manager ✓ None of the above d) Compensation details

Cash commissions paid	\$12,000.0000		
alue of all securities distributed as compensation ⁴	\$0.0000		
Security codes	Security code 1	Security code 2	Security code 3
Security codes	WNT		
Describe terms of warrants, options or other rights	period of 2 years.	exercisable at \$0.2	
,			
Other compensation ⁵			
Describe			
			_
Total compensation paid	\$12,000.0000		
Check box if the person will or may receive any def	erred compensation	on (describe the te	erms below)
	<u> </u>		

Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution.

ITEM 8 - COMPENSATION INFORMATION 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. If yes, indicate number of persons compensated. 2 ☐ No ✓ Yes a) Name of person compensated and registration status Indicate whether the person compensated is a registrant. □ No **✓** 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. Full legal name of non-individual CASTLEWOOD CAPITAL CORPORATION Firm NRD number | 75730 (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal **V** 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 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 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 the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager ☐ Employee of the issuer or investment fund manager ✓ None of the above d) Compensation details

Provide details of all compensation paid, or to be paid, to Provide all amounts in Canadian dollars. Include cash con compensation. Do not report payments for services incider services. An issuer is not required to ask for details about, or employees of a non-individual compensated by the issu	nmissions, securitie ntal to the distribut or report on, intern	s-based compensat ion, such as clerical	ion, gifts, discounts , printing, legal or a	or other accounting			
Cash commissions paid							
Value of all securities distributed as compensation ⁴	\$60,000.0000						
Security codes	Security code 1	Security code 2	Security code 3				
Security codes	CMS	WNT					
250,000 non-flow-through common shares and 250,000 warrants exercisable at \$0.24 per share for a period of 2 years.							
Other compensation ⁵			7				
Describe							
Total compensation paid	\$60,000.0000		7				
☐ 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.		_	•				
ITEM 9 – DIRECTORS, EXECUTIVE OFFICE	RS AND PROM	NOTERS OF TI	HE ISSUER				
If the issuer is an investment fund, do not complete It	em 9. Proceed to I	tem 10.					
		·c		,			
Indicate whether the issuer is any of the following (select the	ne one that applies	– ij more than one	applies, select only	one).			
✓ Reporting issuer in a jurisdiction of Canada☐ Foreign public issuer							
Wholly owned subsidiary of a reporting issuer in ar	ny jurisdiction of Co	anada ⁶					
Provide name of reporting issuer							
Wholly owned subsidiary of a foreign public issuer	6						
Provide name of foreign public issuer							
☐ Issuer distributing only eligible foreign securities ar	nd the distribution	is to permitted cli	ents only ⁷ .				
If the issuer is at least one of the above, do not comple	ete Item 9(a) - (c).	Proceed to Item 1	0.				
⁶ An issuer is a wholly owned subsidiary of a reporting issues securities, other than securities that are required by law to				-			

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	Secondary given names	Business location of non-individual or residential jurisdiction of individual		Relationship to issuer (select all that apply)		
		name		Province or country	D	0	P	

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	J	Secondary given names Residential jurisdiction of individual Province or country		promoter (select if applicable)	
company name	name	name		Province or country	D	O

c) Residential address of each individual

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

ITEM 10 - CERTIFICATION

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

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

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

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

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of exempt 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.								
Troy Minerals Inc.								
VIG	Ra	na						
Family name	First give	en name	Secondary given names					
CEO								
+1 (604) 218-4766	Email address	ranavig@gma	il.com					
"Rana Vig"	Date	2024 YYYY	12 30 MM DD					
	of exempt distribution. nation below, I certify, on beh hority or regulator, as applica igence, the information provio Troy Minerals Inc. VIG Family name CEO +1 (604) 218-4766	of exempt distribution. nation below, I certify, on behalf of the issuer/ hority or regulator, as applicable, that I have r igence, the information provided in this repor Troy Minerals Inc. VIG Ra Family name CEO +1 (604) 218-4766 Email address	of exempt distribution. nation below, I certify, on behalf of the issuer/underwriter/in hority or regulator, as applicable, that I have reviewed this reigence, the information provided in this report is true and, to Troy Minerals Inc. VIG Rana Family name First given name CEO +1 (604) 218-4766 Email address ranavig@gmail "Rana Vig" Date 2024	of exempt distribution. mation below, I certify, on behalf of the issuer/underwriter/investment fund manager, to the hority or regulator, as applicable, that I have reviewed this report and to my knowledge, having igence, the information provided in this report is true and, to the extent required, complete. Troy Minerals Inc. VIG Rana Family name First given name Secondary given names CEO +1 (604) 218-4766 Email address ranavig@gmail.com Tanavig@gmail.com Date 2024 12 30				

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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 **FONG** Sandy Family name First given name Secondary given names Title Paralegal Name of company MORTON LAW LLP Telephone number Email address sf@mortonlaw.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.

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.