# Form 45-106F1 Report of Exempt Distribution

| ITEM 1 - REPORT TYPE   |   |                                     |                                 |                 |  |  |  |  |  |  |
|--|---|-------------------------------------|---------------------------------|-----------------|--|--|--|--|--|--|
| ✓ New report   |   |                                     |                                 |                 |  |  |  |  |  |  |
| Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD)  |   |                                     |                                 |                 |  |  |  |  |  |  |
| ITEM 2 - PARTY CERTIFYING THE REPORT   |   |                                     |                                 |                 |  |  |  |  |  |  |
| Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National<br>Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106. |   |                                     |                                 |                 |  |  |  |  |  |  |
| Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.   |   |                                     |                                 |                 |  |  |  |  |  |  |
| <ul> <li>✓ Issuer (other than an inve</li> </ul>   | ✓ Issuer (other than an investment fund)  |                                     |                                 |                 |  |  |  |  |  |  |
| Underwriter  | ,   |                                     |                                 |                 |  |  |  |  |  |  |
| Item 3 - Issuer Name and O   | THER IDENTIFIERS  |                                     |                                 |                 |  |  |  |  |  |  |
| Provide the following information about  |   | vestment fund, about the fund.      |                                 |                 |  |  |  |  |  |  |
| Full legal name  | Vortex Energy Corp.   |                                     |                                 |                 |  |  |  |  |  |  |
| Previous full legal name   |   |                                     |                                 |                 |  |  |  |  |  |  |
| If the issuer's name changed in the  | he last 12 months, provide most   | recent previous legal name.         |                                 |                 |  |  |  |  |  |  |
| Website  | https://vortexenergycor   | p.com/ (if applical                 | ble)                            |                 |  |  |  |  |  |  |
| If the issuer has a legal entity identifier, p   | rovide below. Refer to Part B of t  | the Instructions for the definition | n of "legal entity identifier". |                 |  |  |  |  |  |  |
| Legal entity identifier  |   |                                     |                                 |                 |  |  |  |  |  |  |
| If two or more issuers distributed a single  | security, provide the full legal ne   | ame(s) of the co-issuer(s) other    | han the issuer named above      |                 |  |  |  |  |  |  |
| Full legal name(s) of co-issuer(s  | )   | (if applical                        | (if applicable)                 |                 |  |  |  |  |  |  |
| ITEM 4 - UNDERWRITER INFOR   | MATION  |                                     |                                 |                 |  |  |  |  |  |  |
| If an underwriter is completing the report   | , provide the underwriter's full le   | gal name and firm NRD numbe         | r.                              |                 |  |  |  |  |  |  |
| Full legal name  |   |                                     |                                 |                 |  |  |  |  |  |  |
| Firm NRD number  | Firm NRD number (if applicable)   |                                     |                                 |                 |  |  |  |  |  |  |
| If the underwriter does not have a firm N  | If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter. |                                     |                                 |                 |  |  |  |  |  |  |
| Street address   | 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 in your reasonable judgment most closely corresponds to the issuer's primary business activity.  |
| NAICS industry code 2 1 2 2 9 9   |
| 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       ✓ Yes       If yes, provide SEDAR profile number       0       0       0       5       5       3       2   |
| If the issuer does not have SEDAR profile complete item 5(d) - (h).   |
| d) Head office address  |
| Street address Province/State   |
| Municipality Postal code/Zip code   |
| Country Telephone number  |
| e) Date of formation and financial year-end   |
| Date of formation Financial year-end  |
| YYYY MM DD MM DD  |
| f) Reporting issuer status  |
| Is the issuer a reporting issuer in any jurisdication of Canada? No Yes   |
| If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.   |
| AII AB BC MB NB NL NT   |
| NS NU ON PE QC SK YT  |
| g) Public listing status  |
| If the issuer has a CUSIP number, provide below (first 6 digits only)   |
| CUSIP number  |
| If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.  |
| Exchange name   |
| h) Size of issuer's assets  |
| Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date. |

| \$0 to under \$5M     | \$5M to under \$25M | □ \$25M to under \$100M |
|-----------------------|---------------------|-------------------------|
| S100M to under \$500M | S500M to under \$1B | S1B or over             |

| ib close is an investment fund, provide the following information:         iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| Full legal name  |  |  |  |  |  |  |  |  |
| Firm NRD number  |  |  |  |  |  |  |  |  |
| If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager.   Street address   Municipality   Country   Postal code/Zjp code   Telephone number   Website (if applicable)   D Type of investment fund   Type of investment fund fund that most accurately identifies the issuer (select only one).   Money market   Country   Postal code/Zjp code   Indicate whether one or both of the following apply to the investment fund.   Invests primarily in other investment fund issuers   Country   Indicate whether one or both of the following apply to the investment fund.   Invests primarily in other investment fund issuers   Indicate whether one or both of the following apply to the investment fund.   Invests primarily in other investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment fund   Date of formation and financial year-end of the investment fund   YYYY   MM   DD   MM    DD   |  |  |  |  |  |  |  |  |
| Street address   Municipality   Province/State   Country   Postal code/Zip code   Telephone number   Website (if applicable) <b>b</b> Type of investment fund <b>b</b> Type of investment fund <b>b</b> Type of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Is a UCITs Fund <b>b</b> Type of formation and financial year-end of the investment funds is on authorization from one member state. <b>c</b> Date of formation and financial year-end of the investment fund is a reporting issuer. <b>c</b> All All All All All All All All All Al  |  |  |  |  |  |  |  |  |
| Municipality Province/State   Country Postal code/Zip code   Telephone number Website (if applicable)   b) Type of investment fund Website (if applicable)   The of investment fund that most accurately identifies the issuer (select only one).   Municipality Fixed income   Alternative strategies Cryptoasset   Other (describe) Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Is a UCITs Fund Undicate whether one collective investment fund issuers Is a UCITs Fund Undersking for the Collective investment of Transforable 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. O bate of formation and financial year-end of the investment fund is a reporting issuer status of the investment fund a reporting issuer status of the investment fund is o reporting issuer. If yes, select the jurisdictions of Canada in which the investment fund is or eporting issuer. If will all all B BC MB NB NC YES If the investment fund as a CUSP number, provide below (first 6 digits only) CUSIP number CUSIP number USIP number On the other of the investment fund is or point only On the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number On the investment fund is or epoint is or epoint is only On the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number Output Output Output Output Output Output Output Output Output |  |  |  |  |  |  |  |  |
| Country  |  |  |  |  |  |  |  |  |
| Telephone number Website (if applicable)   b) Type of investment fund   Type of investment fund that most accurately identifies the issuer (select only one).   Money market Equity   Alternative strategies Cryptoasset   Indicate whether one or both of the following apply to the investment fund.   Invests primarily in other investment fund issuers   Is a UCITs Fund   'Undertaking for the Collective investment fund issuers to pate of formation and financial year-end of the investment fund YYYY MM DD To alte of formation and financial year-end of the investment fund is a reporting issuer status of the investment fund is a reporting issuer in any jurisdication of Canada?   No Yes   If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. All   |  |  |  |  |  |  |  |  |
| b) Type of investment fund         Type of investment fund that most accurately identifies the issuer (select only one).         Money market       Equity         Alternative strategies       Cryptoasset         Invests primarily in other investment fund.         Invests primarily in other investment fund issuers         Is a UCITs Fund         '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) Date of formation and financial year-end of the investment fund         Date of formation and financial year-end of the investment fund         YYYY       MM         Date of formation and financial year-end of Canada?         YYYY       NM         Date of formation and financial year-end fund         YYYY       MM         Date of formation and financial year-end fund         Is the investment fund         Is the investment fund         Is the investment fund         Is the investment fund a ceporting issuer in any jurisdication of Canada?       No       Yes         If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.       NI       NI         NS       NU       ON   |  |  |  |  |  |  |  |  |
| Type of investment fund that most accurately identifies the issuer (select only one).   Money market Equity   Fixed income Balanced   Alternative strategies Cryptoasset   Indicate whether one or both of the following apply to the investment fund.   Invests primarily in other investment fund issuers   Is a UCITs Fund*   'Undertaking for the Collective Investment 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 Date of formation and financial year-end of the investment fund   Date of formation and financial year-end of the investment fund   Is the investment fund a reporting issuer is any jurisdication of Canada?   No   Yes   If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.   All   All   All   All   ON   PE   QC   Sk   YT   |  |  |  |  |  |  |  |  |
| Money market Equity   Fixed income Balanced   Alternative strategies Cryptoasset   Indicate whether one or both of the following apply to the investment fund.   Invests primarily in other investment fund issuers   Is a UCITs Fund*      ''Undertaking for the Collective Investment 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. <b>o Date of formation and financial year-end of the investment fund</b> Date of formation and financial year-end of the investment fund   YYYY MM   DD MM <b>base of formation and financial year-end of Canada</b> ?   No Yes   If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.   All AB   All AB   BC MB   MB NB   NB NI   NS NU   ON PE   QC SK   YT  |  |  |  |  |  |  |  |  |
| Alternative strategies Cryptoasset   Other (describe)   Indicate whether one or both of the following apply to the investment fund.    Invests primarily in other investment fund issuers   Is a UCITs Fund*   Undertaking for the Collective Investment 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) Date of formation and financial year-end of the investment fund   Date of formation  YYYY   MM   DD   () Reporting issuer status of the investment fund   Is the investment fund a reporting issuer in any jurisdication of Canada?   No   YYY   MB   Bate   All   All </td  |  |  |  |  |  |  |  |  |
| Indicate whether one or both of the following apply to the investment fund.  Invests primarily in other investment fund issuers Is a UCITs Fund'  'Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment of the investment fund C. Date of formation and financial year-end of the investment fund Date of formation and financial year-end of the investment fund C. Date of formation and financial year-end of the investment fund Date of formation and financial year-end of the investment fund C. Date of formation and financial year-end of the investment fund C. Date of formation and financial year-end of the investment fund Date of formation and financial year-end of Canada? Date of formation and financial year-end of Canada? Date of formation and financial year-end of Canada? Date of formation and purchase in any jurisdication of Canada? No YYYY MM DD KIN C NO C YES   |  |  |  |  |  |  |  |  |
| Invests primarily in other investment fund issuers   Is a UCITs Fund*   '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) Date of formation and financial year-end of the investment fund   Date of formation  |  |  |  |  |  |  |  |  |
| Is a UCITs Fund     '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) Date of formation and financial year-end of the investment fund   Date of formation and financial year-end of the investment fund   Date of formation and financial year-end of the investment fund   Date of formation   Financial year-end   YYYY   MM   DD   Financial year-end   MM   YYYY   MM   DD   Financial year-end   MM   Date of formation   YYYY   MM   DD   Financial year-end   MM   DD   Financial year-end Financial year-end Financial year-end Financial year-end Yes Financial year-end Yes   |  |  |  |  |  |  |  |  |
| ''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) Date of formation and financial year-end of the investment fund         Date of formation and financial year-end of the investment fund         Date of formation and financial year-end of the investment fund         Date of formation and financial year-end of the investment fund         Date of formation issuer status of the investment fund         d) Reporting issuer status of the investment fund         Is the investment fund a reporting issuer in any jurisdication of Canada?       No         If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.       NB       NB       NL       NT         NS       NU       ON       PE       QC       SK       YT         e) Public listing status of the investment fund       PE       QC       SK       YT         If the investment fund has a CUSIP number, provide below (first 6 digits only)       CUSIP number, provide below (first 6 digits only)       CUSIP number, provide below (first 6 digits only)  |  |  |  |  |  |  |  |  |
| (EU) directives that allow collective investment schemes to operate 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       Financial year-end         YYYY       MM       DD         d) Reporting issuer status of the investment fund         Is the investment fund a reporting issuer in any jurisdication of Canada?       No       Yes         If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.       NB       NL       NT         NS       NU       ON       PE       QC       SK       YT         e) Public listing status of the investment fund       Use of the investment fund has a CUSIP number, provide below (first 6 digits only)       USIP number       USIP number       USIP number  |  |  |  |  |  |  |  |  |
| Date of formation YYYY   MM DD   Financial year-end MM   MM DD <b>d)</b> Reporting issuer status of the investment fund Is the investment fund a reporting issuer in any jurisdication of Canada? If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. All AB BC MB NB NB NL NT e) Public listing status of the investment fund If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number CUSIP number  |  |  |  |  |  |  |  |  |
| YYYY MM DD     <   |  |  |  |  |  |  |  |  |
| d) Reporting issuer status of the investment fund   Is the investment fund a reporting issuer in any jurisdication of Canada? No If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. All AB BC MB NB NL NT NS NU ON PE QC SK YT e) Public listing status of the investment fund If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number USIP number   |  |  |  |  |  |  |  |  |
| Is the investment fund a reporting issuer in any jurisdication of Canada? No Yes<br>If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.<br>All AB BC MB NB NB NL NT<br>NS ON PE QC SK TY<br>Public listing status of the investment fund<br>If the investment fund has a CUSIP number, provide below (first 6 digits only)<br>CUSIP number  |  |  |  |  |  |  |  |  |
| If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.   All   All   NS   NU   ON   PE   QC   SK   YT  |  |  |  |  |  |  |  |  |
| AII AB BC MB NB NL NT   NS NU ON PE QC SK YT   e) Public listing status of the investment fund If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number   |  |  |  |  |  |  |  |  |
| e) Public listing status of the investment fund  If the investment fund has a CUSIP number, provide below (first 6 digits only)  CUSIP number  |  |  |  |  |  |  |  |  |
| 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 has a CUSIP number, provide below (first 6 digits only) CUSIP number  |  |  |  |  |  |  |  |  |
| CUSIP number   |  |  |  |  |  |  |  |  |
| If the investment fund is publicly listed, provide the name of the exchange on which the investment fund'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 \$500M       \$500M to under \$1B       \$1B or over       Date of NAV calculation:  |  |  |  |  |  |  |  |  |

# ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

| рі<br>сс     | 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.<br>a) Currency |                |               |                   |                    |  |  |   |   |                           |                              |   |              |                        |
|--------------|--|----------------|---------------|-------------------|--------------------|--|--|---|---|---------------------------|------------------------------|---|--------------|------------------------|
| e            | ı)   | Cu             | rency         | /                 |                    |  |  |   |   |                           |                              |   |              |                        |
| Se           | elect  | the            | currer        | ncy or            | curre              | encies                                 | in which the dist  | ibution was made.   | All dollar amounts prov                             | vided in                  | the report                   | t must be   | in Canadi    | an dollars.            |
| $\checkmark$ | ] C  | ana            | dian          | dolla             | r                  |  | US dollar  | Euro  | Other (descr  | ibe)                      |                              |   |              |                        |
| Ł            | )  | Dis            | tributi       | on d              | ate(s              | ;)                                     |  |   |   |                           |                              |   |              |                        |
| a            | b) Distribution date(s)<br>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<br>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<br>distribution period covered by the report.   |                |               |                   |                    |  |  |   |   |                           |                              |   |              |                        |
|              | Start date         2023         06         19         End date         2023         06         19  |                |               |                   |                    |  |  |   |   |                           |                              |   |              |                        |
|              |  |                |               |                   |                    |  | YYYY   | MM DD   |   |                           | YYYY                         | MM  | DD           |                        |
| C            | ;)   | Det            | ailed         | purc              | hase               | r info                                 | ormation   |   |   |                           |                              |   |              |                        |
| С            | om   | ple            | te Sch        | nedu              | le 1               | of th                                  | is form for eac  | h purchaser and   | l attach the schedu                                 | le to th                  | he comp                      | leted re  | port.        |                        |
| c            | l) (   | Тур            | es of         | secu              | uritie             | s dist                                 | tributed   |   |   |                           |                              |   |              |                        |
| P            | rovic  | de th          | e follo       | wing              | infor              | matio                                  | n for all distributi   | ons reported on a p   | er security basis. Refer                            | to Part /                 | A(12) of th                  | ne Instruc  | tions for h  | ow to indicate the     |
| se           | curi   | ty co          | ode. If       | provi             | ding t             | the Cl                                 | JSIP number, indi  | cate the full 9-digit   | CUSIP number assigne                                | d to the                  | security b                   | eing dist   | ributed.     |                        |
|              |  |                |               |                   |                    |  |  |   |   |                           |                              |   | Canadian \$  |                        |
| :            | Secu<br>coc  |                |               | SIP nu<br>applica |                    |  | Descriptior  | of security   | Number of securities                                |                           | Single or<br>lowest<br>price | High  | nest price   | Total amount           |
| l            | ЛВ   | 3 S            | 929           | )05D              | 0104               | per<br>one<br>(1)<br>war<br>exe<br>sha | ts. Each Unit<br>Unit. Each U<br>(1) common<br>common shar<br>rrant. Each wa<br>ercisable into o<br>are at a price o<br>ne 19, 2025. |   | 00  | 0.500                     | 00                           | 0.5000  | 2,845,000.00 |                        |
| F            | T  | - U            | 929           | 905D              | 0104               | Ead<br>FTI<br>(1)<br>Cor<br>Ead<br>one | common share p<br>nmon share p<br>ch warrant exe   | at \$0.60 per<br>consists of one<br>e and one (1)<br>urchase warrar<br>ercisable into<br>share at a price |   | 00                        | 0.600                        | 00  | 0.6000       | 1,002,000.00           |
| e            | e)   | Det            | ails o        | f rigł            | nts ai             | nd co                                  | onvertible/excha   | ingeable securitie  | es  |                           |                              |   |              |                        |
|              |  |                |               |                   |                    |  |  |   | rcise price and expiry do<br>terms for each convert |                           |                              |   |              | xchangeable securities |
| e            | Conv<br>excha<br>secu  | vertik<br>ange | ole /<br>able | Un                | derlyii<br>urity c | ng                                     | Exerci   | se price<br>Idian \$)   | Expiry date<br>(YYYY- MM-DD)                        | Conv                      | version                      |   |              | tems (if applicable)   |
| _            |  |                |               |                   |                    |  | Lowest   | Highest   |   |                           |                              |   |              |                        |
| \            | N  | N              | т             | С                 | М                  | S                                      | 0.7500   | 0.7500  | 2025-06-19  | 5-19 si<br>\$<br>\$<br>tr |                              | A total of 5,690,000 common<br>share purchase warrants, each<br>a "warrant" issued, whereby<br>each warrant is exercisable at<br>\$0.75 into a common share in<br>the capital of the Company unti<br>June 19, 2025. |              |                        |

| WN | N T C M S | 00 0.7500 2025-06-19 | 1:1 A total of 1,670,000 common<br>share purchase warrants, each<br>a "warrant" issued, whereby<br>each warrant is exercisable at<br>\$0.75 into a common share in<br>the capital of the Company until<br>June 19, 2025. |
|----|-----------|----------------------|--|
|----|-----------|----------------------|--|

#### 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<br>country       | Exemption relied on                 | Number of unique <sup>2®</sup><br>purchasers | Total amount (Canadian \$) |
|------------------------------|-------------------------------------|--|----------------------------|
| Alberta                      | NI 45-106 2.3 [Accredited investor] | 2  | 50,000.00                  |
| British Columbia             | NI 45-106 2.3 [Accredited investor] | 14   | 1,317,000.00               |
| Ontario                      | NI 45-106 2.3 [Accredited investor] | 27   | 2,070,000.00               |
| Saskatchewan                 | NI 45-106 2.3 [Accredited investor] | 1  | 50,000.00                  |
| Bahamas                      | NI 45-106 2.3 [Accredited investor] | 1  | 40,000.00                  |
| Cayman Islands               | NI 45-106 2.3 [Accredited investor] | 1  | 300,000.00                 |
| Taiwan, Province Of<br>China | NI 45-106 2.3 [Accredited investor] | 1  | 20,000.00                  |
|                              | 3,847,000.00                        |  |                            |
|                              |                                     |  |                            |

<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.

<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.

#### 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<br>(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<br>other material<br>(YYYY-MM-DD) | Previously filed<br>with or delivered to<br>regulator?<br>(Y/N) | Date previously filed or<br>delivered<br>(YYYY-MM-DD) |
|-------------|---|---|---|
|             |   |   |   |

| Ітем 8 - Со    | MPENSATION       | INFORMATION   |   |
|----------------|------------------|---|---|
|                |                  | on (as defined in NI 45-106) to whom the issuer directly provides, o<br>tional copies of this page if more than one person was, or will |   |
| Indicate wheth | her any compensa | tion was paid, or will be paid, in connection with the distribution.  |   |
| 🗌 No           | ✓ Yes            | If yes, indicate number of persons compensated.   | 5 |

| a) Name of person compensated and registration status   |  |                     |                     |                  |                              |                      |                     |                    |                   |                   |            |              |            |           |
|---|--|---------------------|---------------------|------------------|------------------------------|----------------------|---------------------|--------------------|-------------------|-------------------|------------|--------------|------------|-----------|
| Indicate whether the person compensated is a registrant. No Ves   |  |                     |                     |                  |                              |                      |                     |                    |                   |                   |            |              |            |           |
| If the person compensated is an individual, provide the name of the individual.   |  |                     |                     |                  |                              |                      |                     |                    |                   |                   |            |              |            |           |
| Full legal name of individual   |  |                     |                     |                  |                              |                      |                     |                    |                   |                   |            |              |            |           |
| Family name     First given name     Secondary given names  |  |                     |                     |                  |                              |                      |                     |                    |                   |                   |            |              |            |           |
| If the person compensated is no   | t an individual, prov                          | ide the j           | following           | g infor          | mation.                      |                      |                     |                    |                   |                   |            |              |            |           |
| Full legal name of non-individual RESEARCH CAPITAL CORPORATION / CORPORATION RECHERCHE CAPITAL  |  |                     |                     |                  |                              |                      |                     |                    |                   |                   |            |              |            |           |
| Fi  | Firm NRD number 3 0 7 0 (if applicable)        |                     |                     |                  |                              |                      |                     |                    |                   |                   |            |              |            |           |
| Indicate whether the person con   | pensated facilitated                           | d the dis           | tributior           | n throu          | igh a fundi                  | ng port              | al or a             | n inter            | net-bo            | ased p            | oortal.    | $\checkmark$ | ] No [     | Yes       |
| b) Business contact inform  | nation   |                     |                     |                  |                              |                      |                     |                    |                   |                   |            |              |            |           |
| If a firm NRD number is not pro   | vided in Item 8 (a),                           | provide             | the busii           | ness co          | ontact info                  | rmation              | of the              | persor             | n bein            | g con             | pensated   | 1.           |            |           |
| Street address  |  |                     |                     |                  |                              |                      |                     |                    |                   |                   |            |              |            |           |
| Municipality  |  |                     |                     |                  |                              |                      | F                   | Provin             | ce/St             | tate              |            |              |            |           |
| Country   |  |                     |                     |                  |                              | Ρ                    | ostal               | code/              | Zip co            | ode               |            |              |            |           |
| Email address   |  |                     |                     |                  |                              |                      | Tele                | phone              | e num             | nber              |            |              |            |           |
| c) Relationship to issuer of  | or investment fun                              | d mana              | ager                |                  |                              |                      |                     |                    |                   |                   |            |              |            |           |
| Indicate the person's relationshi<br>the Instructions and the meanin  |  |                     |                     |                  |                              |                      |                     |                    |                   |                   | ning of '  | 'connecte    | ed" in Par | t B(2) of |
| Connect with the issue  | er or investment fur                           | nd mana             | ager                |                  |                              |                      | Insider             | r of the           | issue             | er (oth           | er than a  | an invest    | tment fun  | d)        |
| Director or officer of th   | e investment fund                              | or inves            | tment fu            | ind ma           | anager                       |                      | Emplo               | yee of             | the is            | suer              | or investi | ment fun     | id manag   | er        |
| ✓ None of the above   |  |                     |                     |                  |                              |                      |                     |                    |                   |                   |            |              |            |           |
| d) Compensation details   |  |                     |                     |                  |                              |                      |                     |                    |                   |                   |            |              |            |           |
| Provide details of all compensati<br>Canadian dollars. Include cash c<br>incidental to the distribution, suc<br>allocation arrangements with the  | ommissions, securiti<br>h as clerical, printin | es-base<br>g, legal | d compe<br>or accou | nsatio<br>Inting | n, gifts, dis<br>services. A | counts (<br>n issuer | or othe<br>r is not | er comp<br>require | pensat<br>ed to d | tion. I<br>ask fo | Do not re  | port payl    | ments for  | services  |
| Cash commissions pa   | d 59,6   | 40.00               |                     |                  |                              |                      |                     | Secur              | ity cod           | e 1               | Security   | code 2       | Security   | code 3    |
| Value of all securitie distributed as compensation  |  |                     |                     | S                | Security co                  | des                  |                     | W                  | Ν                 | Т                 |            |              |            |           |
| Describe terms of warrants, options or other rights<br>Finder's Warrant is exercisable at \$0.75 into a common share in<br>the capital of the Company until June 19, 2025.  |  |                     |                     |                  |                              |                      |                     |                    |                   |                   |            |              |            |           |
| Other compensation  | 5  |                     | Des                 | cribe            |                              |                      |                     |                    |                   |                   |            |              |            |           |
| Total compensation pa   | d  |                     |                     |                  |                              |                      |                     |                    |                   |                   |            |              |            |           |
| Check box if the per  | son will or may rec                            | eive any            | y deferre           | ed corr          | pensation                    | (descr               | ibe the             | e terms            | belov             | w)                |            |              |            |           |
|   |  |                     |                     |                  |                              |                      |                     |                    |                   |                   |            |              |            |           |
| <sup>4</sup> Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire<br>additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other<br>rights exercisable to acquire additional securities of the issuer.<br><sup>5</sup> Do not include deferred compensation. |  |                     |                     |                  |                              |                      |                     |                    |                   |                   |            |              |            |           |

| a) Name of person comp   | pensated and registration  | on status                           |  |                                |                             |                 |                  |        |  |  |
|--|--|-------------------------------------|--|--------------------------------|-----------------------------|-----------------|------------------|--------|--|--|
| Indicate whether the person co   | mpensated is a registrant.   |                                     | No No                                      | ✓ Yes                          | 6                           |                 |                  |        |  |  |
| If the person compensated is a   | n individual, provide the no   | me of the indivi                    | dual.                                      |                                |                             |                 |                  |        |  |  |
| Full legal name of individual  |  |                                     |  |                                |                             |                 |                  |        |  |  |
| Family name     First given name     Secondary given names   |  |                                     |  |                                |                             |                 |                  |        |  |  |
| If the person compensated is no  | If the person compensated is not an individual, provide the following information.           |                                     |  |                                |                             |                 |                  |        |  |  |
| Full legal name of non-individual BMO NESBITT BURNS INC.   |  |                                     |  |                                |                             |                 |                  |        |  |  |
| Firm NRD number 2 5 8 0 (if applicable)  |  |                                     |  |                                |                             |                 |                  |        |  |  |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.                                   |  |                                     |  |                                |                             |                 |                  |        |  |  |
| b) Business contact info   | rmation  |                                     |  |                                |                             |                 |                  |        |  |  |
| If a firm NRD number is not pr   | ovided in Item 8 (a), provia   | e the business co                   | ontact information                         | n of the perso                 | on being con                | npensated.      |                  |        |  |  |
| Street address   |  |                                     |  |                                |                             |                 |                  |        |  |  |
| Municipality   |  |                                     |  | Provi                          | nce/State                   |                 |                  |        |  |  |
| Country  |  |                                     | F  | Postal code                    | /Zip code                   |                 |                  |        |  |  |
| Email address  |  |                                     | ]  | Telephon                       | e number                    |                 |                  |        |  |  |
| c) Relationship to issuer  | or investment fund ma  | nager                               |  |                                |                             |                 |                  |        |  |  |
| Indicate the person's relationsh the Instructions and the meaning  |  |                                     |  |                                |                             |                 | ected" in Part B | (2) of |  |  |
|  | uer or investment fund ma  |                                     |  |                                |                             | her than an inv | estment fund)    |        |  |  |
| Director or officer of t   | the investment fund or inv   | estment fund ma                     | anager                                     | Employee o                     | f the issuer                | or investment   | fund manager     |        |  |  |
| None of the above  |  |                                     | _  |                                |                             |                 |                  |        |  |  |
| d) Compensation details  | 6  |                                     |  |                                |                             |                 |                  |        |  |  |
| Provide details of all compensation<br>Canadian dollars. Include cash<br>incidental to the distribution, su<br>allocation arrangements with th               | tion paid, or to be paid, to<br>commissions, securities-ba<br>ich as clerical, printing, leg | sed compensatic<br>al or accounting | on, gifts, discounts<br>services. An issue | or other com<br>r is not requi | pensation.<br>red to ask fo | Do not report p | ayments for se   | rvices |  |  |
| Cash commissions pa  | aid 14,000.00  | )                                   |  | Secu                           | rity code 1                 | Security code   | 2 Security co    | de 3   |  |  |
| Value of all securition distributed as compensation  |  |                                     | Security codes                             |                                |                             |                 |                  |        |  |  |
|  | terms of warrants, options   | _<br>or other rights                |  |                                |                             |                 |                  |        |  |  |
| Other compensatio  | on <sup>5</sup>  | Describe                            |  |                                |                             |                 |                  |        |  |  |
| Total compensation pa  | aid  |                                     |  |                                |                             |                 |                  |        |  |  |
| Check box if the pe  | erson will or may receive a  | ny deferred con                     | npensation (desc                           | ribe the term                  | s below)                    |                 |                  |        |  |  |
|  |  |                                     |  |                                |                             |                 |                  |        |  |  |
| <sup>4</sup> Provide the aggregate value<br>additional securities of the iss<br>rights exercisable to acquire a<br><sup>5</sup> Do not include deferred comp | uer. Indicate the security c<br>additional securities of the                                 | odes for all sec                    |  |                                |                             |                 |                  | ur     |  |  |

| a) Name of person comp  | ensated and regi   | stration 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 no   | If the person compensated is not an individual, provide the following information.               |                        |                   |              |           |         |   |  |  |
| Full legal name   | of non-individual  | Canaccord Genu         | iity Corp./Corpor | ation Canad  | ccord Gen | uity    | ] |  |  |
| F   | rm NRD number  | 9 0 0                  | )                 |              | (if appl  | icable) |   |  |  |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. 🗸 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  |  |                        |                   | Provir       | nce/State |         |   |  |  |
| Country   |  |                        | F                 | Postal code/ | Zip code  |         |   |  |  |
| Email address   |  |                        |                   | Telephone    | e 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 for the purposes of completing this section.  Connect with the issuer or investment fund manager Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager   |  |                        |                   |              |           |         |   |  |  |
| <ul> <li>None of the above</li> <li>d) Compensation details</li> </ul>  |  |                        |                   |              |           |         |   |  |  |
| d) Compensation details         Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.         Cash commissions paid       14,000.00 |  |                        |                   |              |           |         |   |  |  |
| Value of all securitie<br>distributed as compensatio  |  |                        | Security codes    | W            | N T       |         |   |  |  |
| Describe terms of warrants, options or other rights<br>Finder's Warrant is exercisable at \$0.75 into a common share in<br>the capital of the Company until June 19, 2025.  |  |                        |                   |              |           |         |   |  |  |
| Other compensatio   | n <sup>5</sup>   | Describe               |                   |              |           |         | ] |  |  |
| Total compensation pa   | id   |                        |                   |              |           |         | _ |  |  |
| Check box if the pe   | Check box if the person will or may receive any deferred compensation (describe the terms below) |                        |                   |              |           |         |   |  |  |
| <sup>4</sup> Provide the aggregate value of<br>additional securities of the issu-<br>rights exercisable to acquire an<br><sup>5</sup> Do not include deferred comp  | er. Indicate the sec<br>dditional securities o   | urity codes for all se |                   |              |           |         |   |  |  |

| a) Name of person comper   | nsated and regis   | stration 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 n | ame        |         | Secondar        | / given names |       |
| If the person compensated is not a   | If the person compensated is not an individual, provide the following information. |                       |             |            |         |            |         |                 |               |       |
| Full legal name of   | non-individual   | GLORES SECU           | JRITIES II  | ١C         |         |            |         |                 |               |       |
| Firm   | n NRD number   | 7 0                   | 1 8         | 0          |         |            | (if app | licable)        |               |       |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves   |  |                       |             |            |         |            |         |                 |               |       |
| 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  |  |                       |             | P          | ostal c | ode/Zip    | code    |                 |               |       |
| Email address  |  |                       |             |            | Telep   | hone nu    | ımber   |                 |               |       |
| 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 for the purposes of completing this section.  |  |                       |             |            |         |            |         |                 |               |       |
| Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)   |  |                       |             |            |         |            |         |                 |               |       |
| Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager  |  |                       |             |            |         |            |         |                 |               |       |
| ✓ None of the above  |  |                       |             |            |         |            |         |                 |               |       |
| d) Compensation details  |  |                       |             |            |         |            |         |                 |               |       |
| Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.  |  |                       |             |            |         |            |         |                 |               |       |
| Cash commissions paid  | 16,1   | 00.00                 |             |            |         | Security c | ode 1   | Security code 2 | Security co   | ode 3 |
| Value of all securities distributed as compensation <sup>4</sup>   |  |                       | Security    | codes      |         | W N        | Т       |                 |               |       |
| Describe terms of warrants, options or other rights A total of 16,100 Finder's Warrants issued, whereby each<br>Finder's Warrant is exercisable at \$0.75 into a common share in<br>the capital of the Company until June 19, 2025.  |  |                       |             |            |         |            |         |                 |               |       |
| Other compensation <sup>5</sup>  |  | Describ               | e           |            |         |            |         |                 |               |       |
| Total compensation paid  |  |                       |             |            |         |            |         |                 |               |       |
| Check box if the perso   | on will or may rec   | eive any deferred o   | compensatio | on (descri | be the  | terms be   | low)    |                 |               |       |
|  | - 11   |                       | - 11        | -1'        |         |            | - 11-   |                 |               | ]     |
| <sup>4</sup> Provide the aggregate value of a<br>additional securities of the issuer<br>rights exercisable to acquire addi<br><sup>5</sup> Do not include deferred compention<br><sup>5</sup> Do not include deferred compension<br><sup>5</sup> Do not <sup>5</sup> Do no | . Indicate the secu<br>itional securities c  | urity codes for all s |             |            |         |            |         |                 |               | er    |

| Indicate whether the person compensated is a registrant.  |   |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|
| Full legal name of individual       Family name       First given name       Secondary given names  |   |  |  |  |  |  |  |  |  |
| Family name     First given name     Secondary given names  | If the person compensated is an individual, provide the name of the individual. |  |  |  |  |  |  |  |  |
|   | Full legal name of individual   |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |
| If the person compensated is not an individual, provide the following information.  |   |  |  |  |  |  |  |  |  |
| Full legal name of non-individual MARQUEST ASSET MANAGEMENT INC. / INVESTISSEMENT CONSEIL MARQUEST  |   |  |  |  |  |  |  |  |  |
| Firm NRD number 2 3 1 0 (if applicable)   |   |  |  |  |  |  |  |  |  |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  |   |  |  |  |  |  |  |  |  |
| 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   | Ī   |  |  |  |  |  |  |  |  |
| Country Postal code/Zip code  | Ī   |  |  |  |  |  |  |  |  |
| Email address Telephone number  | Ī   |  |  |  |  |  |  |  |  |
| 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 for the purposes of completing this section.  |   |  |  |  |  |  |  |  |  |
| Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)  |   |  |  |  |  |  |  |  |  |
| Director or officer of the investment fund or investment fund manager   |   |  |  |  |  |  |  |  |  |
| ✓ None of the above   |   |  |  |  |  |  |  |  |  |
| d) Compensation details   |   |  |  |  |  |  |  |  |  |
| Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer. |   |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |
| allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.  | -   |  |  |  |  |  |  |  |  |
| allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.         Cash commissions paid         Value of all securities             Security codes   |   |  |  |  |  |  |  |  |  |
| allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.         Cash commissions paid         Value of all securities<br>distributed as compensation <sup>4</sup> Describe terms of warrants, options or other rights         A total of 16,100 Finder's Warrants issued, whereby each<br>Finder's Warrant is exercisable at \$0.75 into a common share in   |   |  |  |  |  |  |  |  |  |
| allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.         Cash commissions paid         Value of all securities<br>distributed as compensation <sup>4</sup> Describe terms of warrants, options or other rights         A total of 16,100 Finder's Warrants issued, whereby each<br>Finder's Warrant is exercisable at \$0.75 into a common share in<br>the capital of the Company until June 19, 2025.  |   |  |  |  |  |  |  |  |  |
| allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.         Cash commissions paid         Value of all securities<br>distributed as compensation <sup>4</sup> Describe terms of warrants, options or other rights         A total of 16,100 Finder's Warrants issued, whereby each<br>Finder's Warrant is exercisable at \$0.75 into a common share in<br>the capital of the Company until June 19, 2025.         Other compensation <sup>5</sup> Describe   |   |  |  |  |  |  |  |  |  |
| allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.          Cash commissions paid       Security code 1       Security code 2       Security code 3         Value of all securities       W       N       T       I       I         Describe terms of warrants, options or other rights       A total of 16,100 Finder's Warrants issued, whereby each       Finder's Warrant is exercisable at \$0.75 into a common share in the capital of the Company until June 19, 2025.         Other compensation <sup>5</sup> Describe            |   |  |  |  |  |  |  |  |  |
| allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.          Cash commissions paid       Security code 1       Security code 2       Security code 3         Value of all securities       W       N       T       I       I         Describe terms of warrants, options or other rights       A total of 16,100 Finder's Warrants issued, whereby each       Finder's Warrant is exercisable at \$0.75 into a common share in the capital of the Company until June 19, 2025.         Other compensation <sup>5</sup> Describe            |   |  |  |  |  |  |  |  |  |

| ITEM 9 - DIRECTORS, EXECU  | TIVE OFFICERS      | AND PROMOT         | ERS OF THE ISS        | SUER   |         |   |                         |   |  |
|--|--------------------|--------------------|-----------------------|--|---------|---|-------------------------|---|--|
| If the issuer is an investment fund  | l, do not complete | Item 9. Procced to | Item 10.              |  |         |   |                         |   |  |
| Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one).   |                    |                    |                       |  |         |   |                         |   |  |
| Reporting issuer in any juris  | diction of Canada  |                    |                       |  |         |   |                         |   |  |
| Foreign public issuer  |                    |                    |                       |  |         |   |                         |   |  |
| Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada <sup>6</sup>   |                    |                    |                       |  |         |   |                         |   |  |
| Provide name of reporting issuer   |                    |                    |                       |  |         |   |                         |   |  |
| Wholly owned subsidiary of a foreign public issuer <sup>6</sup>  |                    |                    |                       |  |         |   |                         |   |  |
| Provide name of foreign public issuer  |                    |                    |                       |  |         |   |                         |   |  |
| Issuer distributing only eligible foreign securities and the distribution is to permitted clients only <sup>7</sup>  |                    |                    |                       |  |         |   |                         |   |  |
| If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10.   |                    |                    |                       |  |         |   |                         |   |  |
| <sup>6</sup> An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively.<br><sup>7</sup> Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions. |                    |                    |                       |  |         |   |                         |   |  |
| a) Directors, executive officers and promoters of the issuer   |                    |                    |                       |  |         |   |                         |   |  |
| Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.   |                    |                    |                       |  |         |   |                         |   |  |
| Organization or company nameFamily nameFirst given nameSecondary given<br>namesBusiness location of<br>non-individual or<br>residentail<br>  |                    |                    |                       |  |         |   |                         |   |  |
|  |                    |                    |                       | Province or                                  | country | D | 0                       | Р |  |
|  |                    |                    |                       |  |         |   |                         |   |  |
| b) Promoter information  |                    |                    |                       |  |         |   |                         |   |  |
| If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.  |                    |                    |                       |  |         |   |                         |   |  |
| Organization or company name   | Family name        | First given name   | Secondary given names | Residential<br>jurisdiction of<br>individual |         |   | to promo<br>oth if appl |   |  |
|  |                    |                    |                       | Province or<br>country                       | D       |   | C                       | ) |  |
|  |                    |                    |                       |  |         |   |                         |   |  |
| c) Residential address of each individual  |                    |                    |                       |  |         |   |                         |   |  |

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

## **ITEM 10 - CERTIFICATION**

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

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

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

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

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

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

| Name of issuer/underwriter/<br>investment fund manager/agent | Vortex Energy Corp.     |                  |          |           |             |      |  |
|--|-------------------------|------------------|----------|-----------|-------------|------|--|
| Full legal name  | More Paul               |                  |          |           |             |      |  |
|  | Family name             | First given name |          | Seconda   | iry given n | ames |  |
| Title  | Chief Financial Officer |                  |          |           |             |      |  |
| Telephone number   | 6045295143              | Email address    | paul@voi | rtexenerg | gycorp.c    | om   |  |
| Signature  | /s/ Paul More Date      |                  |          | 06        | 21          |      |  |
|  |                         |                  | YYYY     | MM        | DD          | -    |  |

### **ITEM 11- CONTACT PERSON**

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

Same as individual certifying the report

|                            |                        |                  | 1110               | Director |
|----------------------------|------------------------|------------------|--------------------|----------|
| Family                     | name First giver       | n name Secondary | given names        |          |
| Name of company Keystone C | orporate Services Inc. |                  |                    |          |
| Telephone number 604612211 | 1                      | Email address    | janet@keystonecorp | o.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 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.