Form 45-106F1 Report of Exempt Distribution

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

| ITEM 1 - REPORT TYPE | | | | | | |
|---|-------------------------------------|------------------------------------|----------------------------------|--|--|--|
| ☐ New report | | | | | | |
| Amended report If amen | ided, provide filing date | of report that is being am | ended 2017 04 10 (YYYY-MM-DD) | | | |
| ITEM 2 - PARTY CERTIFYING THE | REPORT | | | | | |
| Indicate the party certifying the report (sele National Instrument 81-106 Investment Fur | | | | | | |
| ☐ Investment fund issuer | | | | | | |
| ✓ Issuer (other than an inves | stment fund) | | | | | |
| Underwriter | | | | | | |
| ITEM 3 - ISSUER NAME AND OTH | HER IDENTIFIERS | | | | | |
| Provide the following information about the | e issuer, or if the issuer is an in | vestment fund, about the fund. | | | | |
| Full legal name | LiCo Energy Metals Inc | C. | | | | |
| Previous full legal name | Wildcat Exploration Ltd | <u></u> | | | | |
| If the issuer's name changed in | the last 12 months, provide mo | ost recent previous legal name. | | | | |
| Website | licoenergymetals.com | | (if applicable) | | | |
| If the issuer has a legal entity identifier₋ pro | vide below. Refer to Part B of t | he Instructions for the definition | of "legal entity identifier". | | | |
| Legal entity identifier | | | | | | |
| ITEM 4 - UNDERWRITER INFORM | ATION | | | | | |
| | | | | | | |
| If an underwriter is completing the report, p | provide the underwriter's full leg | gal name and firm National keg | istration Database (NRD) number. | | | |
| Full legal name | | | | | | |
| Firm NRD number | | (if applicable) | | | | |
| If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter. | | | | | | |
| Street address | | | | | | |
| Municipality | | Province/State | | | | |
| Country | | Postal code/Zip code | | | | |
| Telephone number | | Website | (if applicable) | | | |

| ITEM 5 - ISSUER INFORMATION | | | | | | |
|--|--|--|--|--|--|--|
| If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6. | | | | | | |
| a) Primary industry | | | | | | |
| Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that corresponds to the issuer's primary business activity. For more information on finding the NAICS industry code go to Statistics Canada 's NAICS industry search tool . NAICS industry code 2 1 2 2 0 | | | | | | |
| 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 | | | | | | |
| b) Number of employees | | | | | | |
| Number of employees: | | | | | | |
| c) SEDAR profile number | | | | | | |
| Does the issuer have a SEDAR profile? ☐ No ☑ Yes If yes, provide SEDAR profile number 0 0 1 4 8 8 5 If the issuer does not have SEDAR profile complete item 5(d) - (h). | | | | | | |
| d) Head office address | | | | | | |
| Street address Province/State | | | | | | |
| Municipality Postal code/Zip code | | | | | | |
| Country Telephone number | | | | | | |
| e) Date of formation and financial year-end | | | | | | |
| Date of formation Financial year-end MM DD 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. | | | | | | |
| │ | | | | | | |
| NS NU ON PE QC SK YT g) Public listing status | | | | | | |
| g) Public listing status If the issuer has a CUSIP number, provide below (first 6 digits only) | | | | | | |
| CUSIP number | | | | | | |
| If the issuer is publicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for which the issuer has applied for and received a listing, which excludes, for example, automated trading systems. | | | | | | |
| Exchange name(s): | | | | | | |
| h) Size of issuer's assets | | | | | | |
| Select the size of the issuer's assets for its most recent financial year-end (Canadian \$). If the issuer has not existed for a full financial year, provide the size of the issuer's assets at the distribution end date. | | | | | | |
| \$0 to under \$5M \$5M to under \$25M \$25M to under \$100M | | | | | | |
| ☐ \$100M to under \$500M ☐ \$500M to under \$1B ☐ \$1B or over | | | | | | |

| ITEM 6 - INVESTMENT | ITEM 6 - INVESTMENT FUND ISSUER INFORMATION | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| If the issuer is an investm | ent fund, provide the following information. | | | | | | | |
| a) Investment fund man | nager information | | | | | | | |
| Full legal name | | | | | | | | |
| Firm NRD number | (if applicable) | | | | | | | |
| If the investment fund mana | 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 | Province/State | | | | | | | |
| | | | | | | | | |
| Country | Postal code/Zip code | | | | | | | |
| Telephone number | Website (if applicable) | | | | | | | |
| b) Type of investment for | und | | | | | | | |
| Type of investment fund that r | most accurately identifies the issuer (select only one) . | | | | | | | |
| Money market | Equity Fixed income | | | | | | | |
| Balanced | Alternative strategies Other (describe) | | | | | | | |
| Indicate whether one or both o | of the following apply to the investment fund . | | | | | | | |
| ☐ Invests primarily in o | other investment fund issuers | | | | | | | |
| ☐ Is a UCITs Fund¹ | | | | | | | | |
| | Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) investment schemes to operate throughout the EU on a passport basis on authorization from one member state. | | | | | | | |
| | d financial year-end of the investment fund | | | | | | | |
| • | | | | | | | | |
| Date of formatio | n Financial year-end MM DD | | | | | | | |
| d) Reporting issuer stat | us of the investment fund | | | | | | | |
| Is the investment fund a repor | ting issuer in any jurisdication of Canada? No Yes | | | | | | | |
| · · · <u></u> · · · · <u></u> · | Canada in which the investment fund is a reporting issuer. | | | | | | | |
| ☐ All ☐ | AB BC MB NB NL NT | | | | | | | |
| | NU ON PE QC SK T | | | | | | | |
| e) Public listing status c | of the investment fund | | | | | | | |
| | CUSIP number, provide below (first 6 digits only) | | | | | | | |
| CUSIP number | | | | | | | | |
| If the investment fund is publicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for which the issuer has applied for and received a listing, which excludes, for example, automated trading systems. | | | | | | | | |
| Exchange names | | | | | | | | |
| f) Net asset value (NAV | ') of the investment fund | | | | | | | |
| Select the NAV range of the in | vestment 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: | | | | | | | |
| | YYYY MM DD | | | | | | | |

| TEM | 7 - IN | FORMAT | ION A E | BOUT THE | DISTRIBUTION | ON | | | | | | | |
|--|---|------------------------------|----------------|---------------|---|-------------|---------------------|--------------------|----------|---------------------------|----------------------|------------------|----------|
| purci | 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, which should be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report. | | | | | | | | | | | | |
| a) | Curren | | | | | | | | • | | | • | |
| Selec | Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. | | | | | | | | | | | | |
| √ | | ian dollar | | US dollar | ☐ Eur | | | (describe | | , | | | |
| b) | | | | | | | | | | | | | |
| State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report. Start date 2017 04 03 YYYY MM DD End date 2017 04 03 YYYY MM DD | | | | | | | | | | | | | |
| c) | Detaile | d purchase | er inform | ation | | | | | | | | | |
| Com | plete Sc | hedule 1 d | of this fo | rm for ea | ch purchaser a | nd attac | h the sche | dule to t | the co | mpleted | report. | | |
| d) | Types | of securitie | es distrib | uted | • | | | | | - | - | | |
| Ins dis | tructions | for how to in The informa | ndicate th | e security co | ibutions that take ode. If providing th 7d must reconcile | ne CUSIP n | umber, indic | ate the fu | ll 9-dig | git CUSIP n | umber assigned | to the security | - |
| | | | | | | | | | | | Canadian \$ | ; | |
| | Security | CUSIP num (if applicab | | Desc | ription of security | | Numbe securi | | le | ngle or owest price | Highest price | Total amou | ınt |
| | C M S | 5316961 | 02 | | | | 5,000 | ,000.00 |) | 0.1550 | | 775,00 | 00.00 |
| e) | Details | of rights a | nd conv | ertible/exc | hangeable secu | urities | | | | | | | |
| | | - | - | | ibuted, provide the and describe any | | | - | | - | • | xchangeable se | curities |
| | Security code | Underly security of | code | | se price adian \$) Highest | | ry date - MM-DD) | Convers ratio | | Descri | be other items (if a | applicable) | |
| | Т | | | | 9 | | | | | | | | |
| f) | Summa | ry of the d | istributio | n hy jurisc | diction and exen | nntion | | | | | | | |
| | | | | | | | ourchasers fo | r each iuri | isdictio | n of Canad | da and foreian iu | ırisdiction wher | re a |
| 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 | n relied on | | | | ber of hasers | Total amou | nt (Canadian \$) | |
| | | Chile | | | 6 2.13 [Petroloroperties] | eum, na | itural gas | and | | 1 | | 775,000 | 0.00 |
| | | | | | | Total dol | lar amount | of securi | ties di | stributed | | 775,000 | 0.00 |
| | | | | | Total num | ber of un | ique purcha | asers ² | | 1 | | | |

²In 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. 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.

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

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

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

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

| Item 8 - Compensation Information | | | | | | |
|---|--|--|--|--|--|--|
| Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated. | | | | | | |
| Indicate whether any compensation was paid, or will be paid, in connection with the distribution. | | | | | | |
| No ✓ Yes If yes, indicate number of persons compensated. 3 | | | | | | |
| 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 Malcolm Bell and Associates | | | | | | |
| Firm NRD number (if applicable) | | | | | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Vo 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 PO Box 91340 Stn West Vancouver | | | | | | |
| Municipality West Vancouver Province/State British Columbia | | | | | | |
| Country Canada Postal code/Zip code V7T 1C0 | | | | | | |
| Email address malcolmbell2010@gmail.co Telephone number 6048038600 | | | | | | |
| 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 Security codes Security code 1 Security code 2 Security code 3 | | | | | | |
| Value of all securities distributed as compensation ⁴ 46,500.00 | | | | | | |
| Describe terms of warrants, options or other rights | | | | | | |
| Other compensation ⁵ Describe | | | | | | |
| Total compensation paid 46,500.00 | | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | |
| | | | | | | |
| ⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire | | | | | | |
| additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. | | | | | | |
| ⁵ Do not include deferred compensation. | | | | | | |

| 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 give | en name Seco | ndary given names | _ | | |
| If the person compensated is not an individual, provide the | following information. | | | | | |
| Full legal name of non-individual Kura Ge | oscience SPA | | | | | |
| Firm NRD number (if applicable) | | | | | | |
| Indicate whether the person compensated facilitated the dis | tribution through a funding | portal or an internet-base | ed portal. 🗸 | No 🗌 Yes | | |
| b) Business contact information | | | | | | |
| If a firm NRD number is not provided in Item 8 (a), provide th | ne business contact informa | tion of the person being co | ompensated. | | | |
| Street address Marchant Pereira 150, offic | e 901 | | | | | |
| Municipality Providencia | | Province/State | Santiago | | | |
| Country Chile | | Postal code/Zip code | | | | |
| Email address facuna@kura- | | Telephone number | 56229797880 | | | |
| geoscience.com | | • | 30223737000 | | | |
| c) Relationship to issuer or investment fund manage | er | | | | | |
| Indicate the person's relationship with the issuer or investme. <i>B</i> (2) of the Instructions and the meaning of "control" in section | | | - | ted" in Part | | |
| Connect with the issuer or investment fund manager | | Insider of the issuer (oth | ner than an investr | nent fund) | | |
| Director or officer of the investment fund or investment | ent fund manager | Employee of the issuer | or investment fund | d manager | | |
| ✓ None of the above | | | | | | |
| d) Compensation details | | | | | | |
| Provide details of all compensation paid, or to be paid, to the | | | | | | |
| Canadian dollars. Include cash commissions, securities-based services incidental to the distribution, such as clerical, printing | | | | | | |
| on, internal allocation arrangements with the directors, office | | | | , | | |
| Cash commissions paid 10,000.00 | Coourity codes | Security code 1 | Security code 2 | Security code 3 | | |
| Value of all securities | Security codes | C M S | Coounty code 2 | | | |
| distributed as d6,500.00 compensation ⁴ | | | | | | |
| Describe terms of warrants, options or ot | her rights | | | | | |
| Other compensation ⁵ | Describe | | | | | |
| Total compensation paid 56,500.00 | L | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | |
| | · · · · · | , | | | | |
| ⁴ Provide the aggregate value of all securities distributed as | compensation, excluding of | options, warrants or other | rights exercisable | to acquire | | |
| additional securities of the issuer. Indicate the security code rights exercisable to acquire additional securities of the issuer. | es for all securities distribut | | | | | |
| ⁵ Do not include deferred compensation. | | | | | | |

| a) Name of person compensated and registration status | | | | | | | | |
|--|--|--|--|---|--|-----------------|--|--|
| Indicate whether the perso | on compensated is a | ı registrant. | ✓ No | Yes | | | | |
| If the person compensated is | an individual, prov | ride the name of the inc | lividual. | | | | | |
| Full legal name of indi | vidual | Loewen | Ro | on | | | | |
| | Family name | | | | Secondary given name | 5 | | |
| If the person compensated is not an individual, provide the following information. | | | | | | | | |
| Full legal name | Full legal name of non-individual | | | | | | | |
| F | Firm NRD numbe | r | | (if | applicable) | | | |
| Indicate whether the persor | n compensated faci | litated the distribution | hrough a funding p | portal or an internet | based portal. | ☑ No ☐ Yes | | |
| b) Business contact info | ormation | | | | | | | |
| If a firm NRD number is not | provided in Item 8 | (a), provide the busines | s contact informati | on of the person bei | ng compensated. | | | |
| Street address | 3004-1011 Wes | t Cordova St | | | | | | |
| Municipality | Vancouver | | | Province/Sta | ate British Colur | nbia | | |
| Country | Canada | | F | Postal code/Zip co | de V6C 1H2 | | | |
| Email address | ronwloewen@g | mail.com | | Telephone numb | er 6042194405 | | | |
| c) Relationship to issue | r or investment for | und manager | | | | | | |
| Indicate the person's relatior B(2) of the Instructions and t | • | | - | | - | ected" in Part | | |
| Connect with the iss | uer or investment f | und manager | | Insider of the issuer | (other than an inves | stment fund) | | |
| Director or officer of | the investment fun | d or investment fund n | nanager | Employee of the iss | uer or investment fu | nd manager | | |
| ✓ None of the above | | | | | | | | |
| d) Compensation details | S | | | | | | | |
| Provide details of all compen Canadian dollars. Include cas services incidental to the dist on, internal allocation arrang | sh commissions, sec ribution, such as cle | urities-based compenso erical, printing, legal or | ation, gifts, discoun accounting service: | ts or other compenso s. An issuer is not req | ntion. Do not report p nuired to ask for deta | ayments for | | |
| Cash commissions p | aid | | Security codes | Security code | 1 Security code 2 | Security code 3 | | |
| Value of all securiti distributed compensati | as 111 | ,600.00 | , , , , , , , | СМ | S | | | |
| Describe | terms of warrants, | options or other rights | | | | | | |
| Other compensation | on ⁵ | Describe | | | | | | |
| Total compensation pa | Total compensation paid 111,600.00 | | | | | | | |
| Check box if the p | erson will or may re | eceive any deferred co | mpensation (descr | ribe the terms below |) | | | |
| | | | | | | | | |
| ⁴ Provide the aggregate valuational securities of the infigure in the securities of the infigure in the securities of the infigure in the security of the security is a security of the security in the security in the security is a security in the security in the security in the security is a security in the security in the security in the security is a security in the security in the security in the security is a security in the security in t | ssuer. Indicate the e additional securit | security codes for all s | | | | | | |

| ГЕМ | 9 - DIRECTORS, EXECUTI | VE OFFICERS A | AND PROMO | TERS OF THE IS | SSUER | | | | | |
|---|---|---------------------|----------------------|-----------------------|---|-----------|---|---------|------------|----|
| If t | he issuer is an investment fund, o | do not complete I | tem 9. Procced t | o Item 10. | | | | | | |
| Ind | icate whether the issuer is any of th | e following (select | all that apply). | | | | | | | |
| [| Reporting issuer in any jurisdic | tion of Canada | | | | | | | | |
| | Foreign public issuer | | | | | | | | | |
| | Wholly owned subsidiary of a r | eporting issuer in | any jurisdiction o | f Canada ⁶ | | | | | | |
| | Provide name o | of reporting issuer | | | | | | | | |
| Wholly owned subsidiary of a foreign public issuer ⁶ | | | | | | | | | | |
| | Provide name of for | eign public issuer | | | | | | | | |
| | Issuer distributing eligible forei | gn securities only | to permitted clien | ıts ⁷ | | | | | | |
| ⁶ An . secu | If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10. ⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions. If the issuer is none of the above, check this box and complete Item 9(a) - (c). | | | | | | | | | |
| a) | Directors, executive officers a | | • | ., ., | | | | | | |
| | ovide the following information for rritory; otherwise state the country. | each director, exec | cutive officer and p | | | | da, sta | e the p | province o | or |
| | Organization or company name | Family name | First given name | Secondary give names | Business location of non-individual or residentail jurisdiction of individual | | Relationship to issuer (select all that apply) | | that | |
| | | | | | Province o | r country | D | 0 | Р | |
| | | | | | | | | | | |
| b) | Promoter information | | | | | | | | | |
| | the promoter listed above is not an ithin Canada, state the province or t | | | | | | | | | |
| | Organization or company name | Family name | First given name | Secondary given names | | | tionship to promoter ne or both if applicable) | | | |
| | | | | | Province or country | D | | C |) | |
| | | | | | | | | | | |
| c) | Residential address of each in | ndividual | | | | | | | | |

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

ITEM 10 - CERTIFICATION

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

The certification may not be delegated to an agent or other individual preparing the report on behalf of the issuer or underwriter. If the individual completing and filing the report is different from the individual certifying the report, provide their name and contact details in Item 11.

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

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

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

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

| Full legal name | Whyte | Tina | | | |
|--|-------------------------|------------------|-----------|----------------|----------|
| | Family name | First given name | | Secondary give | en names |
| Title | Corporate Secretary | | | | |
| Name of issuer/underwriter/ investment fund manager | LiCO Energy Metals Inc. | | | | |
| Telephone number | 6048281475 | Email address ti | ina.whyte | e1@gmail.com | 1 |
| Signature | Tina Whyte | Date | 2017 | 04 | 21 |
| | | | YYYY | MM | DD |

| TEM 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 indiv | ✓ Same as individual certifying the report | | | | | | | | |
| Full legal name | | | | Title | | | | | |
| | Family name | First given name | Secondary given names | | | | | | |
| Name of company [| | | | | | | | | |
| Telephone number | | E | mail address | | | | | | |

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:

- 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.