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 amer	nded, provide filing date	of report that is being am	ended (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 Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.									
☐ Investment fund issuer	☐ 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	Lions Gate Metals Inc.								
Previous full legal name									
If the issuer's name changed in	the last 12 months, provide mo	ost recent previous legal name.							
Website			(if applicable)						
If the issuer has a legal entity identifier, pro	ovide below. Refer to Part B of t	the Instructions for the definition	of "legal entity identifier".						
Legal entity identifier									
ITEM 4 - UNDERWRITER INFORM	MATION								
If an underwriter is completing the report, p	orovide the underwriter's full le	gal name and firm National Reg	istration Database (NRD) number.						
Full legal name									
Firm NRD number		(if applicable)							
If the underwriter does not have a firm NRL	D number, provide the head off	fice contact information of the ur	nderwriter.						
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							
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 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 □ Commerial/business debt □ Consumer debt □ Private companies							
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 0 7 6 7 3 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.							
☐ AII ☐ AB ☐ BC ☐ MB ☐ NB ☐ NL ☐ NT							
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	Fund Issuer Information							
If the issuer is an investment fund, provide the following information.								
a) Investment fund man	ager information							
Full legal name								
Firm NRD number	(if applicable)							
If the investment fund mana	ger 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	nost accurately identifies the issuer (select only one) .							
Money market	Equity Fixed income							
Balanced	Alternative strategies Other (describe)							
Indicate whether one or both c	of the following apply to the investment fund .							
☐ Invests primarily in o	other investment fund issuers							
☐ Is a UCITs Fund¹								
**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 formatio	Date of formation Financial year-end MM DD 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.							
	AB BC MB NB NL NT							
	NU ON PE QC SK YT							
-	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 S1B or over Date of NAV calculation:							
	YYYY MM DD							

Item 7 - Information About the Distribution If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees, 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. Currency Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. ✓ Canadian dollar US dollar ☐ Euro Other (describe) Distribution date(s) State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report. Start date End date 2017 2017 10 30 10 30 DD MM DD YYYYDetailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. Types of securities distributed Provide the following information for all distributions that take place in a jurisdiction of Canada on a per security basis. Refer to Part A of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed. The information included in item 7d must reconcile to item 7f. For examples on how to report convertible securities, see our Frequently Asked Questions. Canadian \$ Single or Security CUSIP number Number of Highest price Total amount Description of security lowest code (if applicable) securities price 53626Q30 10,000,000.00 0.2000 0.2000 2,000,000.00 C|M|S 3 Details of rights and convertible/exchangeable securities If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security. Exercise price Security Underlying Expiry date Conversion (Canadian \$) (YYYY- MM-DD) security code Describe other items (if applicable) code ratio Lowest Highest Summary of the distribution by jurisdiction and exemption State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only.

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

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

Province or country	Exemption relied on	Number of purchasers	Total amount (Canadian \$)
Alberta	NI 45-106 2.3 [Accredited investor]	6	175,000.00
British Columbia	NI 45-106 2.3 [Accredited investor]	33	1,280,000.00
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	5	45,000.00
Ontario	NI 45-106 2.3 [Accredited investor]	6	475,000.00
Panama NI 45-106 2.3 [Accredited investor]		1	25,000.00
	2,000,000.00		

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)

tem 8 - Compensation I	em 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. 2								
a) Name of person compensated and registration status								
Indicate whether the person co	mpensated is a registra	nt.	√ No	□ Y	es			
If the person compensated is an individual, provide the name of the individual.								
Full legal name of individua	al							
	Family nan	ne	First giver	name	Seco	ndary given name	es .	
If the person compensated is not	·							
Full legal name of r	non-individual Brea	k Point Ventu	res Ltd.					
Firm	NRD number				(if appl	icable)		
Indicate whether the person com	pensated facilitated the	e distribution th	rough a funding p	ortal or a	n internet-base	ed portal.	✓ No ☐ Yes	
b) Business contact informa	tion							
If a firm NRD number is not provi	ded in Item 8 (a), provi	de the business	contact informati	on of the p	person being co	ompensated.		
Street address 300	7-11 Charlotte St							
Municipality Tor	onto			Pro	vince/State	Ontario		
Country Car	nada		F	ostal coc	de/Zip code	M5V 0M6		
Email address nim	a.s.besharat@gmai	.com		Telepho	ne number	6475884002	2	
c) Relationship to issuer or investment fund manager								
Indicate the person's relationship B(2) of the Instructions and the m Connect with the issuer o Director or officer of the in	eaning of "control" in s r investment fund man	ection 1.4 of NI ager	45-106 for the pu	Irposes of o	completing this		stment fund)	
✓ None of the above								
d) Compensation details								
Provide details of all compensation Canadian dollars. Include cash con services incidental to the distribution, internal allocation arrangement	nmissions, securities-bo on, such as clerical, prii	ased compensat nting, legal or a	ion, gifts, discoun ccounting service:	ts or other s. An issuer	compensation r is not require	. Do not report _l d to ask for deta	payments for	
Cash commissions paid			Security codes	Se	ecurity code 1	Security code 2	Security code 3	
Value of all securities distributed as compensation ⁴	120,000.00		·	С	M S	W N T		
Describe terms of warrants, options or other rights 600,000 common shares and 600,000 warrants of the Issuer. Each warrant is exercisable into one common share of the Issuer at a price of \$0.20 per share for a period of 24 months from the date of issuance.								
Other compensation ⁵		Describe						
Total compensation paid	120,000.00							
Check box if the persor	will or may receive ar	y deferred con	npensation (descr	ibe the ter	rms below)			
L ⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compet	r. Indicate the security litional securities of the	codes for all se						

 a) Name of person compe 	nsated and registration state	us						
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 individ	lual							
Family name First given name Secondary given names								
If the person compensated is r	If the person compensated is not an individual, provide the following information.							
Full legal name o	Full legal name of non-individual Gravitas Securities Inc.							
Firm	Firm NRD number 2 6 2 6 0 (if applicable)							
Indicate whether the person co	ompensated facilitated the distri	bution thro	ugh a funding	portal or an inte	rnet-based portal. No Yes			
b) Business contact inform	nation							
If a firm NRD number is not pro	ovided in Item 8 (a), provide the	business co	ntact informa	tion of the person	being compensated.			
Street address								
Municipality				Province	e/State			
Country				Postal code/Zip	o code			
Email address]		Telephone n	umber			
c) Relationship to issuer o	r investment fund manager	<u> </u>						
<u></u>	<u> </u>	fund manag	ger (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	5-106 for the p	ourposes of compl	leting this section.			
Connect with the issue	or investment fund manager			Insider of the is	suer (other than an investment fund)			
Director or officer of the	e investment fund or investment	fund mana	ager	Employee of the	e issuer or investment fund manager			
✓ None of the above								
d) Compensation details								
					with the distribution. Provide all amounts in			
					pensation. Do not report payments for It required to ask for details about, or report			
	nents with the directors, officers							
Cash commissions paid		Sec	curity codes	Security	code 1 Security code 2 Security code 3			
Value of all securities		000	ounty codes	СМ				
distributed as compensation	38,000.00							
Describe ter	ms of warrants, options or othe	r rights 1	90.000 com	mon shares an	d 190,000 warrants of the Issuer.			
		E	ach warran	t is exercisable	into one common share of the			
				of issuance.	r share for a period of 24 months			
Other compensation ⁵	De	escribe						
Total compensation paid	38,000.00							
Check box if the pers	on will or may receive any defe	rred compe	ensation (des	cribe the terms be	elow)			
					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 comp								

ГЕМ	9 - DIRECTORS, EXECUTI	VE OFFICERS A	AND PROMO	TERS OF THE IS	SSUER					
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.										
Ind	Indicate whether the issuer is any of the following (select all that apply).									
Reporting issuer in any jurisdiction of Canada										
Foreign public issuer										
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶										
Provide name of reporting issuer										
	Wholly owned subsidiary of a f	oreign public issu	er 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. 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. 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 a		-	11 1(1)						
	ovide the following information for rritory; otherwise state the country.	each director, exec	cutive officer and p				da, sta	e the p	province (or
	Organization or company name First given name First given name Secondary given names Business location of non-individual or residentail jurisdiction of individual apply) Relationship to issuer (select all that apply)									
					Province o	r 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 jurisdiction of individual Relationship to					
					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

Name of company

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	Davis	Emily					
	Family name First given name		<u>-</u>	Secondary give	en names		
Title	Director						
Name of issuer/underwriter/ investment fund manager	Lions Gate Metals inc.						
Telephone number	6046285616	Email address	edavis@t	yandsons.com	1		
Signature	Emily Davis	Date	2017	11	07		
		_	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 Full legal name Mah Gavin Title Lawyer

Full legal name Mah Gavin

Family name First given name Secondary given names

DuMoulin Black LLP

Telephone number 6046026803 Email address gmah@dumoulinblack.com

Notice - Collection and use of personal information

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation.

If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

The attached Schedules 1 and 2 may contain personal information of individuals and details of the distribution(s). The information in Schedules 1 and 2 will not be placed on the public file of any securities regulatory authority or regulator. However, freedom of information legislation may require the securities regulatory authority or regulator to make this information available if requested.

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

- 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.