Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9948033

ITEM 1 - REPORT TYPE								
✓ New report								
☐ Amended report If ame	nded, provide filing date	of report that is	being ame	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								
✓ Issuer (other than an investment of the state of th	tment fund)							
Underwriter	anoni rana,							
	ITEM 3 - ISSUER NAME AND OTHER IDENTIFIERS							
Provide the following information about th		vestment fund, abou	t the fund.					
Full legal name ATEX Resources Inc.								
Previous full legal name								
If the issuer's name changed in the	e last 12 months, provide most	recent previous legal	l name.					
Website	www.atexresources.co	m	(if applicable	e)				
If the issuer has a legal entity identifier, pro	ovide below. Refer to Part B of t	he Instructions for th	ne definition o	of "legal entity identifier".				
Legal entity identifier								
If two or more issuers distributed a single s	ecurity, provide the full legal no	ame(s) of the co-issue	er(s) other the	an the issuer named above	?.			
Full legal name(s) of co-issuer(s)			(if applicable	e)				
ITEM A LINDERWRITER INFORM	MATION							
ITEM 4 - UNDERWRITER INFORM								
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm N	NRD number.		1			
Full legal name]			
Firm NRD number (if applicable)								
	If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.							
Street address								
Municipality		Provi	nce/State					
Country		Postal code	/Zip code					
Telephone number			Website		(if applicable)			

If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6. a) Primary industry	Item 5 - Issuer Information
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	If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
Corresponds to the issuer's primary business activity. NaiCS Industry code	a) Primary industry
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	
mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production	NAICS industry code 2 1 2 2 0
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	mining industry. Select the category that best describes the issuer's stage of operations.
Mortgages Real estate Commercial/business debt Consumer debt Private companies Cryptoassets	
Cryptoassets b) Number of employees 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 0 8 1 0 6 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation	b) Number of employees
Does the issuer have a SEDAR profile? No	Number of employees: ✓ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more
No	c) SEDAR profile number
If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Province/State Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation Financial year-end YYYY MM DD Financial year-end YYYY NM DD Financial year-end YYYY NM DD Financial year-end YYYY NM DD Financial year-end NO Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NB NL NT NS NU ON PE QC SK YT	Does the issuer have a SEDAR profile?
Street address	No ✓ Yes If yes, provide SEDAR profile number 0 0 0 0 8 1 0 6
Street address	
Municipality	d) Head office address
Country Telephone number Date of formation and financial year-end Date of formation YYYY MM DD Financial year-end MM DD The phone number Financial year-end No Yes 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. All AB BC MB NB NL NT NS NO PE QC SK YT	Street address Province/State
e) Date of formation and financial year-end Date of formation Financial year-end MM DD f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NL NT NS NU ON PE QC SK YT	Municipality Postal code/Zip code
Date of formation	Country Telephone number
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. All AB BC MB NB NL NT NS NU ON PE QC SK YT	e) Date of formation and financial year-end
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. All AB BC MB NB NL NT NS NU ON PE QC SK YT	
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All	f) Reporting issuer status
AII AB BC MB NB NL NT NS NU ON PE QC SK YT	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 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	Exchange name
h) Size of issuer's assets	h) Size of issuer's assets

Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.

☐ \$0 to under \$5M	☐ \$5M to under \$25M	☐ \$25M to under \$100M
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT FUND ISSUER INFORMATION									
If the issuer is an inves	If the issuer is an investment fund, provide the following information.								
a) Investment fund manager information									
Full legal name									
Firm NRD number	(if applicable)								
If the investment fund mand	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	fund								
Type of investment fund tha	nt most accurately identifies the issuer (select only one) .								
Money market	☐ Equity ☐ Fixed income ☐ Balanced								
Alternative strateg	gies Cryptoasset Other (describe)								
Indicate whether one or bot	h of the following apply to the investment fund .								
Invests primarily in	n other investment fund issuers								
☐ Is a UCITs Fund¹									
¹ Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.								
c) Date of formation a	and financial year-end of the investment fund								
Date of forma	tion Financial year-end MM DD MM DD								
d) Reporting issuer st	atus of the investment fund								
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes								
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.								
☐ AII ☐	AB BC MB NB NL NT								
□ NS □	NU ON PE QC SK YT								
e) Public listing status	s of the investment fund								
If the investment fund has a	CUSIP number, provide below (first 6 digits only)								
	CUSIP number								
	blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the not a trading facility such as, for example, an automated trading system.								
Exchange on an exchange and h									
-	AV) of the investment fund								
	investment fund as of the date of the most recent NAV calculation (Canadian \$).								
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M								
\$100M to under \$500	DM \$500M to under \$1B \$1B or over Date of NAV calculation: YYYY MM DD								

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

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

_ 1	^	
a) Curr	ency

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)

b) Distribution date(s)

State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report.

Start date 2022 08 25

YYYY MM DD

End date 2022 08 25

c) Detailed purchaser information

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

d) Types of securities distributed

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

						Canadian \$		
Security code		,	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
U	В	s		Units consisting of one common share and one half of a one common share purchase warrant	20,013,261.00	0.6200		12,408,222.00

e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

Convertible / exchangeable security code			derlyii urity c			se price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)		
,			Lowest	Highest							
	W	N	Т	С	М	S	1.0000		2025-08-25		Each whole Warrant entitles the holder to purchase one (1) Common Share of the Issuer

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 iurisdiction.

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

Province or country	Exemption relied on	Number of unique ²⁸ purchasers	Total amount (Canadian \$)	
British Columbia	NI 45-106 2.3 [Accredited investor]	9	1,612,372.00	
Ontario	NI 45-106 2.3 [Accredited investor]	26	9,133,630.00	
	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	2	1,166,220.00	

Germany	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	2	496,000.00
	Total dollar amount of se	curities distributed	12,408,222.00
	Total number of unique purchasers ^{2b}	39	

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

g) Net proceeds to the investment fund by jurisdiction

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

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

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

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)

^{2b} In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

TEM 8 - COMPENSATION	INFORMATIC	N							
Provide information for each perso the distribution. Complete additi				•	•	n in connection with			
Indicate whether any compensati	Indicate whether any compensation was paid, or will be paid, in connection with the distribution.								
☐ No ✓ Yes	If yes, indica	ate number of pers	ons compensated.	4					
a) Name of person compensated and registration status									
Indicate whether the person compe	ensated is a regist	rant.	□ No ✓	Yes					
If the person compensated is an inc	dividual, provide t	the name of the indiv	idual.						
Full legal name of individu	ıal								
		Family name	First given	name	Secondary	given names			
If the person compensated is not a	n individual, prov	ide the following info	rmation.						
Full legal name of	non-individual	DESJARDINS SE	CURITIES INC./VAL	EURS MOBILI	ERES DESJAR	DINS INC.			
Firm	NRD number	1 0 3	0	(if ap	plicable)				
Indicate whether the person compe	ensated facilitated	the distribution thro	ugh a funding portal or o	an internet-based	l portal.	✓ No ☐ Yes			
b) Business contact informa	ntion								
If a firm NRD number is not provid	led in Item 8 (a), p	provide the business o	contact information of the	e person being co	ompensated.				
Street address			_						
Municipality				Province/State	•				
Country			Postal	code/Zip code	•				
Email address			Tele	phone number					
c) Relationship to issuer or	investment fund	d manager							
Indicate the person's relationship w the Instructions and the meaning o						ted" in Part B(2) of			
Connect with the issuer	or investment fun	d manager	Inside	er of the issuer (o	ther than an inves	stment fund)			
Director or officer of the	investment fund o	or investment fund m	anager Emplo	oyee of the issue	r or investment fu	nd manager			
None of the above									
d) Compensation details									
Provide details of all compensation Canadian dollars. Include cash com- incidental to the distribution, such a allocation arrangements with the d	missions, securiti as clerical, printin	es-based compensati g, legal or accounting	on, gifts, discounts or oth g services. An issuer is no	er compensation. t required to ask ;	. Do not report pay	ments for services			
Cash commissions paid	243,02	29.54		Security code 1	Security code 2	Security code 3			
Value of all securities distributed as compensation ⁴			Security codes						
Describe term	ns of warrants, op	otions or other rights							
Other compensation ⁵		Describe							
Total compensation paid 243,029.54									
Check box if the perso	Check box if the person will or may receive any deferred compensation (describe the terms below)								
⁴ Provide the aggregate value of a	securities distri	buted as comnensati	ion, excludina ontions w	varrants or other	rights exercisable	to acquire			
additional securities of the issuer. rights exercisable to acquire additional securities.	Indicate the secu	urity codes for all sec	curities distributed as col	mpensation, <u>inclu</u>	uding options, wai	rants or other			

⁵Do not include deferred compensation.

a) Name of person compen	sated and registration status						
Indicate whether the person compe	ensated is a registrant.	☐ No	✓ Yes				
If the person compensated is an inc	dividual, provide the name of the i	ndividual.					
Full legal name of individu	ıal						
	Family name	First	given name	Secondary of	given names		
If the person compensated is not a	n individual, provide the following	information.					
Full legal name of	non-individual PARADIGM C	CAPITAL INC. / PAR	ADIGME CAPITAL	INC.			
Firm NRD number 3 4 5 0 (if applicable)							
Indicate whether the person compe	ensated facilitated the distribution	through a funding port	al or an internet-based	l portal.	No Yes		
b) Business contact informa	tion						
If a firm NRD number is not provid	led in Item 8 (a), provide the busine	ess contact information	of the person being co	mpensated.			
Street address							
Municipality			Province/State				
Country		P	ostal code/Zip code				
Email address			Telephone number				
c) Relationship to issuer or	investment fund manager						
	Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.						
<u></u>	Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)						
Director or officer of the	nvestment fund or investment fun	nd manager	Employee of the issue	r or investment fun	d manager		
✓ None of the above							
d) Compensation details							
Provide details of all compensation							
Canadian dollars. Include cash comincidental to the distribution, such a							
allocation arrangements with the d	irectors, officers or employees of a	non-individual compen	sated by the issuer.		•		
Cash commissions paid	212,650.85		Security code 1	Security code 2	Security code 3		
Value of all securities distributed as compensation ⁴		Security codes					
•	s of warrants, options or other rig	ihts					
Other compensation ⁵	Descr	ribe					
Total compensation paid	212,650.85						
Check box if the perso	L	d compensation (descri	be the terms below)				
					ı		
⁴ Provide the aggregate value of a	ll securities distributed as comper	nsation, excluding optic	ons. warrants or other	riahts exercisable t	o acquire		

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 not an individual, provide the following info	rmation.						
Full legal name of non-individual CORMARK SEC	URITIES INC. / VALEURS MOBILIERES CORMARK INC.						
Firm NRD number 1 0 0	9 0 (if applicable)						
Indicate whether the person compensated facilitated the distribution thro	ugh 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 of	contact information of the person being compensated.						
Street address							
Municipality	Province/State						
Country	Postal code/Zip code						
Email address	Telephone number						
c) Relationship to issuer or investment fund manager							
	ager (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							
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 n	nanager Employee of the issuer or investment fund manager						
✓ None of the above							
d) Compensation details							
	tified in Item 8(a) in connection with the distribution. Provide all amounts in						
	on, gifts, discounts or other compensation. Do not report payments for services g 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 nor	i-individual compensated by the issuer.						
Cash commissions paid 91,136.08	Security code 1 Security code 2 Security code 3						
Value of all securities distributed as compensation⁴	Security codes						
Describe terms of warrants, options or other rights							
Other compensation ⁵ Describe							
Check box if the person will or may receive any deferred co	mpensation (describe the terms below)						
⁴ Provide the aggregate value of all securities distributed as compensate							
rights exercisable to acquire additional securities of the issuer.	curities distributed as compensation, <u>including</u> options, warrants or other						
⁵ Do not include deferred compensation.							

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 gi	ven names		
If the person compensated is not an individua	provide the following infor	mation.					
Full legal name of non-indivi	dual Canaccord Genuit	y Corp./Corpora	tion Canaccord Ge	nuity			
Firm NRD number 9 0 0 (if applicable)							
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes							
b) Business contact information							
If a firm NRD number is not provided in Item	(a), provide the business co	ontact information	of the person being co	ompensated.			
Street address							
Municipality			Province/State	;			
Country		Po	ostal code/Zip code	•			
Email address			Telephone number				
c) Relationship to issuer or investmer	t fund manager						
Indicate the person's relationship with the issume the Instructions and the meaning of "control"							
Connect with the issuer or investment		· · · <u></u>	nsider of the issuer (c		ment fund)		
_	•		,		•		
Director or officer of the investment	fund or investment fund ma	anager E	Employee of the issue	r or investment fund	l manager		
✓ None of the above							
d) Compensation details							
Provide details of all compensation paid, or to Canadian dollars. Include cash commissions, so incidental to the distribution, such as clerical, p allocation arrangements with the directors, off	curities-based compensatio rinting, legal or accounting	n, gifts, discounts o services. An issuer	or other compensation is not required to ask	. Do not report paym	nents for services		
Cash commissions paid	60,757.39		Security code 1	Security code 2	Security code 3		
Value of all securities		Security codes					
distributed as compensation ⁴							
Describe terms of warra	nts, options or other rights						
Other compensation ⁵	Describe						
Total compensation paid	60,757.39						
Check box if the person will or ma	y receive any deferred con	npensation (descri	be the terms below)				
⁴ Provide the aggregate value of all securities additional securities of the issuer. Indicate the rights exercisable to acquire additional securities.	e security codes for all secu						
⁵ Do not include deferred compensation.							

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER				
If the issuer is an investment fund	d, do not complete l	Item 9. Procced to	Item 10.					
Indicate whether the issuer is any o	f the following (select	t the one that appli	es - if more than one	applies, select onl	y one).			
✓ Reporting issuer in any juris	sdiction of Canada							
Foreign public issuer								
Wholly owned subsidiary of	a reporting issuer in	any jurisdiction of	Canada ⁶					
Provide nan	ne of reporting issue	r						7
Wholly owned subsidiary of	a foreign public issu	uer ⁶						_
Provide name of	foreign public issue	r						7
Issuer distributing only eligil	ble foreign securities	and the distribution	n is to permitted clie	ents only ⁷				_
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	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 b	oox and complete	Item 9(a) - (c).					
a) Directors executive officer	s and promoters of	of the issuer						
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.							province	
Organization or company name	Family name	First given name	Secondary given names	given residentall (lationship to issuer elect all that apply)	
				Province or	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 jurisdiction of individual	urisdiction of (select one or bot			
				Province or country	D		C)
c) Residential address of each individual								
Complete Schedule 2 of this form completed report. Schedule 2 also					(a) and (b)	and at	tach to t	he

ITEM 10 - CERTIFICATION

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

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

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

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

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

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

Name of issuer/underwriter/ investment fund manager/agent	ATEX Resources Inc.					
Full legal name	Pladsen					
	Family name	First given name	•	Seconda	ary given na	mes
Title	Chief Financial Officer					
Telephone number	6472873779 Email address thomaspladsen@			hotmail.co	om	
Signature	"Thomas Pladsen"	Date 20		08	31	
			YYYY	MM	DD	

ITEM 11- CONTACT F	PERSON					
Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.						
Same as individua	al certifying the report					
Full legal name				Title		
•	Family name	First given name	Secondary given names		_	
Name of company						
Telephone number		Er	nail 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:

- 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.