# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9874319

| ITEM 1 - REPORT TYPE   |                  |                    |                 |                |                       |                                 |                    |  |  |
|--|------------------|--------------------|-----------------|----------------|-----------------------|---------------------------------|--------------------|--|--|
| ✓ New report   |                  |                    |                 |                |                       |                                 |                    |  |  |
| Amended report   | If amend         | ed, provide fi     | ling date       | of report th   | nat is being ame      | ended                           | ) (YYYY-MM-DD)     |  |  |
| ITEM 2 - PARTY CERTIF  | YING THE F       | REPORT             |                 |                |                       |                                 |                    |  |  |
| Indicate the party certifying the<br>Instrument 81-106 Investment  |                  |                    |                 |                |                       | restment fund, refer to section | on 1.1 of National |  |  |
| Investment fund i  |                  |                    |                 | . ,            |                       |                                 |                    |  |  |
| ✓ Issuer (other thar   | n an investr     | nent fund)         |                 |                |                       |                                 |                    |  |  |
|  |                  |                    |                 |                |                       |                                 |                    |  |  |
|  |                  | •                  |                 |                |                       |                                 |                    |  |  |
| ITEM 3 - ISSUER NAME   |                  |                    |                 |                |                       |                                 |                    |  |  |
| Provide the following informat   | _                |                    |                 |                | d, about the fund.    |                                 |                    |  |  |
|  |                  | Gama Explora       | ations Inc      | •              |                       |                                 |                    |  |  |
| Previous full legal name   |                  |                    |                 |                |                       |                                 |                    |  |  |
| If the issuer's name changed in the last 12 months, provide most recent previous legal name. Website (if applicable) |                  |                    |                 |                |                       |                                 |                    |  |  |
|  | Website          |                    |                 |                | (if applicabl         | e)                              |                    |  |  |
| If the issuer has a legal entity i   | dentifier, provi | ide below. Refer t | o Part B of t   | he Instruction | s for the definition  | of "legal entity identifier".   |                    |  |  |
| Legal entity   | identifier       |                    |                 |                |                       |                                 |                    |  |  |
| If two or more issuers distribut   | ed a single sec  | urity, provide the | full legal no   | nme(s) of the  | co-issuer(s) other th | an the issuer named above       | 2.                 |  |  |
| Full legal name(s) of co   | o-issuer(s)      |                    |                 |                | (if applicabl         | e)                              |                    |  |  |
|  |                  |                    |                 |                |                       |                                 |                    |  |  |
| ITEM 4 - UNDERWRITE  | R INFORMA        | TION               |                 |                |                       |                                 |                    |  |  |
| If an underwriter is completing  | the report, pro  | ovide the underw   | riter's full le | gal name and   | l firm NRD number.    |                                 | 7                  |  |  |
| Full legal name  |                  |                    |                 |                |                       |                                 |                    |  |  |
| Firm NRD number  |                  |                    |                 |                | (if applicable)       |                                 |                    |  |  |
| If the underwriter does not hav  | re a firm NRD i  | number, provide i  | the head off    | ice contact in | formation of the un   | derwriter.                      |                    |  |  |
| Street address   |                  |                    |                 |                |                       |                                 | ]                  |  |  |
| Municipality   |                  |                    |                 |                | Province/State        |                                 | ]                  |  |  |
| Country  |                  |                    |                 | Posta          | l 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 3 3   |
| 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✓ YesIf yes, provide SEDAR profile number00051937   |
| 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 a reporting issuer. MM DD  |
| 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 Tele of formation issuer status of the investment fund 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 cormation 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         NS       NU       ON       YEs         If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer       YT   |
| 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 Date of formation and financial year-end of Canada?  All Bate investment fund a reporting issuer in any jurisdication of Canada?  All Bate investment fund is a reporting issuer.  All ABBE BC MBB NB NB NL NT  All ABBE BC MBBE NB NB NL TT  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.  Date of cusic issuer is a cusic in a cus |
| 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   Financial year-end   MM   Date of formation and financial year-end of the investment fund Financial year-end   MM   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   Is the investment fund a reporting issuer in any jurisdication of Canada?   No   Y   Y   MB   NB  |
| ''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       MM         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       EU       If 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 NL NT OC SK YT 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**

| purchasers resident in that jurisdi  | f an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about<br>ourchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in<br>connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in<br>Schedule 1 of the report. |                                 |  |                  |                        |  |  |  |  |  |  |
|--|---|---------------------------------|--|------------------|------------------------|--|--|--|--|--|--|
| a) Currency  |   |                                 |  |                  |                        |  |  |  |  |  |  |
| Select the currency or currencies  | 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                 | e)   |                  |                        |  |  |  |  |  |  |
| b) Distribution date(s)  |   |                                 |  |                  |                        |  |  |  |  |  |  |
|  | nd dates. If the report is being filed for so<br>f the report is being filed for securities d<br>e report.  |                                 |  |                  |                        |  |  |  |  |  |  |
| Start da   | <sup>te</sup> 2022 06 10  | End dat                         | <sup>te</sup> 2022 0                         | 06 10            |                        |  |  |  |  |  |  |
|  | YYYY MM DD  |                                 | YYYY M                                       | 1M DD            |                        |  |  |  |  |  |  |
| c) Detailed purchaser info   | rmation   |                                 |  |                  |                        |  |  |  |  |  |  |
| Complete Schedule 1 of thi   | s form for each purchaser and at  | tach the schedule               | to the complete                              | ed report.       |                        |  |  |  |  |  |  |
| d) Types of securities distr   | ributed   |                                 |  |                  |                        |  |  |  |  |  |  |
| -  | n for all distributions reported on a per s<br>ISIP number, indicate the full 9-digit CU  |                                 |  |                  | ow to indicate the     |  |  |  |  |  |  |
|  |   |                                 |  | Canadian \$      |                        |  |  |  |  |  |  |
| Security<br>code CUSIP number<br>(if applicable)   | Description of security   | Number of securities            | Single or<br>lowest<br>price                 | Highest price    | Total amount           |  |  |  |  |  |  |
| C M S 36459L Con   |   |                                 |  |                  |                        |  |  |  |  |  |  |
| e) Details of rights and cor   | nvertible/exchangeable securities   |                                 |  |                  |                        |  |  |  |  |  |  |
|  | ns) were distributed, provide the exercise<br>aversion ratio and describe any other ter   |                                 |  |                  | xchangeable securities |  |  |  |  |  |  |
| Convertible /<br>exchangeable Underlying   | Exercise price<br>(Canadian \$)   | Expiry date                     | Conversion                                   | -                |                        |  |  |  |  |  |  |
| security code security code  | Lowest Highest  | (YYYY- MM-DD)                   | ratio  | Describe other i | tems (if applicable)   |  |  |  |  |  |  |
|  |   |                                 |  |                  |                        |  |  |  |  |  |  |
| f) Summary of the distribut  | tion 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 or   | ı                               | Number of unique <sup>28</sup><br>purchasers | Total a          | mount (Canadian \$)    |  |  |  |  |  |  |
| British Columbia   | NI 45-106 2.3 [Accredited inve  | estor]                          | 4  | 1                | 958,750.00             |  |  |  |  |  |  |
| Alberta  | NI 45-106 2.3 [Accredited inve  | estor]                          |  | 7                | 175,000.00             |  |  |  |  |  |  |
| Ontario  | NI 45-106 2.3 [Accredited inve  | estor]                          |  | 5                | 150,000.00             |  |  |  |  |  |  |
| China  | NI 45-106 2.3 [Accredited inve  | estor]                          |  | 1                | 2,500.00               |  |  |  |  |  |  |
|  | Total   | dollar amount of se             | curities distribute                          | ed               | 1,286,250.00           |  |  |  |  |  |  |
|  | Total number of u   | inique purchasers <sup>2b</sup> | 5  | 4                |                        |  |  |  |  |  |  |
| <sup>2a</sup> In calculating the number of u   | nique nurchasers per row, count each p  | urchaser only once to           | int nurchasers may                           | he counted as    | na nurchasar           |  |  |  |  |  |  |

<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) |
|-------------|---|---|---|
|             |   |   |   |

| тем 8 - Со    | MPENSATIC      | ON INFORMATION  |                        |
|---------------|----------------|---|------------------------|
| •             |                | person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation<br>Iditional copies of this page if more than one person was, or will be, compensated. | ion in connection with |
| Indicate whet | her any comper | nsation was paid, or will be paid, in connection with the distribution.   |                        |
| 🗌 No          | ✓ Yes          | If yes, indicate number of persons compensated.   |                        |

| a) Name of person compensa   | ated and regis   | stration             | status              |                            |                              |                              |                     |                            |                 |                         |                 |        |                     |            |                         |
|--|--|----------------------|---------------------|----------------------------|------------------------------|------------------------------|---------------------|----------------------------|-----------------|-------------------------|-----------------|--------|---------------------|------------|-------------------------|
| Indicate whether the person compen   | Indicate whether the person compensated is a registrant. No Yes  |                      |                     |                            |                              |                              |                     |                            |                 |                         |                 |        |                     |            |                         |
| If the person compensated is an indi   | If the person compensated is an individual, provide the name of the individual.  |                      |                     |                            |                              |                              |                     |                            |                 |                         |                 |        |                     |            |                         |
| Full legal name of individua   | Full legal name of individual  |                      |                     |                            |                              |                              |                     |                            |                 |                         |                 |        |                     |            |                         |
| Family name     First given name     Secondary given names   |  |                      |                     |                            |                              |                              |                     |                            |                 |                         |                 |        |                     |            |                         |
| If the person compensated is not an  | f the person compensated is not an individual, provide the following information.  |                      |                     |                            |                              |                              |                     |                            |                 |                         |                 |        |                     |            |                         |
| Full legal name of non-individual RESEARCH CAPITAL CORPORATION / CORPORATION RECHERCHE CAPITAL   |  |                      |                     |                            |                              |                              |                     |                            |                 |                         |                 |        |                     |            |                         |
| Firm N   | Firm NRD number 3 0 7 0 (if applicable)  |                      |                     |                            |                              |                              |                     |                            |                 |                         |                 |        |                     |            |                         |
| Indicate whether the person compen   | sated facilitated  | the dis              | tribution           | ,<br>throu                 | gh a fundi                   | ng port                      | al or a             | n inter                    | rnet-l          | based                   | porta           |        | $\checkmark$        | ] No [     | Yes                     |
| b) Business contact informati  | on   |                      |                     |                            |                              |                              |                     |                            |                 |                         |                 |        |                     |            |                         |
| If a firm NRD number is not provided   | d in Item 8 (a), <sub>f</sub>  | orovide t            | the busir           | ness co                    | ntact info                   | rmation                      | of the              | perso                      | n bei           | ng cor                  | npens           | ated.  |                     |            |                         |
| Street address   |  |                      |                     |                            |                              |                              |                     |                            |                 |                         |                 |        |                     |            |                         |
| Municipality   |  |                      |                     |                            |                              |                              | F                   | Provir                     | nce/S           | State                   |                 |        |                     |            |                         |
| Country  |  |                      |                     |                            |                              | Ρ                            | ostal               | code/                      | Zip (           | code                    |                 |        |                     |            |                         |
| Email address  |  |                      |                     |                            |                              |                              | Tele                | phone                      | e nur           | nber                    |                 |        |                     |            |                         |
| c) Relationship to issuer or in  | vestment fun   | d mana               | ager                |                            |                              |                              |                     |                            |                 |                         |                 |        |                     |            |                         |
| the Instructions and the meaning of Connect with the issuer or   | 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 |                      |                     |                            |                              |                              |                     |                            |                 |                         |                 |        |                     |            |                         |
| d) Compensation details  |  |                      |                     |                            |                              |                              |                     |                            |                 |                         |                 |        |                     |            |                         |
| Provide details of all compensation p<br>Canadian dollars. Include cash comm<br>incidental to the distribution, such as<br>allocation arrangements with the dire<br>Cash commissions paid<br>Value of all securities | issions, securiti<br>clerical, printin<br>ectors, officers o   | es-based<br>g, legal | d compe<br>or accou | nsatio<br>Inting<br>a non- | n, gifts, dis<br>services. A | counts<br>n issuer<br>comper | or othe<br>• is not | er com<br>requir<br>by the | penso<br>red to | ation.<br>ask fo<br>er. | Do no<br>or det | t repc | ort payl<br>out, oi | ments for  | services<br>a, internal |
| distributed as compensation <sup>4</sup>   | of warrants or   |                      | r other ri          | iahte                      | 20 450                       | Norror                       | ate E               | ach w                      | orro            | nt ic d                 | ovoro           | icabl  | o into              | one com    | mon                     |
|  | or warrants, or  |                      |                     | iginto                     |                              | the C                        |                     |                            |                 |                         |                 |        |                     | e until Ju |                         |
| Other compensation <sup>5</sup>  |  |                      | Dese                | cribe                      |                              |                              |                     |                            |                 |                         |                 |        |                     |            |                         |
| Total compensation paid  | 7,6  | 12.50                |                     |                            |                              |                              |                     |                            |                 |                         |                 |        |                     |            |                         |
| Check box if the person  | will or may reco   | eive any             | / deferre           | ed com                     | pensation                    | (descr                       | ibe the             | e term                     | s belo          | ow)                     |                 |        |                     |            |                         |
|  |  |                      |                     |                            |                              |                              |                     |                            |                 |                         |                 |        |                     |            |                         |
| <sup>4</sup> Provide the aggregate value of all a<br>additional securities of the issuer. In<br>rights exercisable to acquire additio<br><sup>5</sup> Do not include deferred compensations.                         | ndicate the secu<br>nal securities c   | urity cod            | les for a           |                            |                              |                              |                     |                            |                 |                         |                 |        |                     |            |                         |

| a) Name of person compens  | ated and regis  | stration            | status                      |                                  |                                |                   |                           |                          |                           |                   |         |                    |   |                         |
|--|---|---------------------|-----------------------------|----------------------------------|--------------------------------|-------------------|---------------------------|--------------------------|---------------------------|-------------------|---------|--------------------|---|-------------------------|
| Indicate whether the person compensated is a registrant. No Ves  |   |                     |                             |                                  |                                |                   |                           |                          |                           |                   |         |                    |   |                         |
| If the person compensated is an ind  | If the person compensated is an individual, provide the name of the individual.   |                     |                             |                                  |                                |                   |                           |                          |                           |                   |         |                    |   |                         |
| Full legal name of individua   | Full legal name of individual   |                     |                             |                                  |                                |                   |                           |                          |                           |                   |         |                    |   |                         |
|  | Family name     First given name     Secondary given names                        |                     |                             |                                  |                                |                   |                           |                          |                           |                   |         |                    |   |                         |
| If the person compensated is not an  | f the person compensated is not an individual, provide the following information. |                     |                             |                                  |                                |                   |                           |                          |                           |                   |         |                    |   |                         |
| Full legal name of non-individual iA Private Wealth Inc./iA Gestion privée de patrimoine   |   |                     |                             |                                  |                                |                   |                           |                          |                           |                   |         |                    |   |                         |
| Firm   | Firm NRD number 1 5 4 0 0 (if applicable)   |                     |                             |                                  |                                |                   |                           |                          |                           |                   |         |                    |   |                         |
| Indicate whether the person compe  | nsated facilitated  | l the dis           | tribution thre              | ough a fund                      | ing port                       | al or ar          | n inter                   | net-b                    | ased p                    | portal.           |         | $\checkmark$       | ] No [                                  | Yes                     |
| b) Business contact informat   | tion  |                     |                             |                                  |                                |                   |                           |                          |                           |                   |         |                    |   |                         |
| If a firm NRD number is not provide  | ed in Item 8 (a), <sub>I</sub>  | orovide             | the business                | contact info                     | rmation                        | of the            | persor                    | n bein                   | g con                     | npenso            | ated.   |                    |   |                         |
| Street address   |   |                     |                             |                                  |                                |                   |                           |                          |                           |                   |         |                    |   |                         |
| Municipality   |   |                     |                             |                                  |                                | F                 | Provin                    | ce/S                     | tate                      |                   |         |                    |   |                         |
| Country  |   |                     |                             |                                  | Ρ                              | ostal o           | code/2                    | Zip c                    | ode                       |                   |         |                    |   |                         |
| Email address  |   |                     |                             |                                  |                                | Telep             | phone                     | num                      | nber                      |                   |         |                    |   |                         |
| c) Relationship to issuer or in  | nvestment fun   | d mana              | ager                        |                                  |                                |                   |                           |                          |                           |                   |         |                    |   |                         |
| Indicate the person's relationship we<br>the Instructions and the meaning of<br>Connect with the issuer o<br>Director or officer of the ir<br>Vone of the above  | f "control" in sect<br>r investment fun   | tion 1.4<br>Id mana | of NI 45-106<br>ager        | for the pur                      | poses of                       | comple<br>Insider | <i>eting ti</i><br>of the | his se<br>issue          | <i>ction</i> .<br>er (otł | ner tha           | an an   | invest             | <i>d″ in Par</i><br>ment fun<br>d manag | d)                      |
| d) Compensation details  |   |                     |                             |                                  |                                |                   |                           |                          |                           |                   |         |                    |   |                         |
| Provide details of all compensation p<br>Canadian dollars. Include cash comm<br>incidental to the distribution, such a<br>allocation arrangements with the di<br>Cash commissions paid<br>Value of all securities                      | missions, securiti<br>s clerical, printin<br>rectors, officers c                  | es-base<br>g, legal | d compensat<br>or accountin | ion, gifts, di:<br>g services. A | scounts<br>In issuer<br>comper | or othe<br>is not | er comp<br>require        | oensa<br>ed to<br>issuei | tion. l<br>ask fo<br>r.   | Do noi<br>or deta | t repoi | rt payr<br>out, or | nents for                               | services<br>a, internal |
| distributed as compensation <sup>4</sup>   |   |                     |                             | Security Co                      | Jues                           | L                 |                           |                          |                           |                   |         |                    |   |                         |
| Describe term  | s of warrants, op   | otions o            | r other rights              | 56,000<br>share o<br>10, 202     | f the C                        |                   |                           |                          |                           |                   |         |                    |   |                         |
| Other compensation <sup>5</sup>  |   |                     | Describe                    |                                  |                                |                   |                           |                          |                           |                   |         |                    |   |                         |
| Total compensation paid  | 14,0  | 00.00               |                             | <u> </u>                         |                                |                   |                           |                          |                           |                   |         |                    |   |                         |
| Check box if the persor  | n will or may rec   | eive any            | y deferred co               | mpensatior                       | n (descr                       | ibe the           | e terms                   | belo                     | w)                        |                   |         |                    |   |                         |
| <sup>4</sup> Provide the aggregate value of all<br>additional securities of the issuer.<br>rights exercisable to acquire additi<br><sup>5</sup> Do not include deferred compension<br><sup>5</sup> Do not include deferred compension. | Indicate the sect<br>onal securities c  | urity cod           | des for all se              |                                  |                                |                   |                           |                          |                           |                   |         |                    |   |                         |

| 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 o  | f the following (seled   | t the one that appli  | es - if more than one    | e applies, select onl  | y 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 iss   | uer <sup>6</sup>      |                          |  |   |          |          | _  |  |  |
| Provide name of   | foreign public issue   | er                    |                          |  |   |          |          | ]  |  |  |
| Issuer distributing only eligi  | ble foreign securitie  | s and the distributio | n is to permitted clie   | ents only <sup>7</sup>   |   |          |          |    |  |  |
| If the issuer is at least one of the  | above, do not com  | plete Item 9(a) – (d  | c). Proceed to Item      | 10.  |   |          |          |    |  |  |
| securities that are required by law to<br>respectively.<br><sup>7</sup> Check this box if it applies to the cu<br>clients. Refer to the definitions of "e | <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, |                       |                          |  |   |          |          |    |  |  |
| a) Directors, executive officer   | s and promoters  | of the issuer         |                          |  |   |          |          |    |  |  |
| Provide the following information for territory; otherwise state the country.   |  |                       |                          |  |   | tate the | province | or |  |  |
| Organization or company name  | Family name  | First given name      | Secondary given<br>names | non-individ<br>resident<br>jurisdictio   | Business location of<br>non-individual or<br>residentail<br>jurisdiction of<br>individual |          |          |    |  |  |
|   |  |                       |                          | Province or  | country   | D        | 0        | Р  |  |  |
|   |  |                       |                          |  |   |          |          |    |  |  |
| b) Promoter information   |  |                       |                          |  |   |          |          |    |  |  |
| If the promoter listed above is not an within Canada, state the province or   |  |                       |                          |  |   |          |          |    |  |  |
| Organization or company name  | Family name  | First given name      | Secondary given<br>names | Residential<br>jurisdiction of<br>individual Relationship to p<br>(select one or both if |   |          |          |    |  |  |
|   |  |                       |                          | Province or<br>country   | D   |          | С        | )  |  |  |
|   |  |                       |                          |  |   |          |          |    |  |  |
| c) Residential address of eac   | h 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 | Gama Explorations Inc. |                  |          |          |              |      |
|--|------------------------|------------------|----------|----------|--------------|------|
| Full legal name  | Larmour                | Allan            |          |          |              |      |
|  | Family name            | First given name |          | Seconda  | iry given na | imes |
| Title  | President and Director |                  |          |          |              |      |
| Telephone number   | 6049615353             | Email address    | aclarmou | r@gmail. | .com         |      |
| Signature  | "Allan Larmour"        | Date             | 2022     | 06       | 16           |      |
|  |                        |                  | 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  | Kipfer         | Tanya            |             |             | Title | Paralegal |
|------------------|----------------|------------------|-------------|-------------|-------|-----------|
|                  | Family name    | First given name | Secondary   | given names |       |           |
| Name of company  | Morton Law LLP |                  |             |             |       |           |
| Telephone number | 6043319548     | Em               | ail address | tyk@mortonl | aw.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.