Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9553619

ITEM 1 - REPORT TYPE									
☐ New report									
✓ Amended report If ame	nded, provide filing date	of report that i	s being ame	ended 2021 07 26	(YYYY-MM-DD)				
TTEM 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								
Investment fund issuer	Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.								
✓ Issuer (other than an inves	stment fund)								
Underwriter	simoni rana)								
ITEM 3 - ISSUER NAME AND OT	HER IDENTIFIERS								
Provide the following information about to		vestment fund, ab	out the fund.						
Full legal name	E2Gold Inc.								
Previous full legal name									
If the issuer's name changed in th	e last 12 months, provide most	recent previous leg	gal name.						
Website	https://www.e2gold.ca		(if applicabl	e)					
If the issuer has a legal entity identifier. pr	ovide below. Refer to Part B of t	he Instructions for	the definition	of "legal entity identifier".					
Legal entity identifier									
If two or more issuers distributed a single	security, provide the full legal no	ame(s) of the co-is	suer(s) other th	an the issuer named above	<u>.</u>				
Full legal name(s) of co-issuer(s)			(if applicabl	e)					
ITEM 4 - UNDERWRITER INFORM	MATION								
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firn	n NRD number.		7				
Full legal name									
Firm NRD number		(if a	pplicable)						
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.									
Street address]				
Municipality		Pro	ovince/State]				
Country		Postal co	de/Zip code		<u></u>				
Telephone number	Website (if applica								

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 1
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
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.
Mortgages ☐ Real estate ☐ Commercial/business debt ☐ Consumer debt ☐ Private companies☐ Cryptoassets
b) Number of employees
Number of employees: ✓ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more
c) SEDAR profile number
Does the issuer have a SEDAR profile?
No ✓ Yes If yes, provide SEDAR profile number 0 0 0 5 0 7 3 5
If the issuer does not have SEDAR profile complete item 5(d) - (h).
d) Head office address
Street address Province/State
Municipality Postal code/Zip code
Country Telephone number
e) Date of formation and financial year-end
Date of formation Financial year-end MM DD MM DD
f) Reporting issuer status
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.
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
\$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	ager 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	s5M to under \$25M s25M 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.

a)	Currency
a)	Currency

Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.

✓ Canadian dollar US dollar □ Euro □ Other (describe)

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 2021 07 16

YYYY MM DD

End date 2021 07 23

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 CUSIP number (if applicable)			Description of security	Number of securities	Single or lowest price	Highest price	Total amount
U	В	S	26932P	Each Unit is comprised of one common share and one warrant (Trance I)	11,249,366.00	0.1000		1,124,936.60
F	Т	U	26932P	Each Flow-Through Unit is comprised of one flow-through share and and one-half of one warrant	8,475,345.00	0.1100		932,288.00
F	Т	U	26932P	Each Special Flow-Through Unit is comprised of flow-through share and one warrant	23,550,000.00	0.1300		3,061,500.00
U	В	S	26932P	Each UBS is comprised of one common share and one warrant (Tranche II)	5,000,000.00	0.1000		500,000.00

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		Underlying security code				Exercise price (Canadian \$) Expiry date (Conversion ratio		Describe other items (if applicable)	
						Lowest	Highest		
W	N	Т	С	М	S	0.1500		2023-07-16	
W	N	Т	С	М	S	0.1500		2023-07-16	
W	N	Т	С	М	S	0.1500		2023-07-16	
W	N	Т	С	М	S	0.1500		2023-07-23	

f) Summary of the distribution by jurisdiction and exemption

State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only.

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

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

Province or country	Exemption relied on	Number of unique ² purchasers	Total amount (Canadian \$)				
Ontario	NI 45-106 2.3 [Accredited investor]	29	3,922,437.88				
British Columbia	NI 45-106 2.3 [Accredited investor]	7	252,000.17				
Québec	NI 45-106 2.3 [Accredited investor]	14	174,349.90				
United States	NI 45-106 2.3 [Accredited investor]	9	261,436.60				
Australia	NI 45-106 2.3 [Accredited investor]	1	10,000.00				
Cayman Islands	NI 45-106 2.3 [Accredited investor]	1	50,000.00				
Germany	NI 45-106 2.3 [Accredited investor]	2	20,000.00				
Guatemala	NI 45-106 2.3 [Accredited investor]	1	25,000.00				
Netherlands	NI 45-106 2.3 [Accredited investor]	2	115,000.00				
Sweden	NI 45-106 2.3 [Accredited investor]	1	21,000.00				
Switzerland	NI 45-106 2.3 [Accredited investor]	2	37,500.00				
Thailand	NI 45-106 2.3 [Accredited investor]	1	150,000.00				
United Kingdom	NI 45-106 2.3 [Accredited investor]	3	80,000.00				
Liechtenstein	Other	1	500,000.00				
	Total dollar amount of securities distributed						
	Total number of unique purchasers ^{2b} 73						

^{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.

ITEM 8 - COMPENSATION INFORMATION							
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.							
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.							
No ✓ Yes If yes, indicate number of persons compensated. 11							

a) Name of person compensated and registration status										
Indicate whether the person compensated is a registrant. No Yes										
If the person compensated is an inc	dividual, provide the	name of the indivi	dual.							
Full legal name of individu	al									
	Fam	ily name	Fi	rst given n	iame		Seco	ndary given	names	
If the person compensated is not a	n individual, provide	the following infor	mation.							
Full legal name of	Full legal name of non-individual Echelon Wealth Partners Inc.									
Firm NRD number 3 2 4 2 0 (if applicable)										
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.										
b) Business contact informa	tion									
If a firm NRD number is not provid	ed in Item 8 (a), prov	ide the business co	ontact informatio	on of the	person bei	ng com	pensated.			
Street address										
Municipality				Р	Province/S	State				
Country				Postal o	code/Zip	code				
Email address				Telep	hone nur	mber				
c) Relationship to issuer or	investment fund m	anager	_							
Indicate the person's relationship w the Instructions and the meaning o							ning of "co	nnected" ir	ı Part I	B(2) of
Connect with the issuer of					_		er than an	investmen	t fund)	ı
Director or officer of the i		-	anager \Box			,		ent fund ma	,	
✓ None of the above				p.o)		.000.0			age.	
d) Compensation details	naid auta ba naid t	the newson ident	ified in Itams O(s)	in samma	ation with	the dist	miburtian D	movido all a		ta in
Provide details of all compensation Canadian dollars. Include cash com incidental to the distribution, such a allocation arrangements with the d	missions, securities-b ns clerical, printing, le	ased compensation	n, gifts, discount services. An issu	s or other er is not i	r compenso required to	ation. D ask for	o not repo	rt payment	s for se	ervices
Cash commissions paid	6,000.0		,				Coourity	uda O I Cad	a unita e a	ada 2
Value of all securities		= .	Coourity and an		Security co	S	Security co	T	curity co	ode 3
distributed as compensation ⁴			Security codes							
Describe term	ns of warrants, option	ns or other rights	60,000 broke share at an e							
Other compensation ⁵		Describe								
Total compensation paid	6,000.0	00								
Check box if the perso	n will or may receive	any deferred con	npensation (des	cribe the	terms belo	ow)				
⁴ Provide the aggregate value of a	ll securities distribute	ed as compensation	on, excludina on	tions. wa	nrrants or o	other ria	hts exercis	sable to ac	guire	
additional securities of the issuer. rights exercisable to acquire addit	Indicate the security	codes for all sec	urities distributed	d as com	pensation,	, <u>includii</u>	ng options	s, warrants	or oth	er
	⁵ Do not include deferred compensation.									

a) Name of person compensated and regis	tration status				
Indicate whether the person compensated is a regist	rant.	☐ No	✓ Yes		
If the person compensated is an individual, provide	he name of the individ	ual.			
Full legal name of individual					
	amily name	First	given name	Sec	ondary given names
If the person compensated is not an individual, prov	de the following inform	nation.			
Full legal name of non-individual	IA Private Wealth I	nc.			
Firm NRD number	1 5 4	0 0		(if applicable)	
Indicate whether the person compensated facilitated	the distribution through	gh a funding port	al or an intern	et-based portal.	✓ No ☐ Yes
b) Business contact information					
If a firm NRD number is not provided in Item 8 (a), p	rovide the business co	ntact information	of the person	being compensated.	
Street address					
Municipality			Provinc	e/State	
Country		Р	ostal code/Z	ip code	
Email address			Telephone r	number	
c) Relationship to issuer or investment fund	l manager				
Indicate the person's relationship with the issuer or i the Instructions and the meaning of "control" in sect	-			-	onnected" in Part B(2) of
Connect with the issuer or investment fun		· · · <u>—</u>		ssuer (other than ar	investment fund)
_	-			•	,
Director or officer of the investment fund o	r investment fund ma	nager	Employee of the	ne issuer or investm	ent fund manager
None of the above					
d) Compensation details					
Provide details of all compensation paid, or to be paid Canadian dollars. Include cash commissions, securiti- incidental to the distribution, such as clerical, printing allocation arrangements with the directors, officers of	es-based compensation g, legal or accounting s	n, gifts, discounts services. An issuer	or other compe is not required	ensation. Do not repo I to ask for details al	ort payments for services
Cash commissions paid 41,6	00.00		Security	code 1 Security c	ode 2 Security code 3
Value of all securities distributed as compensation ⁴	s	ecurity codes	C	M S W N	Т
Describe terms of warrants, op	tions or other rights				into one common
Other compensation ⁵	Describe	share at an ex	ercise price	of \$0.10 expiring	July 16, 2023
	Describe				
Total compensation paid					
Check box if the person will or may reco	ive any deferred com	pensation (descr	ibe the terms b	pelow)	
⁴ Provide the aggregate value of all securities distri- additional securities of the issuer. Indicate the secu- rights exercisable to acquire additional securities of ⁵ Do not include deferred compensation.	rity codes for all secu				

a) Name of person comp	pensated and regi	stration status								
Indicate whether the person co	mpensated is a regis	trant.	✓ No		Yes					
If the person compensated is a	n individual, provide	the name of the indiv	idual.							
Full legal name of indiv	vidual									
		Family name		First given	name		Sec	ondary given	name	S
If the person compensated is no	ot an individual, prov	ride the following info	rmation.							
Full legal name	of non-individual	Amvest Capital /	Four Points C	apital Pa	artners	LLC				
F	irm NRD number					(if app	licable)			
Indicate whether the person co	mpensated facilitate	d the distribution thro	ugh a funding p	oortal or a	ın intern	_ net-based _i	oortal.	✓ N	lo [Yes
b) Business contact info	rmation									
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the business c	ontact informa	tion of the	e person	being con	npensated.			
Street address	12 - 55A E. Ridge	ewood Ave,								
Municipality	Ridgewood		1	I	Provinc	ce/State	New Je	ersey		
Country	United States		Ī	Postal	code/Z	ip code	07450			
Email address	info@amvestcap	tal.com		Tele	phone	number	833785	58457		
c) Relationship to issuer	or investment fun	d manager								
Indicate the person's relationsh the Instructions and the meani	•		-				-	onnected" i	n Part	B(2) of
Connect with the issu				_ `	-			n investmer	nt fund	1)
Director or officer of		-	anager 🗆	_		•		nent fund m		
✓ None of the above]	,,00 01 1	.10 100001	orvoo	ione rana m	anago	•
d) Compensation details										
Provide details of all compensate Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with the	commissions, securit uch as clerical, printir	ies-based compensation ng, legal or accounting	on, gifts, discou services. An iss	nts or othe uer is not	er comp trequire	ensation. d to ask fo	Do not rep	ort paymen	ts for s	services
Cash commissions pa	aid 129,4	40.00		ſ	Securit	y code 1	Security of	ode 2 Se	curity o	code 3
Value of all securition	es		Coourity codes		_	M S	W N	T		Jode 5
distributed as compensation	on ⁴		Security codes	L						
Describe	terms of warrants, o	ptions or other rights	1,292,582 k share at an							on
Other compensation	on ⁵	Describe								
Total compensation pa	129,4	40.00								
Check box if the pe	erson will or may rec	eive any deferred cor	mpensation (de	scribe the	e terms	below)				
⁴ Provide the aggregate value										,
additional securities of the issi rights exercisable to acquire a ⁵ Do not include deferred comp	dditional securities o		urities distribut	ea as con	npensat	ion, <u>includ</u>	<u>ung</u> option	is, warrants	or oth	ier
Do not include deletted comp	onioauon.									

a) Name of person comper	sated and regis	tration status								
Indicate whether the person comp	ensated is a registr	ant.	☐ No) [✓ Yes					
If the person compensated is an in	dividual, provide ti	he name of the ind	ividual.							
Full legal name of individe	ual									
	F	amily name		First give	en name		Seco	ndary given	names	
If the person compensated is not a	ın individual, provi	de the following in	formation.							
Full legal name of	non-individual	Haywood Secur	ities Inc.							
Firm	n NRD number	1 6	3 0			(if app	olicable)			
Indicate whether the person comp	ensated facilitated	the distribution th	rough a fun	ding portal or	r an interi	 net-based	portal.	✓ N	o	Yes
b) Business contact information	ation									
If a firm NRD number is not provid	ded in Item 8 (a), p	rovide the business	contact inf	ormation of t	he person	being co	mpensated.			
Street address										
Municipality					Provin	ce/State				
Country				Posta	al code/2	Zip code				_
Email address				Tel	lephone	number				
c) Relationship to issuer or	investment fund	l manager								
Indicate the person's relationship the Instructions and the meaning			-		-		-	nnected" in	Part E	3(2) of
Connect with the issuer			o 10. u.e pu	<u> </u>			ther than an	investment	t fund)	
Director or officer of the		-	manager			•	r or investme		·	
✓ None of the above			a.iago.		,				age.	
										
d) Compensation details		d 40 46 0 0 0 0 0 0 0 0 0 0 0		0(-) i		الد د الد الداد،	istoile estis os D			
Provide details of all compensation Canadian dollars. Include cash con	nmissions, securitie	s-based compensa	tion, gifts, a	liscounts or ot	ther comp	ensation.	Do not repo	rt payment.	s for se	ervices
incidental to the distribution, such allocation arrangements with the d							for details ab	out, or repo	rt on, i	internal
Cash commissions paid	25,76		m materiale	it compensate						
Value of all securities						ty code 1 M S	Security co	T Sec	curity co	de 3
distributed as compensation ⁴			Security of	codes		IVI J		'		
Describe terr	ns of warrants, op	tions or other right		00 broker wa at an exerci						
Other compensation ⁵		Describ	е							
Total compensation paid	25,76	0.00								
Check box if the person	on will or may rece	ive any deferred c	ompensatio	on (describe t	the terms	below)				
⁴ Provide the aggregate value of	all cocurities distrib	utad as campans	ation ovelu	ding ontions	warrante	or other i	riahte avarair	sable to se	auiro.	
⁴ Provide the aggregate value of a additional securities of the issuer	. Indicate the secu	rity codes for all se								∍r
rights exercisable to acquire addi ⁵ Do not include deferred compen		uic issuci.								

a) Name of person com	pensated and registration status		
Indicate whether the person co	ompensated is a registrant.	✓ No	
If the person compensated is a	n individual, provide the name of the indi	vidual.	
Full legal name of indi	ividual Styles	Mark	
	Family name	First given name	Secondary given names
If the person compensated is n	not an individual, provide the following info	ormation.	
Full legal name	e of non-individual		
F	Firm NRD number	(if app	olicable)
Indicate whether the person co	ompensated facilitated the distribution thro	ough a funding portal or an internet-based	portal. V No Yes
b) Business contact info	ormation		
If a firm NRD number is not p	rovided in Item 8 (a), provide the business	contact information of the person being cor	npensated.
Street address	200 - 483 Bay Street, South Tower		
Municipality	Toronto	Province/State	Ontario
Country	Canada	Postal code/Zip code	M5G2N7
Email address	mstyles@redcloudmining.com	Telephone number	8779195979
c) Relationship to issue	r or investment fund manager		
		nager (select all that apply). Refer to the me for the purposes of completing this section.	
Connect with the iss	uer or investment fund manager	Insider of the issuer (ot	her than an investment fund)
Director or officer of	the investment fund or investment fund r	nanager Employee of the issuer	or investment fund manager
✓ None of the above			
d) Compensation details	S		
Canadian dollars. Include cash incidental to the distribution, so	commissions, securities-based compensat	ntified in Item 8(a) in connection with the distion, gifts, discounts or other compensation. g services. An issuer is not required to ask for individual compensated by the issuer.	Do not report payments for services
Cash commissions p	7,935.84	Security code 1	Security code 2 Security code 3
Value of all securiti		Security codes C M S	WNT
•	terms of warrants, options or other rights	72,144 broker warrants each exercishare at an exercise price of \$0.10	
Other compensation	on ⁵ Describe	•	<u> </u>
Total compensation p	7,935.84		
Check box if the p	erson will or may receive any deferred co	empensation (describe the terms below)	
additional securities of the iss	suer. Indicate the security codes for all se additional securities of the issuer.	tion, <u>excluding</u> options, warrants or other n curities distributed as compensation, <u>inclu</u>	ights exercisable to acquire ding options, warrants or other

a) Name of person compe	nsated and registrat	tion status								
Indicate whether the person comp	oensated is a registrant	: .	☐ No	\checkmark	Yes					
If the person compensated is an i	ndividual, provide the i	name of the indivi	dual.							
Full legal name of individ	lual									
	Fam	ily name	First	given na	ame		Sec	ondary giv	en name	S
If the person compensated is not	an individual, provide i	the following info	rmation.							
Full legal name o	f non-individual Gl	oRes Securities	Inc.							
Fire	m NRD number	7 0 1	8 0			(if appl	icable)			
Indicate whether the person comp	pensated facilitated the	distribution thro	ugh a funding port	al or an	internet-	based p	ortal.	\checkmark	No [Yes
b) Business contact inform	ation									
If a firm NRD number is not prov	ided in Item 8 (a), prov	ide the business c	ontact information	of the p	erson bei	ing com	pensated.			
Street address										
Municipality				Pr	rovince/	State				
Country			P	ostal co	ode/Zip	code				
Email address				Teleph	none nui	mber				
c) Relationship to issuer o	r investment fund m	anager	-							
Indicate the person's relationship the Instructions and the meaning							ning of "co	onnectea	" in Part	B(2) of
Connect with the issue	or investment fund m	anager		Insider o	of the issu	uer (oth	er than ar	n investm	ent fund)
Director or officer of the	e investment fund or in	vestment fund ma	anager 🔲 I	Employe	ee of the	issuer (or investm	ent fund	manage	r
✓ None of the above										
d) Compensation details										
Provide details of all compensation Canadian dollars. Include cash continuities incidental to the distribution, such allocation arrangements with the	mmissions, securities-b as clerical, printing, le	ased compensation	on, gifts, discounts o services. An issuer	or other is not re	compens equired to	ation. E ask fo	o not repo	ort paym	ents for s	services
Cash commissions paid	12,000.0	00		S	Security co	ode 1	Security c	ode 2	Security of	code 3
Value of all securities distributed as compensation	1		Security codes	(СМ	s	W N	Т		
Describe ter	ms of warrants, option	ns or other rights	120,000 broke share at an ex							ı
Other compensation ⁵		Describe					- 1 3			
Total compensation paid	12,000.0	00								
Check box if the pers	on will or may receive	any deferred cor	npensation (descri	ibe the t	erms bel	ow)				
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compet	r. Indicate the security ditional securities of the	codes for all sec	on, <u>excluding</u> optic urities distributed a	ons, war as comp	rrants or o	other rig , <u>includ</u>	nhts exerci ling option	isable to s, warrai	acquire nts or oth	ner

a) Name of person compe	ensated and regis	tration status						
Indicate whether the person com	pensated is a regist	rant.	☐ No	✓ \	Yes			
If the person compensated is an i	individual, provide t	he name of the indiv	idual.					
Full legal name of individ	dual							
		Family name	Firs	st given nar	me	Secor	ndary given na	ımes
If the person compensated is not	an individual, provi	ide the following info	rmation.					
Full legal name o	of non-individual	Canaccord Genui	ity Corp.					
Fin	m NRD number	9 0 0			(if ap	plicable)		
Indicate whether the person com	pensated facilitatea	the distribution thro	ugh a funding por	tal or an i	internet-based	portal.	✓ No	Yes
b) Business contact inform	nation							
If a firm NRD number is not prov	rided in Item 8 (a), p	provide the business c	ontact information	n of the pe	erson being co	mpensated.		
Street address								
Municipality				Pro	ovince/State			
Country			F	Postal co	ode/Zip code			
Email address				Teleph	one number			
c) Relationship to issuer o	r investment fund	d manager						
Indicate the person's relationship the Instructions and the meaning							nnected" in P	art B(2) of
Connect with the issue			, , . ,	-	f the issuer (o		investment f	und)
Director or officer of the	e investment fund o	or investment fund m	anager	Employe	e of the issue	r or investme	nt fund man	ager
✓ None of the above			_					
d) Compensation details								
Provide details of all compensation Canadian dollars. Include cash co incidental to the distribution, such allocation arrangements with the	mmissions, securition as clerical, printing	es-based compensation g, legal or accounting	on, gifts, discounts 1 services. An issue	or other or or is not re	compensation. quired to ask j	Do not repor	rt payments f	for services
Cash commissions paid	5,20	00.00		S	Security code 1	Security co	de 2 Secur	rity code 3
Value of all securities distributed as compensation			Security codes	C	C M S	WN	Т	
Describe te	rms of warrants, op	otions or other rights	52,000 broker share at an ex					
Other compensation	5	Describe		жогоюо р	πιου σι φοι το	, oxpiiiig ox	219 10, 202	
Total compensation paid	5,20	00.00	L					
Check box if the pers	son will or may rece	eive any deferred cor	mpensation (desc	ribe the te	erms below)			
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compe	er. Indicate the secu ditional securities o	ırity codes for all sec	ion, <u>excluding</u> opt curities distributed	ions, warr as compe	rants or other i ensation, <u>inclu</u>	rights exercis <u>ıding</u> options,	able to acqu warrants or	ire other

a) Name of person comp	ensated and regi	stration status						
Indicate whether the person cor	mpensated is a regis	trant.	☐ No	✓ Ye	es			
If the person compensated is an	individual, provide	the name of the indiv	idual.					
Full legal name of indiv	ridual							
		Family name	First	given name	:	Second	ary given i	names
If the person compensated is no	ot an individual, prov	vide the following info	rmation.					
Full legal name	of non-individual	Beacon Securities	s Limited					
F	irm NRD number	1 5 5	4 0		(if app	licable)		
Indicate whether the person cor	mpensated facilitate	d the distribution thro	ugh a funding port	al or an inte	 ernet-based _l	portal.	✓ No	o 🗌 Yes
b) Business contact infor	mation							
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business c	ontact information	of the pers	on being con	mpensated.		
Street address								
Municipality]	Prov	ince/State			
Country			P	ostal code	e/Zip code			
Email address				Telephon	ne number			
c) Relationship to issuer	or investment fur	d manager	J					
Indicate the person's relationshi the Instructions and the meanir							ected" in	Part B(2) of
Connect with the issu	er or investment fu	nd manager		Insider of th	ne issuer (otl	her than an in	vestment	fund)
Director or officer of the	he investment fund	or investment fund m	anager	Employee o	of the issuer	or investment	fund ma	nager
None of the above								
d) Compensation details								
Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with the	commissions, securit ch as clerical, printir de directors, officers	ies-based compensationg, legal or accounting	on, gifts, discounts services. An issuer	or other cor is not requ	mpensation. ired to ask fo	Do not report	payments	for services
Cash commissions pa	nid			Sec	urity code 1	Security code	2 Sec	urity code 3
Value of all securitie distributed as compensatio	-		Security codes	С	M S	WN	Т	
·		ptions or other rights	240,000 broke share at an ex					
Other compensation	n ⁵	Describe		·				
Total compensation pa	id							
Check box if the pe	rson will or may rec	eive any deferred cor	mpensation (descr	ibe the tern	ns below)			
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire an ⁵ Do not include deferred comp	uer. Indicate the sec additional securities	curity codes for all sec	on, <u>excluding</u> optic urities distributed a	ons, warran as compens	nts or other ri sation, <u>includ</u>	ights exercisal ding options, v	ble to acq varrants o	nuire or other

a) Name of person com	pensated and registration status	•		
Indicate whether the person co	mpensated is a registrant.	✓ No	Yes	
	n individual, provide the name of the	individual.		
Full legal name of indi	vidual Moore	Jean-David		
	Family name	Fi	rst given name	Secondary given names
If the person compensated is n	ot an individual, provide the followin	g information.		
Full legal name	e of non-individual			
F	Firm NRD number		(if app	licable)
Indicate whether the person co	empensated facilitated the distribution	n through a funding po	rtal or an internet-based p	portal. Ves
b) Business contact info	rmation			
If a firm NRD number is not pr	ovided in Item 8 (a), provide the busi	ness contact informatio	on of the person being con	npensated.
Street address	4661 rue Clara Brousseau			
Municipality	Quebec City		Province/State	Québec
Country	Canada		Postal code/Zip code	G1Y3M9
Email address	info@johndavidmoore.com		Telephone number	000000000
c) Relationship to issuer	or investment fund manager			
	nip with the issuer or investment fund ing of "control" in section 1.4 of NI 45			aning of "connected" in Part B(2) of
Connect with the iss	uer or investment fund manager		Insider of the issuer (oth	ner than an investment fund)
Director or officer of	the investment fund or investment fu	und manager	Employee of the issuer	or investment fund manager
✓ None of the above				
d) Compensation details	3			
Canadian dollars. Include cash incidental to the distribution, su	tion paid, or to be paid, to the person commissions, securities-based compe ich as clerical, printing, legal or acco he directors, officers or employees of	ensation, gifts, discount unting services. An issu	s or other compensation. I er is not required to ask fo	
Cash commissions p	aid		Security code 1	Security code 2 Security code 3
Value of all securiti distributed as compensation		Security codes		
Describe	terms of warrants, options or other i			cisable into one common expiring July 16, 2023
Other compensation	on ⁵ Des	scribe	·	
Total compensation pa	aid			
Check box if the pe	erson will or may receive any deferre	ed compensation (des	cribe the terms below)	
additional securities of the iss	of all securities distributed as compo uer. Indicate the security codes for a additional securities of the issuer. pensation.	ensation, <u>excluding</u> op all securities distributed	tions, warrants or other ri d as compensation, <u>incluc</u>	ghts exercisable to acquire <u>ding</u> options, warrants or other

a) Name of person comp	pensated and regis	stration status								
Indicate whether the person co	mpensated is a regist	trant.	✓ No	Y	es/					
If the person compensated is a	n individual, provide	the name of the indivi	dual.							
Full legal name of indiv	vidual									
		Family name	Firs	st given nam	ne		Seco	ondary give	names	
If the person compensated is no	ot an individual, prov	ide the following infor	mation.							
Full legal name	of non-individual	Bereket Berhe								
F	irm NRD number				(if appli	cable)			
Indicate whether the person co	mpensated facilitated	d the distribution throu	ıgh a funding por	tal or an ir	nternet-b	ased p	ortal.	√ 1	No [Yes
b) Business contact info	rmation									
If a firm NRD number is not pr	ovided in Item 8 (a), _I	provide the business co	ontact information	n of the pe	rson beir	ng com	pensated.			
Street address	66 Wellington Str	eet West, Suite 405	50							
Municipality	Toronto			Pro	vince/S	state	Ontario	ı		
Country	Canada		F	Postal cod	de/Zip c	ode	M5K1H	11		
Email address	bereket.asefaw@	gmail.com		Telepho	one num	nber	416643	3830		
c) Relationship to issuer	or investment fun	d manager								
Indicate the person's relationsh the Instructions and the meani	•		-				ning of "co	onnected"	in Part	B(2) of
Connect with the issu	-			Insider of	_		er than an	investme	nt fund)
_		or investment fund ma	anager \square			,		ent fund m		,
None of the above			age:							
d) Compensation details										
Provide details of all compensate Canadian dollars. Include cash incidental to the distribution, suallocation arrangements with the	tion paid, or to be pa commissions, securiti ich as clerical, printin he directors, officers c	es-based compensation g, legal or accounting	n, gifts, discounts services. An issue	or other cor r is not req	ompensa quired to	ition. D ask for	o not repo	ort paymer	its for s	ervices
Cash commissions pa	aid			Se	ecurity cod	de 1	Security c	ode 2 Se	ecurity c	ode 3
Value of all securitie distributed as compensation		;	Security codes	С	М	S	W N	Т		
Describe ·	terms of warrants, o	otions or other rights	80,000 broker share at an ex							
Other compensation	on ⁵	Describe		·						
Total compensation pa	aid									
		eive any deferred con					hte avare	isable to a		
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec additional securities o	urity codes for all sect								er

a) Name of person com	pensated and regi	stration status						
Indicate whether the person co	ompensated is a regis	trant.	✓ No	Y	'es			
If the person compensated is a	n individual, provide	the name of the indivi	dual.					
Full legal name of indi	vidual							
		Family name	Firs	st given nam	ne	Secondary	given names	i
If the person compensated is n	ot an individual, prov	ride the following infor	rmation.					
Full legal name	e of non-individual	John Feneck						
F	Firm NRD number				(if appli	cable)		
Indicate whether the person co	ompensated facilitate	d the distribution thro	ugh a funding por	tal or an in	nternet-based po	ortal.	✓ No 🗆	Yes
b) Business contact info	rmation							
If a firm NRD number is not pr	rovided in Item 8 (a),	provide the business c	ontact information	n of the per	rson being com	pensated.		
Street address	1134 N 87th Stre	et						
Municipality	Scottsdale			Pro	vince/State	Arizona		
Country	United States		F	Postal cod	de/Zip code	85257		
Email address	johnf@feneckcon	sulting.com		Telepho	one number	7323005451]	
c) Relationship to issue	r or investment fun	d manager						
Indicate the person's relationsl the Instructions and the mean	•		-			ning of "connec	ted" in Part	B(2) of
Connect with the iss			or the purposes o	•	the issuer (other	ar than an inve	etment fund	١
<u> </u>		-			•		,	
Director or officer of	the investment fund	or investment fund m	anager	Employee	e of the issuer o	r investment fu	ınd managei	
✓ None of the above								
d) Compensation details	3							
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, so allocation arrangements with t	commissions, securit uch as clerical, printir	es-based compensations, legal or accounting	on, gifts, discounts services. An issue	or other cor or is not req	ompensation. D Juired to ask for	o not report pa	yments for s	ervices
Cash commissions p	aid			Se	ecurity code 1	Security code 2	Security c	ode 3
Value of all securiti distributed as compensati		,	Security codes	С	M S	W N T		
Describe	terms of warrants, o	otions or other rights	33,149 broker					
Other compensation	on ⁵	Describe	Share at an ex	xercise pi	11Ce 01 \$0.10 e	expiring July	10, 2023	
Total compensation p	aid							
Check box if the p	erson will or may rec	eive any deferred cor	npensation (desc	ribe the te	rms below)			
^⁴ Provide the aggregate value								_ _
additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com	additional securities o		urities distributed	as compe	nsation, <u>includi</u>	i <u>ng</u> options, wa	rrants or oth	er
_ 3								

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 subside securities that are required by law to respectively. ⁷ Check this box if it applies to the collients. Refer to the definitions of "e.	o be owned by its dir urrent distribution evo	rectors, are benefic en if the issuer mad	ially owned by the re de previous distribut	eporting issuer or ti tions of other types	the foreign	public is	ssuer,	
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						
Provide the following information for	•		moter of the issuer T	or locations within	Canada s	tate the	nrovince	or
territory; otherwise state the country.							province	
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individe resident jurisdictio individu	ual or ail n of		onship to	
				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 names	Residential jurisdiction of individual			to promo	
				Province or country	D		C)
c) Residential address of eac	h 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	E2Gold Inc.					
Full legal name	Matanovic	Anna				
	Family name	First given name		Seconda	ary given n	ames
Title	Law Clerk					
Telephone number	4166949700	Email address	amatanov	/ic@fogle	ers.com	
Signature	Anna Matanovic	Date	2021	07	27	
			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				Title	
•	Family name	First given name	Secondary given names		_
Name of company					
Telephone number		En	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.