Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9403916

| ITEM 1 - REPORT TYPE | | | | | | | | | | | | |
|--|--------------------------------------|-------------|-----------|--------------|---------|-----------|------------|-----------------|-----------------|-----------------|---------------------|--|
| ✓ New report | | | | | | | | | | | | |
| Amended report | If amen | ded, pro | vide fi | ling date | e of ı | report | that is | being ame | ended | | (YYYY-MM-DD) | |
| ITEM 2 - PARTY CERTIFYI | ITEM 2 - PARTY CERTIFYING THE REPORT | | | | | | | | | | | |
| Indicate the party certifying the r Instrument 81-106 Investment Fu | | | | | | | | | restment fund | , refer to sect | ion 1.1 of National | |
| Investment fund iss | | | | | r · | J | | | | | | |
| ✓ Issuer (other than an investment fund) | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| ITEM 3 - ISSUER NAME A | ND OTH | HER IDEI | NTIFIE | RS | | | | | | | | |
| Provide the following information | n about the | | | | | | nd, abou | it the fund. | | | | |
| Full lega | al name | Gold'n I | Future | s Miner | al Co | orp. | | | | | | |
| Previous full lega | al name | EUROF | PEAN | METAL | s cc | ORP. | | | | | | |
| If the issuer's name changed in the last 12 months, provide most recent previous legal name. | | | | | | | | | | | | |
| 1 | Website (if applicable) | | | | | | | | | | | |
| If the issuer has a legal entity ide | ntifier <u>,</u> pro | vide below | . Refer t | o Part B o | f the I | nstructio | ons for th | he definition o | of "legal entit | y identifier". | | |
| Legal entity ic | dentifier | | | | | | | | | | | |
| If two or more issuers distributed | a single se | curity, pro | vide the | full legal | name | (s) of th | e co-issu | er(s) other th | an the issuer | named abov | е. | |
| Full legal name(s) of co-is | ssuer(s) | | | | | | | (if applicable | e) | | | |
| | | | | | | | | | | | | |
| ITEM 4 - UNDERWRITER I | NFORM | ATION | | | | | | | | | | |
| If an underwriter is completing th | ne report, p | rovide the | underw | riter's full | legal | name a | nd firm N | NRD number. | | | _ | |
| Full legal name | | | | | | | | | | | | |
| Firm NRD number | | | | | | | (if app | licable) | | | | |
| If the underwriter does not have a | a firm NRE |) number, j | provide | the head o | office | contact | informat | tion of the un | derwriter. | | | |
| Street address | | | | | | | | | | | | |
| Municipality | | | | | | | Provi | ince/State | | | Ī | |
| Country | | | | | Ī | Pos | tal code | e/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 0 |
| If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations. |
| Exploration Development Production |
| Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply. |
| Mortgages Real estate 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 3 5 5 6 2 |
| 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 |

| If the issue is an investment fund, provide the following information: a) Investment fund manager information Full legal name Furn 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 Province/State Guntry Postal code/Zip code Telephone number D Type of investment fund Tree 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. 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. Investment fund that most accurately identifies the issuer (select only one). Indicate whether one or both of the following apply to the investment fund. Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment of Transferable Securities funds (UCIT's Funds) are investment funds regulated by the European Union (C) Date of formation and financial year-end of the investment fund Suppresent fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund hars a CUSP number, provide below (first 6 digits only) CUSP number On O Public listing status of the investment fund is a reporting issuer. All All All </th |
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| Full legal name |
| Firm NRD number (if applicable) If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State |
| 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 County Postal code/Zip code County Telephone number Postal code/Zip code Do Type of investment fund Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Do Type of investment fund that most accurately identifies the issuer (select only one). Do Money market De Quity De County De C |
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| CUSIP number |
| |
| 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 \$). |
| L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad to |
| \$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 connection with the distribution, Schedule 1 of the report. | nada completes a distribution in a jurisc iction of Canada only. Do not include in which must be disclosed in Item 8. The | n Item 7 securities issu | ued as payment of | commissions or fi | nder's fees in | | | | | |
|--|---|--------------------------------|------------------------------|------------------------|--------------------------------------|--|--|--|--|--|
| a) Currency | | | | | | | | | | |
| Select the currency or currencies | in which the distribution was made. All | dollar amounts provi | ided in the report n | nust be in Canadi | an dollars. | | | | | |
| Canadian dollar | US dollar 🗌 Euro | Other (descri | be) | | | | | | | |
| 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 da | ate 2021 03 05 | End d | late 2021 | 03 05 | | | | | | |
| | YYYY MM DD | | YYYY | MM DD | | | | | | |
| c) Detailed purchaser info | | | | | | | | | | |
| Complete Schedule 1 of thi | is form for each purchaser and a | ttach the schedul | e to the complet | ted report. | | | | | | |
| d) Types of securities dist | ributed | | | | | | | | | |
| - | n for all distributions reported on a per s JSIP number, indicate the full 9-digit CU | | | ing distributed. | | | | | | |
| | | | | Canadian \$ | | | | | | |
| Security CUSIP number (if applicable) | Description of security | Number of securities | Single or lowest price | Highest price | Total amount | | | | | |
| U B S 29880P | | 4,662,251.0 | 00 0.1500 | 1 | 699,337.65 | | | | | |
| e) Details of rights and con | nvertible/exchangeable securities | | | | | | | | | |
| were distributed, provide the con | ns) were distributed, provide the exercis nversion ratio and describe any other ten | | | | xchangeable securities | | | | | |
| Convertible / exchangeable security code Underlying security code | Exercise price (Canadian \$) Lowest Highest | Expiry date (YYYY- MM-DD) | Conversion ratio | Describe other i | Describe other items (if applicable) | | | | | |
| W N T C M S | 0.2500 | 2024-03-05 | 1:1 | | | | | | | |
| f) Summary of the distribu | tion by jurisdiction and exemption | | | | | | | | | |
| 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 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 | n | Number of unique purchasers | ^{2ª} Total ar | mount (Canadian \$) | | | | | |
| British Columbia | NI 45-106 2.3 [Accredited inve | estor] | | 17 | 185,237.55 | | | | | |
| Alberta | NI 45-106 2.3 [Accredited inve | estor] | | 1 | 10,500.00 | | | | | |
| Ontario | NI 45-106 2.3 [Accredited inve | estor] | | 9 | 493,600.00 | | | | | |
| Ontario | NI 45-106 2.5 [Family, friends associates] | and business | | 1 | 10,000.10 | | | | | |
| | Total | l dollar amount of s | ecurities distribu | ted | 699,337.65 | | | | | |
| | Total number of u | unique purchasers ² | .b | 28 | | | | | | |
| ² a. In calculating the number of u | inique nurchasers per row count each n | | loint nurchasors m | au ha counted as | | | | | | |

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

^{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.

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.³ 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) |
|-------------|---|---|---|
| | | | |

| Ітем 8 - Со | 18 - COMPENSATION INFORMATION vide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with distribution. Complete additional copies of this page if more than one person was, or will be, compensated. licate whether any compensation was paid, or will be paid, in connection with the distribution. | | |
|---------------|--|--|---|
| | | | |
| Indicate whet | her any compensa | tion was paid, or will be paid, in connection with the distribution. | |
| 🗌 No | ✓ Yes | If yes, indicate number of persons compensated. | 2 |

| a) Name of person comper | sated and regis | tration | status | | | | | | | | | |
|--|---|------------------------|--------------------------------|--------------------------------|--------------------------|-----------------------|--------------------|------------------------|---------------------|--------------|-------------|-----------|
| Indicate whether the person comp | ensated is a registi | rant. | | 🗌 No | | ✓ | Yes | | | | | |
| If the person compensated is an in | dividual, provide t | he nam | e of the individ | lual. | | | | | | | | |
| Full legal name of individe | ual | | | | | | | | | | | |
| | F | Family na | ame | | First g | jiven na | me | | Seco | ondary g | ven name | S |
| If the person compensated is not a | ın individual, provi | de the f | ollowing infor | mation. | | | | | | | | |
| Full legal name of | Full legal name of non-individual Canaccord Genuity Corp. | | | | | | | | | | | |
| Firm NRD number 9 0 0 (if applicable) | | | | | | | | | | | | |
| Indicate whether the person comp | ensated facilitated | the dist | ribution throu | gh a fundii | ng portal | l or an i | internet | -based p | oortal. | \checkmark | No [| Yes |
| b) Business contact information | ation | | | | | | | | | | | |
| If a firm NRD number is not provid | ded in Item 8 (a), p | orovide t | he business co | ntact infor | mation o | of the p | erson be | eing con | npensated. | | | |
| Street address | | | | | | | | | | | | |
| Municipality | | | | | | Pr | ovince | /State | | | | |
| Country | | | | | Po | stal co | ode/Zip | code | | | | |
| Email address | | | | | Т | Feleph | one nu | umber | | | | |
| c) Relationship to issuer or | investment fund | d mana | ger | | | | | | | | | |
| Indicate the person's relationship with the Instructions and the meaning of the m | | | | | | | | | ning of "co | onnecte | d" in Part | t B(2) of |
| Connect with the issuer | | | | 1 1 | | | - | | er than an | investr | nent fund | (b |
| Director or officer of the | investment fund c | or invest | ment fund ma | inager | | mploye | e of the | issuer | or investme | ent fund | l manage | er |
| ✓ None of the above | | | | | _ | | | | | | | |
| d) Compensation details | | | | | | | | | | | | |
| Provide details of all compensation Canadian dollars. Include cash con incidental to the distribution, such allocation arrangements with the c | nmissions, securitie as clerical, printing | es-based g, legal d | l compensatio or accounting | n, gifts, diso services. Aı | counts or n issuer is | r other o s not re | compen quired t | sation. I to ask fo | Do not repo | ort payn | nents for a | services |
| Cash commissions paid | 2,62 | 25.00 | | | | S | Security of | code 1 | Security co | ode 2 | Security | code 3 |
| Value of all securities distributed as compensation ⁴ | | | S | Security co | des | C | СМ | S | W N | Т | | |
| | ns of warrants, op | tions or | other rights | | | | | | to purchars at \$0. | | | onal |
| Other compensation ⁵ | | | Describe | | | | | | | 20 001 | | |
| Total compensation paid | 2,62 | 25.00 | | | | | | | | | | |
| Check box if the perso | on will or may rece | eive any | deferred corr | pensation | (describ | e the te | erms be | elow) | | | | |
| | | | | | | | | | | | | |
| ⁴ Provide the aggregate value of a additional securities of the issuer rights exercisable to acquire addi ⁵ Do not include deferred compen | Indicate the secu itional securities of | irity cod | les for all secu | | | | | | | | | |

| a) Name of person comper | nsated and regist | ration status | | | | | | | | | | |
|---|---|---|---------------------------------|------------------------------|------------------------|---------------------|-----------------------|---------------------------|--------------|------------|---------|--|
| Indicate whether the person comp | ensated is a registro | ant. | 🗌 No |) | ا ک | Yes | | | | | | |
| If the person compensated is an ir | ndividual, provide th | e name of the ind | lividual. | | | | | | | | | |
| Full legal name of individ | ual | | | | | | | | | | | |
| | F | amily name | | First g | given nan | me | | Secon | idary give | n names | | |
| If the person compensated is not a | an individual, provid | le the following in | formation. | | | | | | | | | |
| Full legal name of | Full legal name of non-individual Mackie Research Capital Corp. | | | | | | | | | | | |
| Firm NRD number3070(if applicable) | | | | | | | | | | | | |
| Indicate whether the person comp | ensated facilitated | the distribution th | rough a fun | ding portal | l or an ii | nternet- | -based p | ortal. | \checkmark | No 🗌 |] Yes | |
| b) Business contact inform | ation | | | | | | | | | | | |
| If a firm NRD number is not provi | ded in Item 8 (a), pr | ovide the busines | s contact inf | ormation o | of the pe | erson be | ing com | pensated. | | | | |
| Street address | | | | | | | | | | | | |
| Municipality | | | | | Pro | ovince/ | State | | | | | |
| Country | | | | Po | stal co | de/Zip | code | | | | | |
| Email address | | | | Г | Telepho | one nu | mber | | | | | |
| c) Relationship to issuer or | investment fund | manager | | | | | | | | | | |
| Indicate the person's relationship the Instructions and the meaning | | | | | | | | ning of "cor | nnected" | in Part I | 3(2) of | |
| Connect with the issuer | | | | | - | - | | er than an i | nvestme | nt fund) | 1 | |
| Director or officer of the | investment fund o | r investment fund | manager | | mployee | e of the | issuer | or investme | nt fund n | nanager | | |
| \checkmark None of the above | | | Ū | | | | | | | Ū | | |
| d) Compensation details | | | | | | | | | | | | |
| Provide details of all compensation Canadian dollars. Include cash cor incidental to the distribution, such allocation arrangements with the | nmissions, securities as clerical, printing | s-based compenso , legal or accounti | ition, gifts, a ng services. | liscounts or An issuer is | r other c s not rea | compens quired t | sation. E o ask fo | Do not repor | t paymei | nts for se | ervices | |
| Cash commissions paid | 13,16 | 0.00 | | | S | ecurity c | ode 1 | Security coo | de 2 S | ecurity co | ode 3 | |
| Value of all securities distributed as compensation ⁴ | | | Security | codes | С | м | S | W N | Т | | | |
| | ms of warrants, opt | ions or other right | - , | | | | | to purcha ars at \$0.2 | | | nal | |
| Other compensation⁵ | | Describ | | | | | JI J yea | ais ai 90.2 | | | | |
| Total compensation paid | 13,16 | 0.00 | | | | | | | | | | |
| Check box if the pers | on will or may recei | ve any deferred o | compensatio | on (describ | e the te | erms be | low) | | | | | |
| | | | | | | | | | | | | |
| ⁴ Provide the aggregate value of a additional securities of the issuer rights exercisable to acquire add ⁵ Do not include deferred comper- | r. Indicate the secul itional securities of | rity codes for all s | | | | | | | | | 9r | |

| 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 | applies, select onl | y one). | | | | | |
| Reporting issuer in any juris | diction of Canada | | | | | | | | | |
| Foreign public issuer | | | | | | | | | | |
| Wholly owned subsidiary of | a reporting issuer i | n any jurisdiction of | Canada ⁶ | | | | | | | |
| Provide nan | ne of reporting issue | ər | | | | | | | | |
| Wholly owned subsidiary of | a foreign public iss | uer ⁶ | | | | | | | | |
| 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 ⁷ | | | | _ | | |
| If the issuer is at least one of the | above, do not com | plete Item 9(a) – (d | :). Proceed to Item | 10. | | | | | | |
| ⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions. If the issuer is none of the above, check this box and complete Item 9(a) - (c). | | | | | | | | | | |
| a) Directors, executive 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 names | Business loc non-individu resident jurisdictio individu | ual or ail n of | | onship to ct all that | | | |
| | | | | 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 | Rela (select o | itionship one or bo | to promo oth if appl | oter licable) | | |
| | | | | Province or country | D | | C |) | | |
| | | | | | | | | | | |
| 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/ investment fund manager/agent | Gold'n Futures Mineral Corp. | | | | | | | | | | |
|--|------------------------------|---------------|---------|-----------------------|----|--|--|--|--|--|--|
| Full legal name | Fish | | | | | | | | | | |
| | Family name First given name | | | Secondary given names | | | | | | | |
| Title | Director | | | | | | | | | | |
| Telephone number | 9057818786 | Email address | mfish@1 | fishlpc.con | n | | | | | | |
| Signature | "Matthew Fish" | Date 20 | | 03 | 12 | | | | | | |
| | | | 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 | Knappe | Sara | | | Title | Corporate Advisor |
|------------------|-------------------------|------------------|---------------|-------------|---------------------------|-------------------|
| | Family name | First given name | Secondary | given names | | |
| Name of company | Partum Advisory Service | es Corp. | | | | |
| Telephone number | 6046872038 | | Email address | sknappe@p | knappe@partumadvisory.com | |

Notice - Collection and use of personal information

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

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

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

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

- 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.