Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9452681

ITEM 1 - REPORT TYPE								
☐ New report								
✓ Amended report If ame	Amended report If amended, provide filing date of report that is being amended 2021 04 22 (YYYY-MM-DD)							
ITEM 2 - PARTY CERTIFYING TH	e Report							
Indicate the party certifying the report (se Instrument 81-106 Investment Fund Cont		_	vestment fund, refer to secti	on 1.1 of National				
☐ Investment fund issuer	,	, ,						
✓ Issuer (other than an inve	stment fund)							
Underwriter								
ITEM 3 - ISSUER NAME AND O	THER IDENTIFIERS							
Provide the following information about t	he issuer, or if the issuer is an in	vestment fund, about the fund.						
Full legal name	G6 Materials Corp.							
Previous full legal name								
If the issuer's name changed in th	ne last 12 months, provide most	recent previous legal name.						
Website	https://g6-materials.com	https://g6-materials.com/ (if applicable)						
If the issuer has a legal entity identifier. p.	rovide 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-issuer(s) other t	han the issuer named above	' -				
Full legal name(s) of co-issuer(s)		(if applicable)						
ITEM 4 - UNDERWRITER INFORI	MATION							
If an underwriter is completing the report,		gal name and firm NRD numbe	r.					
Full legal name	,	,						
Firm NRD number		(if applicable)		J				
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.								
Street address								
Municipality		Province/State		<u> </u>				
Country		Postal code/Zip code						
Telephone number		Website		(if applicable)				

If the issuer is an investment fund, do not complete item 5. Proceed to Item 6. a) Primary industry	Item 5 - Issuer Information
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely carresponds to the issuer's primary husiness activity. NAICS industry code	If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
SEDAR profile number Does the issuer address Street address Street address Province/State Postal code/Zip code Telephone number Date of formation and financial year-end Date of formation status Street address Nu Date of formation and financial year-end Date of formation status Date of formation of Conoda? No Yes Public listing status Public listing	a) Primary industry
If the issuer is in the mining industry, indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production Is the issuer's primary business to invest oil or substantially oil 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 Description Development Production	
mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production	NAICS industry code 3 3 4 1 1 0
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply. Mortgages	mining industry. Select the category that best describes the issuer's stage of operations.
Mortgages Real estate Commercial/business debt Consumer debt Private companies Cryptoassets	
Cryptoassets b) Number of employees Number of employees:	
Number of employees:	
c) SEDAR profile number Does the issuer have a SEDAR profile? No Yes If yes, provide SEDAR profile number 0 0 0 3 2 2 6 7 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation Financial year-end Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NB NL NT NS NU ON PE QC SK YT If the issuer has a CUSIP number, provide below (first 6 digits only)	b) Number of employees
Does the issuer have a SEDAR profile? No Yes If yes, provide SEDAR profile number 0 0 0 3 2 2 6 7 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Country Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation Financial year-end Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB 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)	Number of employees: ✓ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more
No Yes If yes, provide SEDAR profile number 0	c) SEDAR profile number
If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Province/State Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation Financial year-end MM DD f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB 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)	Does the issuer have a SEDAR profile?
All AB BC MB NB NL NT NS NU ON PE QC SK YT Street address Province/State Postal code/Zip code Postal code/Zip code Telephone number Postal code/Zip code Telephone number Postal code/Zip code Telephone number Financial year-end MM DD Financial year-end MM DD DD DD DD DD DD D	No ✓ Yes If yes, provide SEDAR profile number 0 0 0 3 2 2 6 7
Street address	
Municipality Country Postal code/Zip code Telephone number Postal code/Zip code Telephone number Date of formation and financial year-end Date of formation YYYY MM DD Financial year-end MM DD f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NL NT NS NU ON PE QC SK YT g) Public listing status If the issuer has a CUSIP number, provide below (first 6 digits only)	d) Head office address
Country Telephone number Pate of formation and financial year-end Date of formation Financial year-end No Yes Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB 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)	Street address Province/State
e) Date of formation and financial year-end Date of formation Financial year-end MM DD f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NL NT NS NU ON PE QC SK YT g) Public listing status If the issuer has a CUSIP number, provide below (first 6 digits only)	Municipality Postal code/Zip code
Date of formation	Country Telephone number
f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NL NT NS NU ON PE QC SK YT g) Public listing status If the issuer has a CUSIP number, provide below (first 6 digits only)	e) Date of formation and financial year-end
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NL NT NS NU ON PE QC SK YT If the issuer has a CUSIP number, provide below (first 6 digits only)	
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NL NT NS NU ON PE QC SK YT g) Public listing status If the issuer has a CUSIP number, provide below (first 6 digits only)	f) Reporting issuer status
All 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)	Is the issuer a reporting issuer in any jurisdication of Canada? No Yes
NS NU ON PE QC SK YT g) Public listing status If the issuer has a CUSIP number, provide below (first 6 digits only)	If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.
g) Public listing status If the issuer has a CUSIP number, provide below (first 6 digits only)	AII AB BC MB NB NL NT
If the issuer has a CUSIP number, provide below (first 6 digits only)	□ NS □ NU □ ON □ PE □ QC □ SK □ YT
	g) Public listing status
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.	
Exchange name	Exchange name
h) Size of issuer's assets	h) Size of issuer's assets

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

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

ITEM 6 - INVESTMENT FUND ISSUER INFORMATION							
If the issuer is an inves	tment 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							
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 \$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									
Sele	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 Dther (describe)									
b)	Distribution date(s)									
as b	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	04	12	End date	2021	04	12		
		YYYY	MM	DD		YYYY	MM	DD	-	

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 \$			
		CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount		
	U	В	S	38866T	Subscription price of \$0.20 per unit, each unit consisting of one common share and one half warrant, 24 months expiry.	27,071,000.00	0.2000		5,414,200.00

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				Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)			
							Lowest	Highest	,		
	V	Z	Т	С	М	S	0.3000				Each Warrant will entitle Subscriber to purchase one additional common share at a price of \$0.30 for a period of two years.

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 ²⁸ purchasers	Total amount (Canadian \$)
Alberta	NI 45-106 2.5 [Family, friends and business associates]	1	20,000.00
Alberta	NI 45-106 2.3 [Accredited investor]	4	111,000.00
British Columbia	NI 45-106 2.3 [Accredited investor]	22	716,200.00
Manitoba	NI 45-106 2.3 [Accredited investor]	1	20,000.00

Ontario	NI 45-106 2.3 [Accredited investor]	15	1,139,000.00				
Québec	NI 45-106 2.3 [Accredited investor]	1	16,000.00				
Australia	NI 45-106 2.3 [Accredited investor]	9	1,547,000.00				
Australia	Other	13	1,230,000.00				
Cayman Islands	NI 45-106 2.3 [Accredited investor]	1	50,000.00				
China	NI 45-106 2.3 [Accredited investor]	1	100,000.00				
Costa Rica	NI 45-106 2.3 [Accredited investor]	1	40,000.00				
Hungary	NI 45-106 2.3 [Accredited investor]	1	20,000.00				
Singapore	Other	1	20,000.00				
South Africa	NI 45-106 2.3 [Accredited investor]	1	25,000.00				
United Kingdom	NI 45-106 2.3 [Accredited investor]	1	70,000.00				
United Kingdom	Other	2	200,000.00				
United States	NI 45-106 2.3 [Accredited investor]	1	25,000.00				
United States	Other	2	65,000.00				
	Total dollar amount of securities distributed						

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

g) Net proceeds to the investment fund by jurisdiction

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

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

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

h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia.

If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in those jurisdictions.

In Ontario, if the offering materials listed in the table are required to be filed with or delivered to the Ontario Securities Commission (OSC), attach an electronic version of the offering materials that have not been previously filed with or delivered to the OSC.

Description	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)

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

TEM 8 - COMPENSATION 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.							
a) Name of person compe	ensated and registrat	on status					
Indicate whether the person com	npensated is a registrant.		✓ No	Yes			
If the person compensated is an	•	ame of the individ	lual.				
Full legal name of indivi	dual Klein		Howard				
	Fami	y name	First give	n name	Secondary given names		
If the person compensated is not	t an individual, provide t	he following infor	mation.				
Full legal name	of non-individual						
Fi	rm NRD number			(if app	olicable)		
Indicate whether the person con		distribution throu	gh a funding portal or	an internet-based	portal.		
b) Business contact inform							
If a firm NRD number is not pro	<u> </u>		ntact information of ti	he person being cor	npensated.		
Street address 7	72-24 JUNO STREET						
Municipality F	FOREST HILLS			Province/State	New York		
Country (Jnited States		Posta	al code/Zip code	11375		
Email address			Tel	ephone number			
c) Relationship to issuer of	or investment fund ma	anager					
Indicate the person's relationship the Instructions and the meaning					aning of "connected" in Part B(2) of		
✓ Connect with the issue	er or investment fund ma	anager	Insid	ler of the issuer (ot	her than an investment fund)		
Director or officer of the	e investment fund or inv	estment fund ma	nager Emp	loyee of the issuer	or investment fund manager		
None of the above							
d) Compensation details							
Canadian dollars. Include cash co incidental to the distribution, suc allocation arrangements with the	Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.						
Cash commissions pai	d 53,600.0	0		Security code 1	Security code 2 Security code 3		
Value of all securities distributed as compensation		S	Security codes				
Describe te	erms of warrants, option	□ s or other rights					
Other compensation	5	Describe					
Total compensation pai	d 53,600.0	0					
Check box if the person will or may receive any deferred compensation (describe the terms below) 4 Provide the aggregate value of all securities distributed as compensation, excluding options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, including options, warrants or other							
additional securities of the issue rights exercisable to acquire an Do not include deferred compa	lditional securities of the		rities distributed as co	ompensation, <u>inclu</u>	<u>aing</u> options, warrants or other		

not include deferred compensation

a) Name of person compe	nsated and registra	ation status									
Indicate whether the person comp	oensated is a registrar	nt.	☐ No		✓	Yes					
If the person compensated is an i	ndividual, provide the	name of the ind	lividual.								
Full legal name of individ	lual										
	Far	nily name		First g	jiven nar	me	ı	Sec	ondary g	jiven names	 S
If the person compensated is not	an individual, provide	the following in	formation.								
Full legal name o	f non-individual C	anaccord Gen	uity Corp.								
Firr	n NRD number	9 0	0				(if app	olicable)			
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves											
b) Business contact information											
If a firm NRD number is not provi	ided in Item 8 (a), pro	vide the business	contact info	rmation o	of the pe	erson be	eing cor	mpensated.			
Street address											
Municipality					Pro	ovince	/State				
Country				Pos	stal co	de/Zip	code				
Email address				Т	Γeleph	one nu	umber				
c) Relationship to issuer or investment fund manager											
Indicate the person's relationship the Instructions and the meaning									onnecte	ed" in Part	B(2) of
Connect with the issuer			, ,		-	-		her than ar	n invest	ment fund)
Director or officer of the	investment fund or i	nvestment fund	manager	☐ Er	mploye	e of the	e issuer	or investm	ent fun	d manage	r
None of the above											
d) Compensation details											
Provide details of all compensation	n paid, or to be paid, i	to the person ide	ntified in Ite	m 8(a) in c	connect	tion with	h the di	stribution. F	Provide	all amoun	ts in
Canadian dollars. Include cash coincidental to the distribution, such											
allocation arrangements with the								or details di	out, or	report on,	unterrial
Cash commissions paid	15,600	.00			S	Security of	code 1	Security c	ode 2	Security of	code 3
Value of all securities	22,400	00	Security of	ndes	V	V N	Т				
distributed as compensation ⁴											
	ms of warrants, optio			warrants	at \$0.	.30, 24	1 monti	hs expiry			
Other compensation ⁵		Describ	е								
Total compensation paid	39,000.	00									
Check box if the pers	on will or may receive	e any deferred o	compensation	n (describ	e the te	erms be	elow)				
⁴ Provide the aggregate value of											
additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compet	litional securities of th		ecurities dist	ributed as	<i>сотре</i>	ensatioi	n, <u>inclui</u>	<u>aing</u> option	s, warra	ants or oth	ner
Do not include deletted compet	เอนเเบา.										

a) Name of person compensated a	and registration status						
Indicate whether the person compensated	is a registrant.	☐ No	✓ Yes				
If the person compensated is an individual	, provide the name of the inc	dividual.					
Full legal name of individual							
_	Family name	First	given name	Secondary g	jiven names		
If the person compensated is not an individ	dual, provide the following in	nformation.					
Full legal name of non-in-	dividual Haywood Secu	rities Inc.					
Firm NRD	number 1 6	3 0	(if ap	plicable)			
Indicate whether the person compensated	facilitated the distribution th	rough a funding porta	l or an internet-based	d portal.	No Yes		
b) Business contact information							
If a firm NRD number is not provided in Ite	em 8 (a), provide the busines	s contact information (of the person being co	ompensated.			
Street address							
Municipality			Province/State	;			
Country		Po	ostal code/Zip code)			
Email address	Telephone number						
c) Relationship to issuer or investment fund manager							
Indicate the person's relationship with the					d" in Part B(2) of		
the Instructions and the meaning of "contr		· · · <u>—</u>					
Connect with the issuer or inves	itment fund manager	L Ir	nsider of the issuer (d	otner than an investi	ment fund)		
Director or officer of the investm	ent fund or investment fund	manager E	mployee of the issue	er or investment fund	d manager		
None of the above							
d) Compensation details							
Provide details of all compensation paid, or							
Canadian dollars. Include cash commission incidental to the distribution, such as cleric							
allocation arrangements with the directors,				•	•		
Cash commissions paid	27,000.00		Security code 1	Security code 2	Security code 3		
Value of all securities	40,500.00	Security codes	W N T				
distributed as compensation ⁴	·	-					
Describe terms of wa	arrants, options or other righ	ts 135,000 warrar	nts at \$0.30, 24 mo	nths expiry			
Other compensation ⁵	Descrit	De					
Total compensation paid	67,500.00						
Check box if the person will or	r may receive any deferred	compensation (describ	be the terms below)				
⁴ Provide the aggregate value of all securi	ities distributed as compens	ation excluding ontion	ns warrants or other	rights exercisable to	o acquire		
additional securities of the issuer. Indicate rights exercisable to acquire additional se	e the security codes for all s						
⁵ Do not include deferred compensation.	ounded of the loader.						

a) Name of person compensated ar	nd registration status				
Indicate whether the person compensated is	a registrant.		✓ Yes		
If the person compensated is an individual, µ	provide the name of the ind	ividual.			
Full legal name of individual					
	Family name	First give	en name	Secondary (jiven names
If the person compensated is not an individu	ıal, provide the following in	formation.			
Full legal name of non-indi	vidual Leede Jones Ga	able Inc.			
Firm NRD nu	umber 5 7	7 0	(if ap)	plicable)	
Indicate whether the person compensated fa					No Yes
b) Business contact information					
If a firm NRD number is not provided in Iten	m 8 (a), provide the business	contact information of t	the person being co	mpensated.	
Street address		· · ·		,	
Municipality			Province/State		
Country			al code/Zip code		
Email address		Te	elephone number		
c) Relationship to issuer or investment	ent fund manager				
Indicate the person's relationship with the is the Instructions and the meaning of "control					ed" in Part B(2) of
Connect with the issuer or investment		· · · · · · · · · · · · · · · · · · ·	der of the issuer (o		ment fund)
_	•				,
Director or officer of the investment	nt tund or investment tund	manager Em	ployee of the issue	r or investment fun	d manager
None of the above					
d) Compensation details					
Provide details of all compensation paid, or t					
Canadian dollars. Include cash commissions, incidental to the distribution, such as clerical					
allocation arrangements with the directors, o		n-individual compensat	ed by the issuer.		
Cash commissions paid	19,500.00		Security code 1	Security code 2	Security code 3
Value of all securities	29,250.00	Security codes	WNT		
distributed as compensation ⁴	rants, options or other right	s 97,500 warrants a	at \$0.20, 24 mont	the expire	
			at \$0.50, 24 mon	шь ехрпу	
Other compensation ⁵	Describ	9			
Total compensation paid	48,750.00				
Check box if the person will or r	may receive any deferred o	ompensation (describe	the terms below)		
⁴ Provide the aggregate value of all securiti	es distributed as compens	ation excluding ontions	warrants or other	rights exercisable t	o acquire
additional securities of the issuer. Indicate rights exercisable to acquire additional sec	the security codes for all se				
⁵ Do not include deferred compensation.	and of the Issuel.				

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	nn individual, provide	the name of the indiv	idual.				
Full legal name of indi	ividual						
		Family name	Firs	t given nam	ie	Secondary (given names
If the person compensated is n	ot an individual, prov	vide the following info	rmation.				
Full legal name	e of non-individual	TAYCOL NOMIN	EES PTY LTD.				
į	Firm NRD number				(if app	licable)	
Indicate whether the person co	ompensated facilitate	d the distribution thro	ugh a funding port	tal or an in	nternet-based բ	oortal.	No Yes
b) Business contact info	ormation						
If a firm NRD number is not p	rovided in Item 8 (a),	provide the business c	ontact information	of the per	rson being con	npensated.	
Street address	GPO BOX 2046						
Municipality	ADELAIDE			Pro	vince/State	SA	
Country	Australia		j P	Postal cod	de/Zip code	5001	
Email address			Ī	Telepho	ne number		
c) Relationship to issue	r or investment fur	id manager					
Indicate the person's relations						ning of "connecte	ed" in Part B(2) of
the Instructions and the mean	-		· · · · · <u></u>	-	-		
Connect with the iss	uer or investment fu	nd manager	Ш	Insider of	the issuer (oth	ner than an invest	ment fund)
Director or officer of	the investment fund	or investment fund m	anager	Employee	of the issuer	or investment fun	d manager
None of the above							
d) Compensation details	S						
Provide details of all compensa							
Canadian dollars. Include cash incidental to the distribution, so							
allocation arrangements with t	the directors, officers	or employees of a non	-individual compe	nsated by t	the issuer.		
Cash commissions p	93,0	00.00		Se	curity code 1	Security code 2	Security code 3
Value of all securiti distributed as compensati	10 5	500.00	Security codes	W	N T		
•	OII	ptions or other rights	165,000 warra	ents at \$0	.30. 24 mon	ths expiry	
Other compensation		Describe					
Total compensation p		00.00					
	,	eive any deferred co	mpensation (descr	rihe the ter	rms helow)		
⁴ Provide the aggregate value additional securities of the iss							
rights exercisable to acquire a ⁵ Do not include deferred com	additional securities			as comper		g opaono, wan	23 01 00101
Do not include deferred COM	рспваноп.						

a) Name of person compensated and	registration status				
Indicate whether the person compensated is a	registrant.	☐ No ✓	Yes		
If the person compensated is an individual, pr	ovide the name of the indivi	dual.			
Full legal name of individual					
	Family name	First giver	name	Secondary g	jiven names
If the person compensated is not an individua	l, provide the following infor	mation.			
Full legal name of non-indiv	dual RED CLOUD FIN.	ANCIAL SERVICES	INC.		
Firm NRD nur	nber		(if app	licable)	
Indicate whether the person compensated fac	litated the distribution throu	ugh a funding portal or	an internet-based μ	oortal. 🗸	No Yes
b) Business contact information					
If a firm NRD number is not provided in Item	8 (a), provide the business co	ontact information of th	e person being con	npensated.	
Street address 105 KING S	T E, 2ND FLOOR				
Municipality TORONTO			Province/State	Ontario	
Country Canada		Posta	I code/Zip code	M5C 1G6	
Email address		Tele	ephone number		
c) Relationship to issuer or investmen	nt fund manager	,			
Indicate the person's relationship with the issu				ning of "connecte	ed" in Part B(2) of
the Instructions and the meaning of "control"			-	or than an invast	mont fund)
Connect with the issuer or investme	ent fund manager		er of the issuer (oth	iei tiiaii aii iiivest	ment runa)
Director or officer of the investment	fund or investment fund ma	anager Empl	oyee of the issuer	or investment fun	d manager
None of the above					
d) Compensation details					
Provide details of all compensation paid, or to					
Canadian dollars. Include cash commissions, s incidental to the distribution, such as clerical, p					
allocation arrangements with the directors, of					,
Cash commissions paid	48,000.00		Security code 1	Security code 2	Security code 3
Value of all securities	72,000.00	Security codes	WNT		
distributed as compensation ⁴	72,000.00		+ CO 20 24	the exercise.	
	nts, options or other rights	240,000 warrants a	at \$0.30, 24 mon	tns expiry	
Other compensation ⁵	Describe				
Total compensation paid	20,000.00				
Check box if the person will or ma	ay receive any deferred con	npensation (describe th	e terms below)		
⁴ Provide the aggregate value of all securities	distributed as compensation	on, excludina options, v	varrants or other ric	ahts exercisable t	o acquire
additional securities of the issuer. Indicate the rights exercisable to acquire additional security.	e security codes for all sec				
⁵ Do not include deferred compensation.					

a) Name of person compensate	d and registration status				
Indicate whether the person compensat	ed is a registrant.	✓ No	Yes		
If the person compensated is an individ	ual, provide the name of the inc	lividual.			
Full legal name of individual					
L	Family name	First give	en name	Secondary gi	ven names
If the person compensated is not an ind	lividual, provide the following in	formation.			
Full legal name of non-	-individual PRETIUM GRC	UP			
Firm NR	D number		(if app	licable)	
Indicate whether the person compensat	red facilitated the distribution th	rough a funding portal o	r an internet-based բ	oortal. 🗸	No 🗌 Yes
b) Business contact information					
If a firm NRD number is not provided in	n Item 8 (a), provide the busines.	s contact information of t	he person being con	npensated.	
Street address 369-31	04 30TH AVE				
Municipality VERNO	N		Province/State	British Columb	pia
Country	a	Posta	al code/Zip code	V1T 9M9	
Email address		Te	lephone number		
c) Relationship to issuer or inve	stment fund manager				
Indicate the person's relationship with t the Instructions and the meaning of "co				aning of "connected	d" in Part B(2) of
Connect with the issuer or inv		· · · <u>—</u>	der of the issuer (oth	oer than an investr	ment fund)
_	-		·		,
Director or officer of the inves	stment fund or investment fund	manager Emp	oloyee of the issuer	or investment fund	l manager
None of the above					
d) Compensation details					
Provide details of all compensation paid					
Canadian dollars. Include cash commiss incidental to the distribution, such as cle					
allocation arrangements with the director					,
Cash commissions paid	6,000.00		Security code 1	Security code 2	Security code 3
Value of all securities	9,000.00	Security codes	W N T		
distributed as compensation ⁴	·				
Describe terms of	warrants, options or other right	s 30,000 warrants a	it \$0.30, 24 month	ns expiry	
Other compensation ⁵	Describ	е			
Total compensation paid	15,000.00				
Check box if the person wil	Il or may receive any deferred o	compensation (describe t	the terms below)		
⁴ Provide the aggregate value of all sec	curities distributed as compens	ation excluding options	warrants or other ri	ahts exercisable to	acquire
additional securities of the issuer. Indic rights exercisable to acquire additional	cate the security codes for all s				
⁵ Do not include deferred compensation					

a) Name of person comp	pensated and regi	stration status					
Indicate whether the person co	mpensated 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
If the person compensated is n	ot an individual, prov	vide the following info	rmation.				
Full legal name	of non-individual	COOL ENTERPR	ISES PTY LTD	NG7088	3917		
F	Firm NRD number				(if appl	icable)	
Indicate whether the person co	mpensated facilitate	d the distribution thro	ugh a funding por	tal or an ir	nternet-based p	ortal. 🗸	No Yes
b) Business contact info	rmation						
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the business c	ontact information	n of the pe	rson being com	pensated.	
Street address	3 POWER LANE						
Municipality	NORMAN PARK			Pro	vince/State	QLD	
Country	Australia		F	Postal cod	de/Zip code	4170	
Email address				Telepho	one number		
c) Relationship to issuer	or investment fur	nd manager	1				
Indicate the person's relationsh						ning of "connecte	ed" in Part B(2) of
the Instructions and the meani	•		for the purposes o	•	-		
Connect with the issu	uer or investment fu	nd manager	Ш	Insider of	the issuer (oth	er than an invest	ment fund)
Director or officer of	the investment fund	or investment fund m	anager	Employee	e of the issuer of	or investment fun	d manager
None of the above							
d) Compensation details	3						
Provide details of all compensa							
Canadian dollars. Include cash incidental to the distribution, su							
allocation arrangements with the							,
Cash commissions pa	aid 3,0	00.00		Se	ecurity code 1	Security code 2	Security code 3
Value of all securiti	1 1 1 1	500.00	Security codes	W	N T		
distributed as compensation	OII		45.000	-11 (0)	00.04		
		ptions or other rights	15,000 warrar	nts at \$0.	30, 24 month	s expiry	
Other compensation	on ⁵	Describe					
Total compensation pa	7,5	00.00					
Check box if the pe	erson will or may rec	ceive any deferred cor	npensation (desc	ribe the te	rms below)		
⁴ Provide the aggregate value	of all securities distr	ibuted as compensati	on, <u>excludi</u> na opti	ions, warra	ants or other ric	nhts exercisable t	o acquire
additional securities of the iss rights exercisable to acquire a	uer. Indicate the sec	curity codes for all sec					
⁵ Do not include deferred comp							

a) Name of person com	pensated and regi	stration status					
Indicate whether the person co	ompensated is a regis	trant.	✓ No		Yes		
If the person compensated is a	n individual, provide	the name of the indivi	dual.				
Full legal name of indi	vidual						
		Family name	Fir	st given na	ime	Secondary	given names
If the person compensated is n	ot an individual, prov	vide the following infor	mation.				
Full legal name	e of non-individual	THE BLIGH FAMI	LY TRUST NO	G708890	9		
F	Firm NRD number				(if app	olicable)	
Indicate whether the person co	ompensated facilitate	d the distribution thro	ugh a funding po	rtal or an	internet-based	portal. ✓	No Yes
b) Business contact info	rmation						
If a firm NRD number is not p	rovided in Item 8 (a),	provide the business co	ontact informatio	n of the p	erson being co	mpensated.	
Street address	129 VICTORIA A	VENUE					
Municipality	CHELMER			Pr	ovince/State	QLD	
Country	Australia			Postal co	ode/Zip code	4068	
Email address				Teleph	none number		
c) Relationship to issue	r or investment fun	d manager					
Indicate the person's relations the Instructions and the mean							ed" in Part B(2) of
Connect with the iss			or the purposes t	•	•	her than an inves	tment fund)
_		-			•		,
Director or officer of	the investment fund	or investment fund ma	anager	Employe	ee of the issuer	or investment fur	d manager
None of the above							
d) Compensation details	5						
Provide details of all compensa							
Canadian dollars. Include cash incidental to the distribution, so							
allocation arrangements with t							•
Cash commissions p	aid 3,0	00.00		8	Security code 1	Security code 2	Security code 3
Value of all securit	1 1 1 5	600.00	Security codes	V	W N T		
distributed as compensati	on						
Describe	terms of warrants, o	ptions or other rights	15,000 warra	nts @ \$0	0.30, 24 mon	ths expiry	
Other compensation	on ⁵	Describe					
Total compensation p	aid 7,5	00.00					
Check box if the p	erson will or may rec	eive any deferred con	npensation (desc	cribe the te	erms below)		
⁴ Provide the aggregate value	of all securities distr	ibuted as compensation	on. excludina opi	tions. wari	rants or other i	iahts exercisable	to acquire
additional securities of the iss rights exercisable to acquire a	suer. Indicate the sec	curity codes for all sec					
⁵ Do not include deferred com							

a) Name of person com	pensated and regi	stration status					
Indicate whether the person co	ompensated is a regis	trant.	✓ No	Ye	es		
If the person compensated is a	n individual, provide	the name of the indiv	idual.				
Full legal name of indi	vidual						
		Family name	Firs	st given name	e	Secondary (given names
If the person compensated is n	ot an individual, prov	vide the following info	rmation.				
Full legal name	e of non-individual	MULBERRY STR	EET HOLDING	S P/L TTE	EE NG70888	391	
F	Firm NRD number				(if appl	icable)	
Indicate whether the person co	ompensated facilitate	d the distribution thro	ugh a funding por	tal or an int	 ternet-based p	ortal.	No Yes
b) Business contact info	rmation						
If a firm NRD number is not pr	rovided in Item 8 (a),	provide the business o	ontact information	n of the pers	son being com	pensated.	
Street address	PO BOX 2227						
Municipality	ASCOT			Prov	vince/State	QLD	
Country	Australia		F	Postal cod	le/Zip code	4007	
Email address				Telephor	ne number		
c) Relationship to issue	r or investment fur	d manager					
Indicate the person's relations						ning of "connecte	ed" in Part B(2) of
the Instructions and the mean	•		for the purposes o		-		
Connect with the iss	uer or investment ful	nd manager	Ш	insider of t	tne issuer (oth	er than an invest	ment runa)
Director or officer of	the investment fund	or investment fund m	anager	Employee	of the issuer of	or investment fun	d manager
None of the above							
d) Compensation details	5						
Provide details of all compensa							
Canadian dollars. Include cash incidental to the distribution, so							
allocation arrangements with t	he directors, officers	or employees of a non	-individual compe	nsated by th	he issuer.		
Cash commissions p	aid 3,0	00.00		Sec	curity code 1	Security code 2	Security code 3
Value of all securiti	1 1 1 1	500.00	Security codes	W	N T		
distributed as compensati	on	ptions or other rights	15,000 warrar	ata @ \$0.3	20 24 month	o ovniru	
			15,000 warrar	11S @ \$U.S	50, 24 monu	is expiry	
Other compensation		Describe					
Total compensation p	,	00.00					
Check box if the p	erson will or may red	eive any deferred co	mpensation (desc	ribe the terr	ms below)		
⁴ Provide the aggregate value	of all securities distr	ibuted as compensati	ion, <u>excluding</u> opti	ions, warrai	nts or other rig	nhts exercisable t	to acquire
additional securities of the iss rights exercisable to acquire a			curities distributed	as compen	nsation, <u>includ</u>	ling options, warr	ants or other
⁵ Do not include deferred com							

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 issuer ⁶									
Provide name of foreign public issuer									
Issuer distributing only eligil	ble foreign securities	and the distribution	n is to permitted clie	ents only ⁷				_	
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item	10.					
⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.									
If the issuer is none of the above, check this box and complete Item 9(a) - (c).									
a) Directors executive officer	s and promoters of	of the issuer							
a) Directors, executive officers and promoters of the issuer Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or									
territory; otherwise state the country.							province		
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individe resident jurisdictio individe	ual or ail n of			nship to issuer t all that apply)	
				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	G6 Materials Corp.	6 Materials Corp.							
Full legal name	Dare	Jeff							
	Family name	First given name	'	Seconda	ary given n	ames			
Title	Corporate Secretary								
Telephone number	7783275799	Email address	jdare@corexmanagement.com			com			
Signature	"Jeff Dare"	Date	2021	04	22				
			YYYY	MM	DD	1			

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

Notice - Collection and use of personal information

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

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

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

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

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information pertaining to the individual as set out in Schedules 1 or 2, that this information is being collected by the securities regulatory authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.