# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9464884

| ITEM 1 - REPORT TYPE                                                                   |                                     |                      |                       |                               |                    |  |  |  |  |
|----------------------------------------------------------------------------------------|-------------------------------------|----------------------|-----------------------|-------------------------------|--------------------|--|--|--|--|
| ✓ New report                                                                           |                                     |                      |                       |                               |                    |  |  |  |  |
| ☐ Amended report If ame                                                                | nded, provide filing date           | of report that i     | s being ame           | ended                         | (YYYY-MM-DD)       |  |  |  |  |
| ITEM 2 - PARTY CERTIFYING TH                                                           | e Report                            |                      |                       |                               |                    |  |  |  |  |
| Indicate the party certifying the report (se<br>Instrument 81-106 Investment Fund Cont |                                     |                      |                       | restment fund, refer to secti | on 1.1 of National |  |  |  |  |
| ☐ Investment fund issuer                                                               |                                     |                      |                       |                               |                    |  |  |  |  |
| ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐                                                  |                                     |                      |                       |                               |                    |  |  |  |  |
| Underwriter                                                                            | ,                                   |                      |                       |                               |                    |  |  |  |  |
| ITEM 3 - ISSUER NAME AND OT                                                            | THED IDENTIFIEDS                    |                      |                       |                               |                    |  |  |  |  |
| Provide the following information about t                                              |                                     | vestment fund, ah    | out the fund          |                               |                    |  |  |  |  |
| Full legal name                                                                        |                                     | vestiment faria, ab  | out the junu.         |                               |                    |  |  |  |  |
| Previous full legal name                                                               |                                     |                      |                       |                               |                    |  |  |  |  |
| If the issuer's name changed in th                                                     | le last 12 months, provide most     | recent previous leg  | gal name.             |                               |                    |  |  |  |  |
| Website                                                                                | www.jaxonmining.com                 |                      | (if applicable        | e)                            |                    |  |  |  |  |
| If the issuer has a legal entity identifier. p                                         |                                     | he Instructions for  |                       |                               |                    |  |  |  |  |
| Legal entity identifier                                                                | 549300UXP72O1FCYI                   |                      |                       |                               |                    |  |  |  |  |
| If two or more issuers distributed a single                                            | security, provide the full legal no | ame(s) of the co-is. | ı<br>suer(s) other th | an the issuer named above     | :                  |  |  |  |  |
| Full legal name(s) of co-issuer(s)                                                     |                                     |                      | (if applicable        | e)                            |                    |  |  |  |  |
|                                                                                        |                                     |                      |                       |                               |                    |  |  |  |  |
| ITEM 4 - UNDERWRITER INFORI                                                            |                                     |                      |                       |                               |                    |  |  |  |  |
| If an underwriter is completing the report,  Full legal name                           | provide the underwriter's full le   | gal name and firm    | n NRD number.         |                               | ]                  |  |  |  |  |
| Firm NRD number                                                                        |                                     | (if ar               | oplicable)            |                               |                    |  |  |  |  |
|                                                                                        | DD number provide the head of       |                      |                       | doministra                    |                    |  |  |  |  |
| If the underwriter does not have a firm Nh                                             | אט number, provide the nedd סן      | ice contact inform   | ation of the un       | aerwriter.                    | ]                  |  |  |  |  |
| Municipality                                                                           | Province/State                      |                      |                       |                               |                    |  |  |  |  |
| Country                                                                                |                                     |                      | de/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  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                                                                                                                                                                                                                                                                                         | Item 5 - Issuer Information                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.  NAICS industry code                                                                                                                                                                                                                                                                                                                                                                                                  | If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.            |
| All CS industry code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | a) Primary industry                                                                        |
| If the issuer is in the mining industry, indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.    Exploration   Development   Production                                                                                                                                                                                                                                                                                                                             |                                                                                            |
| mining industry. Select the category that best describes the issuer's stage of operations.    Exploration   Development   Production                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NAICS industry code 2 1 2 2 0                                                              |
| Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply:    Mortgages                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | mining industry. Select the category that best describes the issuer's stage of operations. |
| Mortgages   Real estate   Commercial/business debt   Consumer debt   Private companies   Cryptoassets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            |
| Cryptoassets  b) Number of employees  Number of employees:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |
| Number of employees:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                            |
| c) SEDAR profile number  Does the issuer have a SEDAR profile?  No Yes If yes, provide SEDAR profile number 0 0 0 2 4 9 8 0  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  Telephone number  e) Date of formation and financial year-end  Date of formation Financial year-end  The province of formation 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.  Minimal No Yes  No Yes | b) Number of employees                                                                     |
| Does the issuer have a SEDAR profile?  No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Number of employees: ✓ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more                          |
| No   ✓ Yes   If yes, provide SEDAR profile number   0 0 0 0 2 4 9 8 0    If the issuer does not have SEDAR profile complete item 5(d) - (h).    d)   Head office address   Province/State   Postal code/Zip code   Telephone number                                                                                                                                                                                                                                                                                                                                                                                          | 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  Municipality Postal code/Zip code  Country Telephone number  e) Date of formation and financial year-end  Date of formation  Tyyyy 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 NB NL NT                                                                                                       | Does the issuer have a SEDAR profile?                                                      |
| d) Head office address  Street address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | No  ✓ Yes If yes, provide SEDAR profile number 0 0 0 2 4 9 8 0                             |
| Street address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |
| Municipality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | d) Head office address                                                                     |
| Country  Telephone number  Pate of formation and financial year-end  Date of formation  The phone number  Financial year-end  MM DD  The porting 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                                                                                                                                                                                                                                                                    | Street address Province/State                                                              |
| e) Date of formation and financial year-end  Date of formation Financial year-end  YYYYY 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 NB NL NT                                                                                                                                                                                                                                                                              | 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                                                                                                                                                                                                                                                                                                                                                                                                            | 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                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            |
| If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.  All AB BC MB NB NL NT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | f) Reporting issuer status                                                                 |
| AII AB BC MB NB NL NT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 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                                                                      |
| U NS U NU U ON U PE U QC U SK U YT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NS NU ON PE QC SK YT                                                                       |
| g) Public listing status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | g) Public listing status                                                                   |
| If the issuer has a CUSIP number, provide below (first 6 digits only)  CUSIP number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            |
| If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |
| Exchange name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Exchange name                                                                              |
| h) Size of issuer's assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | h) Size of issuer's assets                                                                 |

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

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

| ITEM 6 - INVESTMENT                                                     | FUND ISSUER INFORMATION                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If the issuer is an inves                                               | tment fund, provide the following information.                                                                                                                                                                                             |
| a) Investment fund ma                                                   | anager 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                                                      |                                                                                                                                                                                                                                            |
| <sup>1</sup> Undertaking for the Collec<br>(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. 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) 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 End date 2021 04 23 2021 04 23 YYYY MM DD YYYY MM DD Detailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. Types of securities distributed Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

|               |                              |                         |                      | Canadian \$                  |               |              |  |
|---------------|------------------------------|-------------------------|----------------------|------------------------------|---------------|--------------|--|
| Security code | CUSIP number (if applicable) | Description of security | Number of securities | Single or<br>lowest<br>price | Highest price | Total amount |  |
| C M           | 6 47200C                     |                         | 50,000.00            | 0.0570                       |               | 2,850.00     |  |

#### 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 Underly security code security |  | Canadian Si |  |  | Expiry date<br>(YYYY- MM-DD) | Conversion ratio | Describe other items (if applicable) |  |  |
|-----------------------------------------------------------|--|-------------|--|--|------------------------------|------------------|--------------------------------------|--|--|
|                                                           |  |             |  |  | Lowest                       | Highest          |                                      |  |  |
|                                                           |  |             |  |  |                              |                  |                                      |  |  |

### 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 <sup>28</sup> purchasers | Total amount (Canadian \$) |
|---------------------|---------------------------------------------------------------|-------------------------------------------|----------------------------|
|                     | NI 45-106 2.13 [Petroleum, natural gas and mining properties] | 1                                         | 2,850.00                   |
|                     | 2,850.00                                                      |                                           |                            |
|                     | Total number of unique purchasers <sup>2b</sup>               | 1                                         |                            |

<sup>&</sup>lt;sup>2a</sup> In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

<sup>&</sup>lt;sup>2b</sup> In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

#### g) Net proceeds to the investment fund by jurisdiction

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

| Province or country                       | Net proceeds<br>(Canadian \$) |
|-------------------------------------------|-------------------------------|
|                                           |                               |
| Total net proceeds to the investment fund |                               |

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

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

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

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

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

| TEM 8 - COMPENSATION                                                                                                                                                          | INFORMATION                                           |                                     |                                           |                              |                                 |             |              |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------|-------------------------------------------|------------------------------|---------------------------------|-------------|--------------|---------------|
| Provide information for each perso the distribution. <b>Complete additi</b>                                                                                                   |                                                       |                                     |                                           |                              |                                 |             | sation in co | nnection with |
| Indicate whether any compensation                                                                                                                                             | on was paid, or will be                               | paid, in connecti                   | on with the distri                        | bution.                      |                                 |             |              |               |
| ✓ No ☐ Yes                                                                                                                                                                    | If yes, indicate n                                    | umber of perso                      | ons compensate                            | ed.                          |                                 |             |              |               |
| a) Name of person compen                                                                                                                                                      | sated and registration                                | on status                           |                                           |                              |                                 |             |              |               |
| Indicate whether the person compe                                                                                                                                             | ensated is a registrant.                              |                                     | ☐ No                                      | Y                            | 'es                             |             |              |               |
| If the person compensated is an inc                                                                                                                                           | dividual, provide the no                              | ame of the individ                  | dual.                                     |                              |                                 |             |              |               |
| Full legal name of individu                                                                                                                                                   | ıal                                                   |                                     |                                           |                              |                                 |             |              |               |
|                                                                                                                                                                               | Family                                                | / name                              | Firs                                      | t given nam                  | ne                              | Seco        | ndary given  | names         |
| If the person compensated is not a                                                                                                                                            | n individual, provide th                              | e following infor                   | mation.                                   |                              |                                 |             |              |               |
| Full legal name of                                                                                                                                                            | non-individual                                        |                                     |                                           |                              |                                 |             |              |               |
| Firm                                                                                                                                                                          | NRD number                                            |                                     |                                           |                              | (if app                         | olicable)   |              |               |
| Indicate whether the person compe                                                                                                                                             | ensated facilitated the                               | distribution throu                  | gh a funding por                          | tal or an ir                 | nternet-based                   | portal.     | No           | o 🗌 Yes       |
| b) Business contact informa                                                                                                                                                   | ation                                                 |                                     |                                           |                              |                                 |             |              |               |
| If a firm NRD number is not provid                                                                                                                                            | led in Item 8 (a), provid                             | le the business co                  | ntact information                         | of the pe                    | rson being co                   | mpensated.  |              |               |
| Street address                                                                                                                                                                |                                                       |                                     |                                           |                              |                                 |             |              |               |
| Municipality                                                                                                                                                                  |                                                       |                                     |                                           | Pro                          | vince/State                     |             |              |               |
| Country                                                                                                                                                                       |                                                       |                                     | F                                         | Postal cod                   | de/Zip code                     |             |              |               |
| Email address                                                                                                                                                                 |                                                       |                                     |                                           | Telepho                      | one number                      |             |              |               |
| c) Relationship to issuer or                                                                                                                                                  | investment fund ma                                    | nager                               |                                           |                              |                                 |             |              |               |
| Indicate the person's relationship w<br>the Instructions and the meaning o                                                                                                    |                                                       |                                     |                                           |                              |                                 |             | onnected" in | Part B(2) of  |
| Connect with the issuer                                                                                                                                                       | or investment fund ma                                 | nager                               |                                           | Insider of                   | the issuer (ot                  | her than an | investment   | fund)         |
| Director or officer of the                                                                                                                                                    | investment fund or inv                                | estment fund ma                     | nager                                     | Employee                     | e of the issuer                 | or investme | ent fund ma  | nager         |
| None of the above                                                                                                                                                             |                                                       |                                     |                                           |                              |                                 |             |              |               |
| d) Compensation details                                                                                                                                                       |                                                       |                                     |                                           |                              |                                 |             |              |               |
| Provide details of all compensation<br>Canadian dollars. Include cash com-<br>incidental to the distribution, such a<br>allocation arrangements with the d                    | missions, securities-ba<br>as clerical, printing, leg | sed compensatio<br>al or accounting | n, gifts, discounts<br>services. An issue | or other cor<br>r is not req | ompensation.<br>Juired to ask f | Do not repo | rt payment:  | for services  |
| Cash commissions paid                                                                                                                                                         |                                                       |                                     |                                           | Se                           | ecurity code 1                  | Security co | ode 2 Sec    | urity code 3  |
| Value of all securities distributed as compensation <sup>4</sup>                                                                                                              |                                                       |                                     | Security codes                            |                              |                                 |             |              |               |
| Describe term                                                                                                                                                                 | ns of warrants, options                               | or other rights                     |                                           |                              |                                 |             |              |               |
| Other compensation <sup>5</sup>                                                                                                                                               |                                                       | Describe                            |                                           |                              |                                 |             |              |               |
| Total compensation paid                                                                                                                                                       |                                                       |                                     |                                           |                              |                                 |             |              |               |
| Check box if the perso                                                                                                                                                        | n will or may receive a                               | iny deferred com                    | npensation (desc                          | ribe the te                  | rms below)                      |             |              |               |
| <sup>4</sup> Provide the aggregate value of a<br>additional securities of the issuer.<br>rights exercisable to acquire additi<br><sup>5</sup> Do not include deferred compens | Indicate the security of the                          | codes for all secu                  |                                           |                              |                                 |             |              |               |

| TEM 9 - DIRECTORS, EXECU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ITIVE OFFICERS                                                           | AND PROMOT                                                           | TERS OF THE ISS                                                            | SUER                                                                                     |                       |           |                          |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------|-----------|--------------------------|----|
| If the issuer is an investment fun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d, do not complete                                                       | Item 9. Procced to                                                   | Item 10.                                                                   |                                                                                          |                       |           |                          |    |
| Indicate whether the issuer is any c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | of the following (selec                                                  | t the one that appli                                                 | es - if more than one                                                      | e applies, select onl                                                                    | y one).               |           |                          |    |
| ✓ Reporting issuer in any juri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | sdiction of Canada                                                       |                                                                      |                                                                            |                                                                                          |                       |           |                          |    |
| Foreign public issuer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                                                      |                                                                            |                                                                                          |                       |           |                          |    |
| Wholly owned subsidiary o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | f a reporting issuer in                                                  | n any jurisdiction of                                                | Canada <sup>6</sup>                                                        |                                                                                          |                       |           |                          |    |
| Provide nar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | me of reporting issue                                                    | er                                                                   |                                                                            |                                                                                          |                       |           |                          | ]  |
| Wholly owned subsidiary of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | f a foreign public iss                                                   | uer <sup>6</sup>                                                     |                                                                            |                                                                                          |                       |           |                          | _  |
| Provide name o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | f foreign public issue                                                   | er                                                                   |                                                                            |                                                                                          |                       |           |                          |    |
| Issuer distributing only eligi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ble foreign securities                                                   | s and the distribution                                               | on is to permitted clie                                                    | ents only <sup>7</sup>                                                                   |                       |           |                          | _  |
| If the issuer is at least one of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | above, do not com                                                        | plete Item 9(a) – (                                                  | c). Proceed to Item                                                        | 10.                                                                                      |                       |           |                          |    |
| <sup>6</sup> An issuer is a wholly owned subsic securities that are required by law to respectively. <sup>7</sup> Check this box if it applies to the collents. Refer to the definitions of "ellents is none of the law to the definitions of the law to the definitions of the law to the definitions of the law to the law | o be owned by its di<br>urrent distribution ev<br>eligible foreign secur | rectors, are benefice<br>wen if the issuer madity" and "permitted of | ially owned by the red<br>de previous distribut<br>client" in Part B(1) of | eporting issuer or t<br>tions of other types                                             | he foreign            | public is | ssuer,                   |    |
| a) Directors, executive office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | rs and promoters                                                         | of the issuer                                                        |                                                                            |                                                                                          |                       |           |                          |    |
| Provide the following information fo territory; otherwise state the country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                                      |                                                                            |                                                                                          |                       | tate the  | province                 | or |
| Organization or company name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Family name                                                              | First given name                                                     | Secondary given names                                                      | Business loc<br>non-individu<br>resident<br>jurisdictio<br>individu                      | ual or<br>ail<br>n of |           | onship to<br>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 Relationship to promote (select one or both if ap |                       |           |                          |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                      |                                                                            | Province or country                                                                      | D                     |           | C                        | )  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                      |                                                                            |                                                                                          |                       |           |                          |    |
| c) Residential address of each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | h individual                                                             |                                                                      |                                                                            |                                                                                          |                       |           |                          |    |

Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.

## **ITEM 10 - CERTIFICATION**

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

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

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

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

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

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

| Name of issuer/underwriter/<br>investment fund manager/agent | Jaxon Mining Inc. |                  |          |                         |              |      |  |  |
|--------------------------------------------------------------|-------------------|------------------|----------|-------------------------|--------------|------|--|--|
| Full legal name                                              | Alain             | Voisin           |          |                         |              |      |  |  |
|                                                              | Family name       | First given name | 1        | Seconda                 | ary given na | ames |  |  |
| Title                                                        | CFO               |                  |          |                         |              |      |  |  |
| Telephone number                                             | 6044244488        | Email address    | avoisin@ | avoisin@jaxonmining.com |              |      |  |  |
| Signature                                                    | "Alain Voisin"    | Date             | 2021     | 04                      | 30           |      |  |  |
|                                                              |                   |                  | 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                                                                                                                                                                                                                                                     |             | 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.