# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9213142

| ITEM 1 - REPORT TYPE  |                                     |                          |               |                               |                 |  |  |  |  |
|---|-------------------------------------|--------------------------|---------------|-------------------------------|-----------------|--|--|--|--|
| ✓ New report  |                                     |                          |               |                               |                 |  |  |  |  |
| ☐ Amended report If ame   | nded, provide filing date           | of report that is be     | eing ame      | nded                          | (YYYY-MM-DD)    |  |  |  |  |
| TEM 2 - PARTY CERTIFYING THE REPORT   |                                     |                          |               |                               |                 |  |  |  |  |
| Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106. |                                     |                          |               |                               |                 |  |  |  |  |
| ☐ Investment fund issuer  |                                     |                          |               |                               |                 |  |  |  |  |
| ✓ Issuer (other than an investigation)  | stment fund)                        |                          |               |                               |                 |  |  |  |  |
| Underwriter   | ourione raina,                      |                          |               |                               |                 |  |  |  |  |
|   |                                     |                          |               |                               |                 |  |  |  |  |
| ITEM 3 - ISSUER NAME AND OT   |                                     |                          |               |                               |                 |  |  |  |  |
| Provide the following information about the issuer, or if the issuer is an investment fund, about the fund.   |                                     |                          |               |                               |                 |  |  |  |  |
| Full legal name   | Golden Tag Resources                | Solden Tag Resources Ltd |               |                               |                 |  |  |  |  |
| Previous full legal name  |                                     |                          |               |                               |                 |  |  |  |  |
| If the issuer's name changed in th  | e last 12 months, provide most      | recent previous legal no | пате.         |                               |                 |  |  |  |  |
| Website   | https://www.goldentag.              | ca/ (if                  | f applicable  | 5)                            |                 |  |  |  |  |
| If the issuer has a legal entity identifier, pr   | ovide below. Refer to Part B of t   | he Instructions for the  | definition o  | of "legal entity identifier". |                 |  |  |  |  |
| Legal entity identifier   |                                     |                          |               |                               |                 |  |  |  |  |
| If two or more issuers distributed a single :   | security, provide the full legal no | ame(s) of the co-issuer( | (s) other the | an the issuer named above     |                 |  |  |  |  |
| Full legal name(s) of co-issuer(s)  |                                     | (if                      | f applicable  | e)                            |                 |  |  |  |  |
| leer A. Harris en la constant   |                                     |                          |               |                               |                 |  |  |  |  |
| ITEM 4 - UNDERWRITER INFORM   |                                     |                          |               |                               |                 |  |  |  |  |
| If an underwriter is completing the report,   | provide the underwriter's full le   | gal name and firm NRI    | D number.     |                               | 1               |  |  |  |  |
| Full legal name   |                                     |                          |               |                               |                 |  |  |  |  |
| Firm NRD number   |                                     | (if applica              | cable)        |                               |                 |  |  |  |  |
| If the underwriter does not have a firm NR  | D number, provide the head off      | ice contact information  | n of the und  | derwriter.                    | _               |  |  |  |  |
| Street address  |                                     |                          |               |                               |                 |  |  |  |  |
| Municipality  |                                     | Provinc                  | ce/State      |                               |                 |  |  |  |  |
| Country   |                                     | Postal code/Z            | Zip code      |                               |                 |  |  |  |  |
| Telephone number  |                                     | V                        | Website       |                               | (if applicable) |  |  |  |  |

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

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

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

| ITEM 6 - INVESTMENT   | ITEM 6 - INVESTMENT FUND ISSUER INFORMATION  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| If the issuer is an inves   | tment fund, provide the following information.   |  |  |  |  |  |  |  |
| a) Investment fund manager information                                  |  |  |  |  |  |  |  |  |
| Full legal name   |  |  |  |  |  |  |  |  |
| Firm NRD number   | (if applicable)  |  |  |  |  |  |  |  |
| If the investment fund mand   | ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.  |  |  |  |  |  |  |  |
| Street address  |  |  |  |  |  |  |  |  |
| Municipality  | Province/State   |  |  |  |  |  |  |  |
| Country   | Postal code/Zip code   |  |  |  |  |  |  |  |
| Telephone number  | Website (if applicable)  |  |  |  |  |  |  |  |
| b) Type of investment   | fund   |  |  |  |  |  |  |  |
| Type of investment fund tha   | nt most accurately identifies the issuer (select only one) .   |  |  |  |  |  |  |  |
| Money market  | ☐ Equity ☐ Fixed income ☐ Balanced   |  |  |  |  |  |  |  |
| Alternative strateg   | gies Cryptoasset Other (describe)  |  |  |  |  |  |  |  |
| Indicate whether one or bot   | h of the following apply to the investment fund .  |  |  |  |  |  |  |  |
| Invests primarily in  | n other investment fund issuers  |  |  |  |  |  |  |  |
| ☐ Is a UCITs Fund¹  |  |  |  |  |  |  |  |  |
| <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.

| a | ) Currency |  |
|---|------------|--|
|   |            |  |

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

## b) Distribution date(s)

State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report.

Start date 2020 08 14

End date 2020 08 14

#### Detailed purchaser information

Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.

#### d) Types of securities distributed

Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

|  |     |                      |  |               |              | Canadian \$ |              |
|--|-----|----------------------|--|---------------|--------------|-------------|--------------|
| Security code CUSIP number (if applicable) Description of security |     | Number of securities | Single or<br>lowest<br>price                       | Highest price | Total amount |             |              |
|  | UNT | 381712               | Each UNT is comprised of 1 CMS and ½ of 1 CMS WNT. | 25,000,000.00 | 0.2800       |             | 7,000,000.00 |

#### e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

| Convertible / exchangeable security code |   | exchangeabl |   | le Underlying |        |         |        |  |            |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | se price<br>idian \$) | Expiry date<br>(YYYY- MM-DD) | Conversion ratio | Describe other items (if applicable) |
|--|---|-------------|---|---------------|--------|---------|--------|--|------------|-----|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------|------------------------------|------------------|--------------------------------------|
|  |   |             |   |               | Lowest | Highest |        |  |            |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |                              |                  |                                      |
|  | W | Z           | Т | С             | М      | S       | 0.4000 |  | 2022-08-14 | 1:1 | Each WNT is ex. into 1 CMS in the cap. of the Comp. at C \$0.40 until 08.14.22. WNT contains an accl. prov. If the closn. price of the CMS on TSXV is \$0.70 or more for 10 con. trading days the Comp. will have the right to accelerate the exp. date of the WNT. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |                              |                  |                                      |

#### 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 \$) |
|---------------------|---------------------|---|----------------------------|
| Belgium             | Other               | 1   | 300,000.12                 |
| Costa Rica          | Other               | 1   | 56,000.00                  |
| United States       | Other               | 3   | 468,706.28                 |

| United Kingdom   | Other   | 1  | 700,000.00   |  |  |  |
|------------------|---|----|--------------|--|--|--|
| Panama           | Other   | 2  | 98,000.00    |  |  |  |
| Cayman Islands   | Other   | 3  | 670,040.00   |  |  |  |
| New Brunswick    | NI 45-106 2.3 [Accredited investor]                 | 1  | 56,000.00    |  |  |  |
| Saskatchewan     | NI 45-106 2.3 [Accredited investor]                 | 1  | 56,000.00    |  |  |  |
| Alberta          | NI 45-106 2.3 [Accredited investor]                 | 1  | 29,999.76    |  |  |  |
| British Columbia | NI 45-106 2.3 [Accredited investor]                 | 5  | 333,000.08   |  |  |  |
| Ontario          | NI 45-106 2.3 [Accredited investor]                 | 22 | 4,232,253.76 |  |  |  |
|                  | Total dollar amount of securities distributed       |    |              |  |  |  |
|                  | Total number of unique purchasers <sup>2</sup> b 41 |    |              |  |  |  |

<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.

#### 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 with or delivered to regulator? (Y/N) | Date previously filed or delivered (YYYY-MM-DD) |  |  |
|-------------|---|--|---|--|--|
|             |   |  |   |  |  |

<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.

| TEM 8 - COMPENSATION   | INFORMATION   |   |  |                             |                         |                  |              |         |  |
|--|---|---|--|-----------------------------|-------------------------|------------------|--------------|---------|--|
|  | Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. <b>Complete additional copies of this page if more than one person was, or will be, compensated.</b> |   |  |                             |                         |                  |              |         |  |
| Indicate whether any compensation  | on was paid, or will l  | be paid, in connect                     | ion with the distribution                              | n.                          |                         |                  |              |         |  |
| No ✓ Yes   | If yes, indicate  | number of perso                         | ons compensated.                                       | 5                           |                         |                  |              |         |  |
| a) Name of person compen-  | sated and registra  | ation status                            |  |                             |                         |                  |              |         |  |
| Indicate whether the person compe  | ensated is a registrar  | ot.                                     | ☐ No .   | ✓ Yes                       |                         |                  |              |         |  |
| If the person compensated is an inc  | dividual, provide the   | name of the indivi                      | dual.  |                             |                         |                  |              |         |  |
| Full legal name of individu  | ıal   |   |  |                             |                         |                  |              |         |  |
|  | Far   | nily name                               | First give   | n name                      | •                       | Secondary        | given names  | ;       |  |
| If the person compensated is not a   |   |   |  |                             |                         |                  |              |         |  |
| Full legal name of   | non-individual C  | ANACCORD GE                             | NUITY CORP.  |                             |                         |                  |              |         |  |
| Firm   | NRD number  | 9 0 0                                   |  |                             | (if appli               | cable)           |              |         |  |
| Indicate whether the person compe  |   | e distribution thro                     | igh a funding portal or                                | an internet                 | -based po               | ortal. 🔽         | No [         | Yes     |  |
| b) Business contact informa  |   |   |  |                             |                         |                  |              |         |  |
| If a firm NRD number is not provid   | led in Item 8 (a), pro  | vide the business co                    | ontact information of th                               | he person be                | eing com <sub>l</sub>   | pensated.        |              |         |  |
| Street address   |   |   | 1  |                             |                         |                  |              |         |  |
| Municipality   |   |   |  | Province                    | /State                  |                  |              |         |  |
| Country  |   |   | Posta  | al code/Zip                 | code                    |                  |              |         |  |
| Email address  |   |   | Tel  | ephone nu                   | umber                   |                  |              |         |  |
| c) Relationship to issuer or   | investment fund n   | nanager                                 |  |                             |                         |                  |              |         |  |
| Indicate the person's relationship w<br>the Instructions and the meaning o   |   |   |  |                             |                         | ning of "connect | ted" in Part | B(2) of |  |
| Connect with the issuer of   | or investment fund r  | nanager                                 | Insid  | ler of the iss              | suer (othe              | er than an inves | tment fund   | )       |  |
| Director or officer of the i   | investment fund or i  | nvestment fund ma                       | anager   | loyee of the                | issuer o                | r investment fur | nd manage    | r       |  |
| 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-<br>as clerical, printing, l   | based compensatic<br>egal or accounting | n, gifts, discounts or ot<br>services. An issuer is no | her compen<br>ot required t | sation. D<br>to ask for | o not report pay | ments for s  | ervices |  |
| Cash commissions paid  | 3,560   | .00                                     |  | Security of                 | code 1                  | Security code 2  | Security c   | ode 3   |  |
| Value of all securities<br>distributed as compensation⁴  |   | :                                       | Security codes   |                             |                         |                  |              |         |  |
| Describe term  | ns of warrants, optio   | ns or other rights                      |  |                             |                         |                  |              |         |  |
| Other compensation <sup>5</sup>  |   | Describe                                |  |                             |                         |                  |              |         |  |
| Total compensation paid  |   |   |  |                             |                         |                  |              |         |  |
| Check box if the perso   | n will or may receive   | e any deferred con                      | npensation (describe t                                 | he terms be                 | elow)                   |                  |              |         |  |
|  |   |   |  |                             |                         |                  |              |         |  |
| <sup>4</sup> Provide the aggregate value of a  | ll securities distribut   | ed as compensation                      | on, <u>exclu</u> ding options                          | warrants or                 | other ria               | hts exercisable  | to acquire   |         |  |
| additional securities of the issuer. rights exercisable to acquire addit   | Indicate the security   | y codes for all sec                     | urities distributed as co                              | ompensation                 | n, <u>includi</u>       | ing options, wan | rants or oth | er      |  |

<sup>&</sup>lt;sup>5</sup>Do not include deferred compensation.

| a) Name of person comp   | ensated and registration statu   | ıs                      |                |                  |                       |                     |  |  |  |
|--|--|-------------------------|----------------|------------------|-----------------------|---------------------|--|--|--|
| Indicate whether the person con  | npensated is a registrant.   | ☐ No                    | $\checkmark$   | Yes              |                       |                     |  |  |  |
| If the person compensated is an individual, provide the name of the individual.    |  |                         |                |                  |                       |                     |  |  |  |
| Full legal name of indivi  | idual  |                         |                |                  |                       |                     |  |  |  |
|  | Family name  | •                       | First given na | ame              | Secondary (           | jiven names         |  |  |  |
| If the person compensated is not an individual, provide the following information. |  |                         |                |                  |                       |                     |  |  |  |
| Full legal name  | of non-individual HAYWOOD  | SECURITIES IN           | C.             |                  |                       |                     |  |  |  |
| Firm NRD number 1 6 3 0 (if applicable)  |  |                         |                |                  |                       |                     |  |  |  |
| Indicate whether the person con  | npensated facilitated the distribution   | on through a funding    | portal or an   | internet-based   | l portal. ✓           | No Yes              |  |  |  |
| b) Business contact inform   | mation   |                         |                |                  |                       |                     |  |  |  |
| If a firm NRD number is not pro  | vided in Item 8 (a), provide the bus   | siness contact inform   | ation of the p | person being co  | mpensated.            |                     |  |  |  |
| Street address   |  |                         |                |                  |                       |                     |  |  |  |
| Municipality   |  |                         | Р              | rovince/State    |                       |                     |  |  |  |
| Country  |  |                         | Postal c       | ode/Zip code     |                       |                     |  |  |  |
| Email address  |  |                         | Telepl         | hone number      | ,                     |                     |  |  |  |
| c) Relationship to issuer  | or investment fund manager   |                         |                |                  |                       |                     |  |  |  |
|  | p with the issuer or investment fun<br>g of "control" in section 1.4 of NI 4   |                         |                |                  |                       | ed" in Part B(2) of |  |  |  |
|  | er or investment fund manager  | . , ,                   |                | •                | ther than an invest   | ment fund)          |  |  |  |
| Director or officer of the   | ne investment fund or investment   | fund manager            | Employ         | ee of the issue  | r or investment fun   | d manager           |  |  |  |
| ✓ None of the above  |  | •                       | <del></del>    |                  |                       |                     |  |  |  |
| d) Compensation details  |  |                         |                |                  |                       |                     |  |  |  |
| •  | on paid, or to be paid, to the perso   | on identified in Item 8 | B(a) in connec | ction with the a | istribution. Provide  | all amounts in      |  |  |  |
|  | ommissions, securities-based comp<br>th as clerical, printing, legal or acco   |                         |                |                  |                       |                     |  |  |  |
|  | e directors, officers or employees o   |                         |                |                  | ior details about, or | report on, unternal |  |  |  |
| Cash commissions pa  | id 6,720.00  |                         |                | Security code 1  | Security code 2       | Security code 3     |  |  |  |
| Value of all securitie   | s  | Security code           |                | Ť                |                       |                     |  |  |  |
| distributed as compensation  |  |                         |                |                  |                       |                     |  |  |  |
| Describe to  | Describe terms of warrants, options or other rights  |                         |                |                  |                       |                     |  |  |  |
| Other compensation   |  | escribe                 |                |                  |                       |                     |  |  |  |
| Total compensation paid  |  |                         |                |                  |                       |                     |  |  |  |
| Check box if the per   | rson will or may receive any defer   | red compensation (d     | describe the   | terms below)     |                       |                     |  |  |  |
|  |  |                         |                |                  |                       |                     |  |  |  |
| additional securities of the issu  | of all securities distributed as comp<br>er. Indicate the security codes for<br>Iditional securities of the issuer.<br>ensation. |                         |                |                  |                       |                     |  |  |  |

| a) Name of person comp  | a) Name of person compensated and registration status                |   |   |  |                       |                    |  |  |  |
|---|--|---|---|--|-----------------------|--------------------|--|--|--|
| Indicate whether the person con   | Indicate whether the person compensated is a registrant.    No   Yes |   |   |  |                       |                    |  |  |  |
| If the person compensated is an individual, provide the name of the individual.   |  |   |   |  |                       |                    |  |  |  |
| Full legal name of indiv  | Full legal name of individual  |   |   |  |                       |                    |  |  |  |
|   |  | Family name                                       | Fir                                       | st given name  | Secondary of          | given names        |  |  |  |
| If the person compensated is not an individual, provide the following information.  |  |   |   |  |                       |                    |  |  |  |
| Full legal name   | of non-individua   | POWERONE CAP                                      | PITAL MARKE                               | TS LIMITED   |                       |                    |  |  |  |
| Fi  | irm NRD numbe  | 1 7 0   | 1 0                                       | (if ap   | oplicable)            |                    |  |  |  |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  |  |   |   |  |                       |                    |  |  |  |
| b) Business contact infor   | mation   |   |   |  |                       |                    |  |  |  |
| If a firm NRD number is not pro   | ovided in Item 8 (a),  | provide the business co                           | ontact informatio                         | n of the person being c                              | ompensated.           |                    |  |  |  |
| Street address  |  |   |   |  |                       |                    |  |  |  |
| Municipality  |  |   |   | Province/State                                       | e                     |                    |  |  |  |
| Country   |  |   |   | Postal code/Zip code                                 | 9                     |                    |  |  |  |
| Email address   |  |   |   | Telephone numbe                                      | r                     |                    |  |  |  |
| c) Relationship to issuer   | or investment fu   | nd manager  |   |  |                       |                    |  |  |  |
| Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.                                     |  |   |   |  |                       |                    |  |  |  |
| Connect with the issu   | er or investment fu  | ind manager                                       | Ц   | Insider of the issuer (                              | other than an invest  | ment fund)         |  |  |  |
| Director or officer of the  | ne investment fund   | or investment fund ma                             | anager                                    | Employee of the issue                                | er or investment fun  | d manager          |  |  |  |
| ✓ None of the above   |  |   |   |  |                       |                    |  |  |  |
| d) Compensation details   |  |   |   |  |                       |                    |  |  |  |
| Provide details of all compensate<br>Canadian dollars. Include cash c<br>incidental to the distribution, suc<br>allocation arrangements with th   | rommissions, securi<br>ch as clerical, printi                        | ties-based compensatio<br>ng, legal or accounting | n, gifts, discounts<br>services. An issue | s or other compensatior<br>er is not required to ask | n. Do not report payı | ments for services |  |  |  |
| Cash commissions pa   | id 249,  | 741.24  |   | Security code 1                                      | Security code 2       | Security code 3    |  |  |  |
| Value of all securitie  | ~  |   | Security codes                            | C M S  | W N T                 |                    |  |  |  |
| distributed as compensation   |  |   |   |  |                       |                    |  |  |  |
| Describe terms of warrants, options or other rights  891,933 BRK WNTs were issued, each ex. into 1 CMS in the cap. of the Comp. at C\$0.28 until 08.12.22. WNT = Acc. Pro. If cl. pr. of CMS on TSXV is \$0.70 or more for 10 con. trading days the Comp. will have the right to accelerate the ex. date of the WNTs. |  |   |   |  |                       |                    |  |  |  |
| Other compensation  | n <sup>5</sup>   | Describe  |   |  |                       |                    |  |  |  |
| Total compensation paid   |  |   |   |  |                       |                    |  |  |  |
| Check box if the person will or may receive any deferred compensation (describe the terms below)  |  |   |   |  |                       |                    |  |  |  |
|   |  |   |   |  |                       |                    |  |  |  |
| <sup>4</sup> Provide the aggregate value of<br>additional securities of the issu-<br>rights exercisable to acquire ac<br><sup>5</sup> Do not include deferred comp  | ier. Indicate the se<br>dditional securities                         | curity codes for all sect                         |   |  |                       |                    |  |  |  |

| a) Name of person comp  | ensated and regis   | stration               | status              |                  |                              |                   |                    |                      |                       |                   |              |        |
|---|---|------------------------|---------------------|------------------|------------------------------|-------------------|--------------------|----------------------|-----------------------|-------------------|--------------|--------|
| Indicate whether the person con   | npensated is a regist   | rant.                  |                     |                  | ☐ No                         |                   | <b>√</b>           | Yes                  |                       |                   |              |        |
| If the person compensated is an   | If the person compensated is an individual, provide the name of the individual.   |                        |                     |                  |                              |                   |                    |                      |                       |                   |              |        |
| Full legal name of individual   |   |                        |                     |                  |                              |                   |                    |                      |                       |                   |              |        |
| Family name First given name Secondary given names  |   |                        |                     |                  |                              |                   |                    |                      |                       |                   |              |        |
| If the person compensated is not an individual, provide the following information.  |   |                        |                     |                  |                              |                   |                    |                      |                       |                   |              |        |
| Full legal name   | of non-individual   | RED (                  | CLOUD               | SEC              | URITIES                      | INC.              |                    |                      |                       |                   |              |        |
| Fi  | rm NRD number   | 6                      | 2                   | 8                | 1                            | 0                 |                    |                      | (if app               | licable)          |              |        |
| Indicate whether the person con   | npensated facilitated   | the dist               | tribution           | throu            | ıgh a fund                   | ing por           | tal or a           | ın interne           | t-based               | portal.           | No           | Yes    |
| b) Business contact infor   | mation  |                        |                     |                  |                              |                   |                    |                      |                       |                   |              |        |
| If a firm NRD number is not pro   | vided in Item 8 (a), ¡  | orovide t              | he busir            | ness co          | ontact info                  | rmatior           | n of the           | person b             | peing con             | npensated.        |              |        |
| Street address  |   |                        |                     |                  |                              |                   |                    |                      |                       |                   |              |        |
| Municipality  |   |                        |                     |                  |                              |                   |                    | Province             | e/State               |                   |              |        |
| Country   |   |                        |                     |                  | ĺ                            | F                 | Postal             | code/Zi              | p code                |                   |              |        |
| Email address   |   |                        |                     |                  |                              |                   | Tele               | phone n              | umber                 |                   |              |        |
| c) Relationship to issuer   | or investment fund  | d mana                 | iger                |                  |                              |                   |                    |                      |                       |                   |              |        |
|   | Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. |                        |                     |                  |                              |                   |                    |                      |                       |                   |              |        |
| Connect with the issu   | er or investment fun  | d mana                 | ger                 |                  |                              |                   | Inside             | r of the is          | ssuer (otl            | ner than an inves | tment fund)  |        |
| Director or officer of the  | ne investment fund o  | or invest              | tment fu            | nd ma            | anager                       |                   | Emplo              | yee of th            | e issuer              | or investment fur | ıd manager   |        |
| ✓ None of the above   |   |                        |                     |                  |                              |                   |                    |                      |                       |                   |              |        |
| d) Compensation details   |   |                        |                     |                  |                              |                   |                    |                      |                       |                   |              |        |
| Provide details of all compensate<br>Canadian dollars. Include cash c<br>incidental to the distribution, suc<br>allocation arrangements with th   | ommissions, securiti<br>ch as clerical, printin   | es-based<br>g, legal ( | d compe<br>or accou | nsatio<br>ınting | n, gifts, dis<br>services. A | counts<br>n issue | or oth<br>r is not | er compe<br>required | nsation.<br>to ask fo | Do not report pay | ments for se | rvices |
| Cash commissions pa   | id 75,8   | 35.17                  |                     |                  |                              |                   |                    | Security             | code 1                | Security code 2   | Security co  | de 3   |
| Value of all securitie  | s   |                        |                     | 5                | Security co                  | odes              |                    | C N                  | 1 S                   | WNT               |              |        |
| distributed as compensation   |   |                        |                     |                  |                              |                   |                    |                      |                       |                   |              |        |
| Describe terms of warrants, options or other rights  270,840 BRK WNTs were issued, each ex. into 1 CMS in the cap. of the Comp. at C\$0.28 until 08.12.22. WNT = Acc. Pro. If cl. pr. of CMS on TSXV is \$0.70 or more for 10 con. trading days the Comp. will have the right to accelerate the ex. date of the WNTs. |   |                        |                     |                  |                              |                   |                    |                      |                       |                   |              |        |
| Other compensation  | n <sup>5</sup>  |                        | Desc                | cribe            |                              |                   |                    |                      |                       |                   |              |        |
| Total compensation paid   |   |                        |                     |                  |                              |                   |                    |                      |                       |                   |              |        |
| Check box if the person will or may receive any deferred compensation (describe the terms below)  |   |                        |                     |                  |                              |                   |                    |                      |                       |                   |              |        |
|   |   |                        |                     |                  |                              |                   |                    |                      |                       |                   |              |        |
| <sup>4</sup> Provide the aggregate value of<br>additional securities of the issu<br>rights exercisable to acquire ac<br><sup>5</sup> Do not include deferred comp   | er. Indicate the secu<br>Iditional securities o   | urity cod              | les for a           |                  |                              |                   |                    |                      |                       |                   |              | er     |

| a) Name of person compe  | ensated and regis                              | tration st                | tatus                      |                              |                      |                      |                   |                         |   |
|--|--|---------------------------|----------------------------|------------------------------|----------------------|----------------------|-------------------|-------------------------|---|
| Indicate whether the person com  | pensated is a regist                           | rant.                     |                            | ☐ No                         |                      | $\checkmark$         | Yes               |                         |   |
| If the person compensated is an i  | individual, provide i                          | he name o                 | of the indivi              | dual.                        |                      |                      |                   |                         |   |
| Full legal name of individ   | dual   |                           |                            |                              |                      |                      |                   |                         |   |
|  |  | Family nam                | ne                         |                              | First                | t given n            | ame               |                         | Secondary given names   |
| If the person compensated is not   | an individual, prov                            | ide the foll              | lowing infor               | mation.                      |                      |                      |                   |                         |   |
| Full legal name o  | of non-individual                              | PI FINA                   | NCIAL CO                   | DRP.                         |                      |                      |                   |                         |   |
| Fire   | m NRD number                                   | 5                         | 2 9                        | 0                            |                      |                      |                   | (if appl                | icable)   |
| Indicate whether the person com  | pensated facilitated                           | the distrii               | bution throu               | ıgh a fundi                  | ng port              | al or an             | interne           | t-based p               | oortal.  Ves  |
| b) Business contact inform   | nation   |                           |                            |                              |                      |                      |                   |                         |   |
| If a firm NRD number is not prov   | rided in Item 8 (a), p                         | provide the               | e business co              | ontact info                  | rmation              | of the p             | oerson b          | eing com                | pensated.   |
| Street address   |  |                           |                            |                              |                      |                      |                   |                         |   |
| Municipality   |  |                           |                            |                              |                      | Р                    | rovince           | e/State                 |   |
| Country  |  |                           |                            |                              | Р                    | ostal c              | ode/Zip           | p code                  |   |
| Email address  |  |                           |                            |                              |                      | Telep                | hone n            | umber                   |   |
| c) Relationship to issuer o  | r investment fun                               | d manage                  | er                         | <u>.</u>                     |                      |                      |                   |                         |   |
| Indicate the person's relationship the Instructions and the meaning  Connect with the issue  | of "control" in sect                           | ion 1.4 of                | NI 45-106 f                |                              | oses of              | comple               | ting this         | s section.              | ning of "connected" in Part B(2) of   |
|  |  |                           |                            | 22222                        |                      |                      |                   | •                       | ·   |
| Director or officer of the   | e investment tuna t                            | or investm                | ient iuna ma               | anagei                       | ш                    | Employ               | ee or tri         | e issuer (              | or investment fund manager  |
| ✓ None of the above  |  |                           |                            |                              |                      |                      |                   |                         |   |
| d) Compensation details  |  |                           |                            |                              |                      |                      |                   |                         |   |
|  | mmissions, securiti<br>n as clerical, printin  | es-based c<br>g, legal or | compensation<br>accounting | n, gifts, dis<br>services. A | counts (<br>n issuer | or other<br>is not r | comper<br>equired | nsation. E<br>to ask fo | tribution. Provide all amounts in<br>Do not report payments for services<br>r details about, or report on, internal |
| Cash commissions paid  | 9,9  | 00.00                     |                            |                              |                      |                      | Security          | code 1                  | Security code 2 Security code 3   |
| Value of all securities distributed as compensation  |  |                           | ;                          | Security co                  | des                  |                      | СМ                |                         | W N T   |
| Describe terms of warrants, options or other rights  35,357 BRK WNTs were issued, each ex. into 1 CMS in the cap. of the Comp. at C\$0.28 until 08.12.22. WNT = Acc. Pro. If cl. pr. of CMS on TSXV is \$0.70 or more for 10 con. trading days the Comp. will have the right to accelerate the ex. date of the WNTs. |  |                           |                            |                              |                      |                      |                   |                         |   |
| Other compensation <sup>5</sup>  | 5  |                           | Describe                   |                              |                      |                      |                   |                         |   |
| Total compensation paid  | Total compensation paid                        |                           |                            |                              |                      |                      |                   |                         |   |
| Check box if the person will or may receive any deferred compensation (describe the terms below)   |  |                           |                            |                              |                      |                      |                   |                         |   |
|  |  |                           |                            |                              |                      |                      |                   |                         |   |
| <sup>4</sup> Provide the aggregate value of<br>additional securities of the issue<br>rights exercisable to acquire add<br><sup>5</sup> Do not include deferred compe   | er. Indicate the secu<br>ditional securities o | ırity codes               | s for all sect             |                              |                      |                      |                   |                         |   |

| тем 9 - Directors, Execu  | TIVE OFFICERS  | AND PROMOT           | ERS OF THE ISS         | SUER  |                     |          |           |    |  |  |
|---|--|----------------------|------------------------|---|---------------------|----------|-----------|----|--|--|
| If the issuer is an investment fund   | d, do not complete l   | Item 9. Procced to   | Item 10.               |   |                     |          |           |    |  |  |
| Indicate whether the issuer is any o  | f the following (select  | t the one that appli | es - if more than one  | applies, select onl   | y one).             |          |           |    |  |  |
| ✓ Reporting issuer in any juris   | sdiction of Canada   |                      |                        |   |                     |          |           |    |  |  |
| Foreign public issuer   |  |                      |                        |   |                     |          |           |    |  |  |
| Wholly owned subsidiary of  | a reporting issuer in  | any jurisdiction of  | Canada <sup>6</sup>    |   |                     |          |           |    |  |  |
| Provide name of reporting issuer  |  |                      |                        |   |                     |          |           |    |  |  |
| Wholly owned subsidiary of  | a foreign public issu  | uer <sup>6</sup>     |                        |   |                     |          |           | _  |  |  |
| Provide name of   | foreign public issue   | r                    |                        |   |                     |          |           | 7  |  |  |
| Issuer distributing only eligil   | ble foreign securities   | and the distribution | n is to permitted clie | ents only <sup>7</sup>  |                     |          |           | _  |  |  |
| If the issuer is at least one of the  | above, do not comp   | olete Item 9(a) – (d | c). Proceed to Item    | 10.   |                     |          |           |    |  |  |
| securities that are required by law to respectively. <sup>7</sup> Check this box if it applies to the cu  | <sup>6</sup> An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, |                      |                        |   |                     |          |           |    |  |  |
| If the issuer is none of the  | above, check this b  | oox and complete     | Item 9(a) - (c).       |   |                     |          |           |    |  |  |
| a) Directors, executive officer   | s and promoters of   | of the issuer        |                        |   |                     |          |           |    |  |  |
| Provide the following information for   | •  |                      | moter of the issuer T  | or locations within   | Canada s            | tate the | nrovince  | or |  |  |
| territory; otherwise state the country.   |  |                      |                        |   |                     |          | province  |    |  |  |
| Organization or company name  | Family name  | First given name     | Secondary given names  | intrisplation of the contract |                     |          |           |    |  |  |
|   |  |                      |                        | Province or   | Province or country |          | 0         | Р  |  |  |
|   |  |                      |                        |   |                     |          |           |    |  |  |
| b) Promoter information   |  |                      |                        |   |                     |          |           |    |  |  |
| If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer. |  |                      |                        |   |                     |          |           |    |  |  |
| Organization or company name  | Family name  | First given name     | Secondary given names  | Residential jurisdiction of individual  |                     |          | to promo  |    |  |  |
|   |  |                      |                        | Province or country   | D                   |          | C         | )  |  |  |
|   |  |                      |                        |   |                     |          |           |    |  |  |
| c) Residential address of eac   | h individual   |                      |                        |   |                     |          |           |    |  |  |
| Complete Schedule 2 of this form completed report. Schedule 2 also  |  |                      |                        |   | (a) and (b)         | and at   | tach to t | he |  |  |

# **ITEM 10 - CERTIFICATION**

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

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

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

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

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

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

| Name of issuer/underwriter/<br>investment fund manager/agent | Golden Tag Resources Ltd.      |                  |          |         |              |      |  |  |  |
|--|--------------------------------|------------------|----------|---------|--------------|------|--|--|--|
| Full legal name  | McKenzie                       |                  |          |         |              |      |  |  |  |
|  | Family name                    | First given name |          | Seconda | ary given na | ames |  |  |  |
| Title  | President, Chief Executive Off |                  |          |         |              |      |  |  |  |
| Telephone number   | 6472591781                     | Email address    | greg.mck | enzie@g | joldenta     | g.ca |  |  |  |
| Signature  | signed (Greg McKenzie)         | Date             | 2020     | 08      | 21           |      |  |  |  |
|  |                                |                  | YYYY     | MM      | DD           |      |  |  |  |

| TEM 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  | Fishman              | Adam             |                 |           | Title    | Solicitor |  |  |  |
|  | Family name          | First given name | Secondary give  | en names  | •        |           |  |  |  |
| Name of company  | Peterson Mcvicar LLP |                  |                 |           |          |           |  |  |  |
| Telephone number   | 4163063821           | Em               | ail address afi | ishman@pe | etelaw.c | om        |  |  |  |

#### 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.