Form 45-106F1 Report of Exempt Distribution

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

ITEM 1 - REPORT TYPE									
☐ New report									
✓ Amended report If amen	ded, provide filing date	of report that is being am	ended 2016 11 29 (YYYY-MM-DD)						
ITEM 2 - PARTY CERTIFYING THE	REPORT								
Indicate the party certifying the report (select National Instrument 81-106 Investment Fun									
☐ Investment fund issuer									
✓ Issuer (other than an investigation)	tment fund)								
☐ Underwriter									
Tena 2 Toolien Navas and Oti	I DENTIFIED								
ITEM 3 - ISSUER NAME AND OTH									
Provide the following information about the		vestment fund, about the fund.							
Full legal name	Lions Gate Metals Inc.								
Previous full legal name									
If the issuer's name changed in t	he last 12 months, provide mo	ost recent previous legal name.							
Website			(if applicable)						
If the issuer has a legal entity identifier_ prov	vide below. Refer to Part B of t	he Instructions for the definition	of "legal entity identifier".						
Legal entity identifier									
*									
ITEM 4 - UNDERWRITER INFORM	ATION								
If an underwriter is completing the report, p	rovide the underwriter's full le	gal name and firm National Reg	istration Database (NRD) number.						
Full legal name									
Firm NRD number		(if applicable)							
If the underwriter does not have a firm NRD	number, provide the head off	ice contact information of the un	nderwriter.						
Street address									
Municipality		Province/State							
Country		Postal code/Zip code							
Telephone number		Website	(if applicable)						

ITEM 5 - ISSUER INFORMATION							
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.							
a) Primary industry							
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that corresponds to the issuer's primary business activity. For more information on finding the NAICS industry code go to Statistics Canada's NAICS industry search tool . NAICS industry code 2 1 2 2 0							
NAICS industry code 2 1 2 2 0 If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations. □ Exploration □ Development □ Production Is the issuer's primary business is to invest all or substantially all of its assets in any of the following? If yes, select all that apply. □ Mortgages □ Real estate □ Commerial/business debt □ Consumer debt □ Private companies							
b) 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 7 6 7 3 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							
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 names of all exchanges on which its securities are listed. Include only the names of exchanges for which the issuer has applied for and received a listing, which excludes, for example, automated trading systems.							
Exchange name(s):							
h) Size of issuer's assets							
Select the size of the issuer's assets for its most recent financial year-end (Canadian \$). If the issuer has not existed for a full 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 investment fund, provide the following information.							
a) Investment fund manager informaiton							
Full legal name							
Firm NRD number	(if applicable)						
If the investment fund ma	nager does not have a firm NRD number, provide the head office contact information of the investment fund manager.						
Street address							
Municipality	Province/State Province/State						
Country	Postal code/Zip code						
Telephone number	Website (if applicable)						
b) Type of investment	t fund						
Type of investment fund tha	nt most accurately identifies the issuer (select only one) .						
☐ Money market	☐ Equity ☐ Fixed income						
☐ Balanced	Alternative strategies 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							
	ive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) ve 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 format	· L L L						
d) Reporting issuer st	YYYY MM DD MM DD tatus of the investment fund						
, 1	orting issuer in any jurisdication of Canada? No Yes						
	of Canada in which the investment fund is a reporting issuer.						
All 🔲	AB BC MB NB NL NT						
□ NS □	NU ON PE QC SK TT						
e) Public listing status	s of the investment fund						
If the investment fund has a	a CUSIP number, provide below (first 6 digits only)						
	CUSIP number						
	blicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for 1 for and received a listing, which excludes, for example, automated trading systems.						
Exchage name	s						
f) Net asset value (NA	AV) of the investment fund						
	investment fund as of the date of the most recent NAV calculation (Canadian \$).						
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M						
\$100M to under \$500	DM \$500M to under \$1B \$1B or over Date of NAV calculation: YYYY MM DD						

Item 7 - Information About the Distribution If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees, which should 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 2016 2016 11 18 11 24 MM DD MM DD YYYY 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 that take place in a jurisdiction of Canada on a per security basis. Refer to Part A 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 lowest price	Highest price	Total amount	
U	В	S	S 53626Q30 3 Units consisting of one common share and one common share purchase warrant		6,640.00	0.0750	0.0750	498,049.95	
U	В	S	53626Q30 3	Units consisting of one common share and one common share purchase warrant	13,474,996.00	0.0750	0.0750	1,010,624.70	
U	В	Units consisting of one common		3,333,333.00	0.0750	0.0750	249,999.98		

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.

Security code		,		,		•		,		,		•		,		•		,		Underlying security code		Underlying security code		, ,		, ,		, ,		Exercise price (Canadian \$)		Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
						Lowest	Highest																											
W	Ν	Т	С	М	S	0.1000	0.1000	2018-11-24																										
W	N	Т	С	М	S	0.1000	0.1000	2018-11-18																										
W	N	Т	С	М	S	0.1000	0.1000	2018-11-24																										

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 purchasers	Total amount (Canadian \$)
- British Collimbia	NI 45-106 2.5 [Family, friends and business associates]	1	24,999.98
Uniano	NI 45-106 2.5 [Family, friends and business associates]	1	25,500.00

United States	NI 45-106 2.5 [Family, friends and business associates]	1	50,000.03
Hong Kong	NI 45-106 2.14 [Securities for debt]	1	150,000.00
British Columbia	NI 45-106 2.3 [Accredited investor]	22	584,974.92
Ontario	NI 45-106 2.3 [Accredited investor]	10	523,199.86
Alberta	NI 45-106 2.3 [Accredited investor]	3	199,999.88
Hong Kong	NI 45-106 2.3 [Accredited investor]	1	99,999.98
Ontario	NI 45-106 2.14 [Securities for debt]	1	99,999.98
	1,758,674.63		

²In 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 (Canadian \$)
Total net proceeds to the investment fund	

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

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

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

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

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

tem 8 - Compensation In	FORMATION						
Provide information for each person with the distribution. Complete add					•		ntion in connection
Indicate whether any compensation v	vas paid, or will be paid,	in connectio	n with the distrib	ution.			
☐ No ✓ Yes	If yes, indicate numb	er of perso	ns compensate	ed.	2		
a) Name of person compensa	ted and registration s	status					
Indicate whether the person comp	pensated is a registrant.		✓ No	□ Y	es		
If the person compensated is an ind	ividual, provide the nam	e of the indi	vidual.				
Full legal name of individual	Besharat		Nin	na			
	Family name		First giver	name	Secon	ndary given na	mes
If the person compensated is not a	n individual, provide the	following in	formation.				
Full legal name of no	n-individual						
Firm N	RD number				(if appli	cable)	
Indicate whether the person compe	ensated facilitated the di	istribution th	rough a funding p	ortal or a	—— n internet-base	d portal.	✓ No ☐ Yes
b) Business contact information	n						
If a firm NRD number is not provide	ed in Item 8 (a), provide	the business	contact informati	on of the p	person being co	mpensated.	
Street address 1604-	2191 Yonge St						
Municipality Toron	ito			Pro	vince/State	Ontario	
Country Cana	da		Р	ostal cod	de/Zip code	M4S 3H8	
Email address nima.	s.besharat@gmail.co	om		Telepho	ne number	64758840	002
c) Relationship to issuer or inv	estment fund manag	jer					
Indicate the person's relationship will B(2) of the Instructions and the med Connect with the issuer or in Director or officer of the inventors.	ning of "control" in sections of "control" in sections.	ion 1.4 of NI er	45-106 for the pu	rposes of o	completing this	section. er than an in	nnected" in Part vestment fund) t fund manager
✓ None of the above							
d) Compensation details Provide details of all compensation processes and compensation processes incidental to the distribution on, internal allocation arrangements	nissions, securities-based , such as clerical, printin	d compensat ng, legal or a	ion, gifts, discoun ccounting services	ts or other s. An issuer	compensation. r is not required	Do not repo I to ask for de	rt payments for
Cash commissions paid		Ş	Security codes	Se	curity code 1	Security code	e 2 Security code 3
Value of all securities distributed as compensation ⁴			occurry codec	U	B S		
Describe terms of	of warrants, options or c	other rights	Units issued a 458,100 warra common share period of 24 m	nts with a e per war	an exercise p	rice of \$0.1	
Other compensation ⁵		Describe					
Total compensation paid							
Check box if the person w	vill or may receive any o	leferred com	pensation (descr	ibe the ter	rms below)		
⁴ Provide the aggregate value of all additional securities of the issuer. I rights exercisable to acquire additions ⁵ Do not include deferred compensa-	Indicate the security code onal securities of the iss	des for all se					

a) Name of person com	npensated and registration status								
Indicate whether the pers	on compensated is a registrant.	✓ No	Yes						
If the person compensated i	If the person compensated is an individual, provide the name of the individual.								
Full legal name of individual									
	Family name	First given nam	ne Seco	ondary given names					
If the person compensated	is not an individual, provide the following	information.							
Full legal name	e of non-individual Gravitas Securition	es Inc.							
	Firm NRD number		(if app	licable)					
Indicate whether the perso	n compensated facilitated the distribution	through a funding porta	l or an internet-base	ed portal. ✓	No Yes				
b) Business contact info	ormation								
If a firm NRD number is not	t provided in Item 8 (a), provide the busines	s contact information o	f the person being co	ompensated.					
Street address	Bay-Adeiaide Centre, 333 Bay Stree	et, Suite 1700							
Municipality	Toronto		Province/State	Ontario					
Country	Canada	Posta	al code/Zip code	M4H 2R2					
Email address	mkacintyre@gravitassecuriti es.com	Tel	ephone number	4163670999					
c) Relationship to issue	er or investment fund manager								
	nship with the issuer or investment fund m the meaning of "control" in section 1.4 of N				cted" in Part				
	suer or investment fund manager		ler of the issuer (oth		tment fund)				
<u> </u>	the investment fund or investment fund n	<u>—</u>	loyee of the issuer						
✓ None of the above			•		Ü				
d) Compensation detail	ls								
Provide details of all comper Canadian dollars. Include ca services incidental to the dist	nsation paid, or to be paid, to the person identifies of the person identifies commissions, securities based compense tribution, such as clerical, printing, legal or gements with the directors, officers or employer.	ation, gifts, discounts or accounting services. An	other compensation issuer is not require	n. Do not report po ed to ask for detail	ayments for				
Cash commissions p	paid 41,921.99	Security codes	Security code 1	Security code 2	Security code 3				
Value of all securit distributed	I I	•	WNT						
compensati				1 1					
Describe	terms of warrants, options or other rights	598,960 warrants common share pe period of 24 month	r warrant. Each						
Other compensati	on ⁵ Describe								
Total compensation p	paid 41,921.99								
Check box if the p	person will or may receive any deferred co	mpensation (describe t	he terms below)						
additional securities of the	ue of all securities distributed as compens issuer. Indicate the security codes for all s re additional securities of the issuer. Impensation.								

ГЕМ	9 - Directors, Executi	VE OFFICERS A	AND PROMO	TERS OF THE IS	SSUER					
If t	he issuer is an investment fund, o	do not complete I	tem 9. Procced to	o Item 10.						
Ind	Indicate whether the issuer is any of the following (select all that apply).									
[Reporting issuer in any jurisdic	tion of Canada								
	Foreign public issuer									
	Wholly owned subsidiary of a r	eporting issuer in	any jurisdiction o	f Canada ⁶						
	Provide name	of reporting issuer								
	Wholly owned subsidiary of a f	oreign public issue	er ⁶							
	Provide name of for	eign public issuer								
	Issuer distributing eligible forei	gn securities only	to permitted clien	ts ⁷						
⁶ An secu	If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10. 6An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. 7 Checck this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions. 1 If the issuer is none of the above, check this box and complete Item 9(a) - (c).									
a)	Directors, executive officers a	and promoters of	f the issuer							
	ovide the following information for rritory; otherwise state the country.						da, stat	te the p	province (or
	Organization or company name	Family name	First given name	Secondary give names			Relationship to issuer (select all that apply)		that	
					Province o	r country	D	0	Р	
b)	Promoter information									
	the promoter listed above is not an ithin Canada, state the province or t									
	Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual Relationsh (select one or		nship to	o prom h if app	oter olicable)	
					Province or country	D		C)	
c)	Residential address of each i	ndividual								

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 or director 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 not be delegated to an agent or other individual preparing the report on behalf of the issuer or underwriter. If the individual completing and filing the report is different from the individual certifying the report, provide their name and contact details 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.

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

By completing the information below, I certify to the securities regulatory authority or regulator that:

- I have read and understand this report; and
- all of the information provided in this report is true.

Full legal name	Davis	Emily			
	Family name	First given name		Secondary given names	
Title	Director				
Name of issuer/underwriter/ investment fund manager	Lions Gate Metals Inc.				
Telephone number	6046285616	Email address	edavis@tyandsons.com		
Signature	Emily Davis	Date	2017	01	12
			YYYY	MM	DD

ITEM 11- CONTACT PERSON

	· · · · · · · · · · · · · · · · · · ·			e securities regulatory autho al certifying the report in Iter	, ,	ntor may contact with any
Same as indiv	idual certifying the repo	rt				
Full legal name	Mah	Gavin			Title	Lawyer
	Family name	First given nam	е	Secondary given names		
Name of company	DuMoulin Black LLP					
Telephone number 6046026803 Email address gmah@dumoulinblack.com					ck.com	

Notice - Collection and use of personal information

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

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

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

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

- 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.