Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 10150339

ITEM 1 - REPORT TYPE					
✓ New report					
☐ Amended report If ame	nded, provide filing date	of report that is beir	ng ame	ended	(YYYY-MM-DD)
ITEM 2 - PARTY CERTIFYING TH	e Report				
Indicate the party certifying the report (sel Instrument 81-106 Investment Fund Conti				estment fund, refer to section	on 1.1 of National
☐ Investment fund issuer	naous Disclosure and the comp	umon policy to tvi or Toc	0.		
✓ Issuer (other than an investigation)	stment fund)				
Underwriter	surround raina,				
ITEM 3 - ISSUER NAME AND OT					
Provide the following information about the			e fund.		
Full legal name	Athena Gold Corporation	on 			
Previous full legal name					
If the issuer's name changed in the last 12 months, provide most recent previous legal name.					
Website	https://athenagoldcorp.	com/ (if a	pplicable	e)	
If the issuer has a legal entity identifier, pr	ovide below. Refer to Part B of t	he Instructions for the de	efinition 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 applicable)					
ITEM 4 - UNDERWRITER INFORM	MATION				
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm NRD I	number.		1
Full legal name					
Firm NRD number (if applicable)					
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.					
Street address					
Municipality		Province/	/State		1
Country		Postal code/Zip	code		ı
Telephone number		We	ebsite		(if applicable)

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

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

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

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION					
If the issuer is an inves	tment fund, provide the following information.					
a) Investment fund ma	anager information					
Full legal name						
Firm NRD number	(if applicable)					
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.					
Street address						
Municipality	Province/State					
Country	Postal code/Zip code					
Telephone number	Website (if applicable)					
b) Type of investment	fund					
Type of investment fund tha	nt most accurately identifies the issuer (select only one) .					
Money market	☐ Equity ☐ Fixed income ☐ Balanced					
Alternative strateg	gies Cryptoasset Other (describe)					
Indicate whether one or bot	h of the following apply to the investment fund .					
Invests primarily in	n other investment fund issuers					
☐ Is a UCITs Fund¹						
¹ Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.					
c) Date of formation a	and financial year-end of the investment fund					
Date of formation Financial year-end MM DD Financial year-end						
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.

_ 1	O	
a) Currenc	CV

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)

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 2023 04 24

YYYY MM DD

End date 2023 04 24

c) Detailed purchaser information

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

d) Types of securities distributed

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

							Canadian \$	
Security CUSIP number (if applicable)			Description of security	Number of securities	Single or lowest price	Highest price	Total amount	
U	В	S	04686B108	Units consisting of one common share and one common share purchase warrant	9,064,572.00	0.0700	0.0700	634,520.04

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.

	exch	vertib angea urity c	able		derlyii urity c	•		se price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
							Lowest	Highest			
Ī	W	Ν	Т	С	М	S	0.1000	0.1000	2025-04-24	1:1	

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 ² purchasers	Total amount (Canadian \$)			
British Columbia	NI 45-106 2.3 [Accredited investor]	1	21,000.00			
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	1	350,000.00			
Alberta	NI 45-106 2.3 [Accredited investor]	1	52,500.00			
Ontario	NI 45-106 2.3 [Accredited investor]	5-106 2.3 [Accredited investor] 7 211,020				
	Total dollar amount of se	curities distributed	634,520.04			
	Total number of unique purchasers ² b	10				

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

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

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides. 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)

ITEM 8 - COMPENSATION INFORMATION
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.
No ✓ Yes If yes, indicate number of persons compensated. 3

a) Name of person compensa	ated and registr	ation status								
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 individua	I									
	Fa	mily name		First gi	iven nam	ne	S	econdary give	names	<u> </u>
If the person compensated is not an individual, provide the following information.										
Full legal name of no	on-individual	CASTLEWOOD	CAPITAL	CORPO	RATIO	N				
Firm NRD number 7 5 7 3 0 (if applicable)										
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes										
b) Business contact informati	on									
If a firm NRD number is not provided	d in Item 8 (a), pro	ovide the business	contact info	rmation o	f the per	rson being	compensate	d.		
Street address										
Municipality					Pro	vince/Sta	te			
Country			7	Pos	stal cod	de/Zip cod	de			
Email address			7	Т	elepho	ne numb	er			
c) Relationship to issuer or in	vestment fund	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 issuer or			for the part		•			an investme	nt fund)
Director or officer of the in		-	nanager	_				ment fund m	·	
✓ None of the above	vestment fund of	investment rana r	nanagoi	LJ -"	прюусс	, or the 100		anoni idia ii	anago	
d) Compensation details				04.11		***		, ,,		. •
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.										
Cash commissions paid	5,758	3.20			Se	ecurity code	1 Security	/ code 2 Se	ecurity c	ode 3
Value of all securities			Security co	odes	W	T T	Г	0.0000	Journy of	
distributed as compensation ⁴ Describe terms	of warrants, option	ons or other rights	189,403	3 broker v	warrant	ts each e	xercisable	for one cor	nmon	
_				f the Issu	uer at \$	0.10 per	share until	April 24, 2	025	
Other compensation ⁵		Describe)							
Total compensation paid 5,758.20										
Check box if the person will or may receive any deferred compensation (describe the terms below)										
⁴ Provide the aggregate value of all a	securities distribu	ited as compensa	tion, <u>exclud</u>	ling option:	s, warra	ants or othe	er rights exe	rcisable to a	cquire	
additional securities of the issuer. In rights exercisable to acquire addition	ndicate the securi	ity codes for all se	curities dist	ributed as	compe	nsation, <u>in</u>	<u>cluding</u> optic	ons, warrant	or oth	er
⁵ Do not include deferred compensa	tion.									

a) Name of person compe	ensated and regis	stration status								
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 individ	dual									
		Family name	Firs	st given na	ame		Secon	dary given r	ames	
If the person compensated is not an individual, provide the following information.										
Full legal name of non-individual Echelon Wealth Partners Inc.										
Firm NRD number 3 2 4 2 0 (if applicable)										
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes										
b) Business contact inform	nation									
If a firm NRD number is not prov	rided in Item 8 (a), p	provide the business c	ontact information	n of the p	erson being	compe	ensated.			
Street address										
Municipality				Pr	ovince/Sta	ate				
Country			, F	Postal co	ode/Zip co	de				
Email address				Teleph	none numb	er				
c) Relationship to issuer o	r investment fun	d 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 issue				•	of the issue		than an i	nvestment	fund)	
Director or officer of the	e investment fund o	or investment fund m	anager	Employe	ee of the iss	uer or i	investmer	nt fund mai	nager	
✓ None of the above			_							
d) Compensation details										
Provide details of all compensation Canadian dollars. Include cash coincidental to the distribution, such allocation arrangements with the	mmissions, securiti n as clerical, printin	es-based compensation g, legal or accounting	on, gifts, discounts services. An issue	or other er is not re	compensati equired to a	on. Do	not report	t payments	for serv	vices
Cash commissions paid	1,2	60.00		3	Security code	1 S	Security cod	de 2 Secu	urity code	e 3
Value of all securities distributed as compensation			Security codes	١	WN	Т				
·		otions or other rights	18,000 broker						on sha	re
Other compensation ⁵	5	Describe	of the issuel a	αι ψυ. τυ	per snare	until 7	τριπ 24, .	2023		
Total compensation paid	1,26	60.00								
Check box if the person will or may receive any deferred compensation (describe the terms below)										
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compe	er. Indicate the secu ditional securities o	urity codes for all sec	ion, <u>excluding</u> opti urities distributed	ions, war 'as comp	rants or oth pensation, <u>ii</u>	er right ncluding	ts exercisa g options,	able to acq warrants c	uire or other	

a) Name of person comper	sated and registrati	on status								
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 individual	ıal									
	Famil	y name	Fir	st given n	ame		Seco	ndary given r	names	
If the person compensated is not an individual, provide the following information.										
Full legal name of	non-individual PO	LLITT & CO. IN	NC.							
Firm NRD number 2 7 6 0 (if applicable)										
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes										
b) Business contact information	ation									
If a firm NRD number is not provid	ded in Item 8 (a), provid	de the business co	ontact informatio	n of the p	person bei	ng com	pensated.			
Street address										
Municipality				Р	rovince/S	State				
Country				Postal c	code/Zip	code				
Email address				Telep	hone nur	mber				
c) Relationship to issuer or	investment fund ma	nager								<u>.</u>
Indicate the person's relationship with the Instructions and the meaning of							ning of "co	nnected" in	Part E	3(2) of
Connect with the issuer				-	_		er than an	investment	fund)	
Director or officer of the		-	anager \square			,		ent fund ma	,	
None of the above			age:	p.o,					ago.	
d) Compensation details	., ., ., .,		··· · · · · · · · · · · · · · · · · ·				·/ ·/ D			
Provide details of all compensation Canadian dollars. Include cash con incidental to the distribution, such	nmissions, securities-ba as clerical, printing, leg	sed compensational or accounting	n, gifts, discounts services. An issue	or other er is not r	r compenso required to	ation. De ask for	o not repo	rt payments	for se	rvices
allocation arrangements with the c	903.0	¬	такчайа сотре	ensatea t	by the issue	er. 				
·	903.0			-	Security co		Security co	ode 2 Sec	urity co	de 3
Value of all securities distributed as compensation ⁴			Security codes		W N	Т				
Describe terr	ns of warrants, options	or other rights	12,900 broke of the Issuer						on sh	are
Other compensation ⁵		Describe								
Total compensation paid	903.0	o o								
Check box if the person will or may receive any deferred compensation (describe the terms below)										
⁴ Provide the aggregate value of a	Ill securities distributed	d as compensatio	on, excludina ont	ions. wa	errants or o	ther ria	hts exercis	sable to acc	nuire	
additional securities of the issuer rights exercisable to acquire additional	Indicate the security of	codes for all sect	urities distributed	as com	pensation,	<u>includii</u>	ng options	s, warrants o	or othe	er
⁵ Do not include deferred compen										

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER						
If the issuer is an investment fund	d, do not complete l	Item 9. Procced to	Item 10.							
Indicate whether the issuer is any o	f the following (select	t the one that appli	es - if more than one	applies, select onl	y one).					
✓ Reporting issuer in any juris	sdiction of Canada									
Foreign public issuer										
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶										
Provide name of reporting issuer										
Wholly owned subsidiary of	a foreign public issu	uer ⁶						_		
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 ⁷				_		
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item	10.						
⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.										
If the issuer is none of the	above, check this 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	Organization or company name Family name First given name Secondary given names Secondary given names Business location of non-individual or residentail jurisdiction of individual Relationship to issuer (select all that apply)									
				Province or	country	D	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	Organization or company name Family name First given name Residential jurisdiction of individual Relationship to promoter (select one or both if applicable)									
				Province or country	D		C)		
c) Residential address of each individual										
Complete Schedule 2 of this form completed report. Schedule 2 also					(a) and (b)	and at	tach to t	he		

ITEM 10 - CERTIFICATION

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

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

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

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

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

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

Name of issuer/underwriter/ investment fund manager/agent	Athena Gold Corporation									
Full legal name	Power	Casey								
	Family name	Secondary given names								
Title	Chief Executive Officer, President and Director									
Telephone number	7072916198	Email address jo	hnpower@athenagoldcorp.com							
Signature	John Casey Power	2023 05 01								
			YYYY MM DD							

ITEM 11- CONTACT PERSON										
Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.										
Same as individual certifying the report										
Full legal name	Shewchuk	Linda	Gail	Title	Securities Paralegal					
	Family name	First given name	Secondary given names							
Name of company	0872144 BC Ltd.									
Telephone number	6043068854	Em	ail address Igshewchi	uk@gmail.d	com					

Notice - Collection and use of personal information

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

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

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

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

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