

Stock Power of Attorney

(Necessary for the transfer of ownership by an individual)

I Darel Clayton hereby transfer the ownership of:

Issuer Name Highland Critical Minerals Corp

ISIN/CUSIP CA43005Y1007

Number of Shares 250,00 SHARES and 187,500 WARRANTS

Certificate # BE - 1002 and WT 31-01-2024

to:

Name Scott Clayton

Street Kingfisher 18, Sandypoint

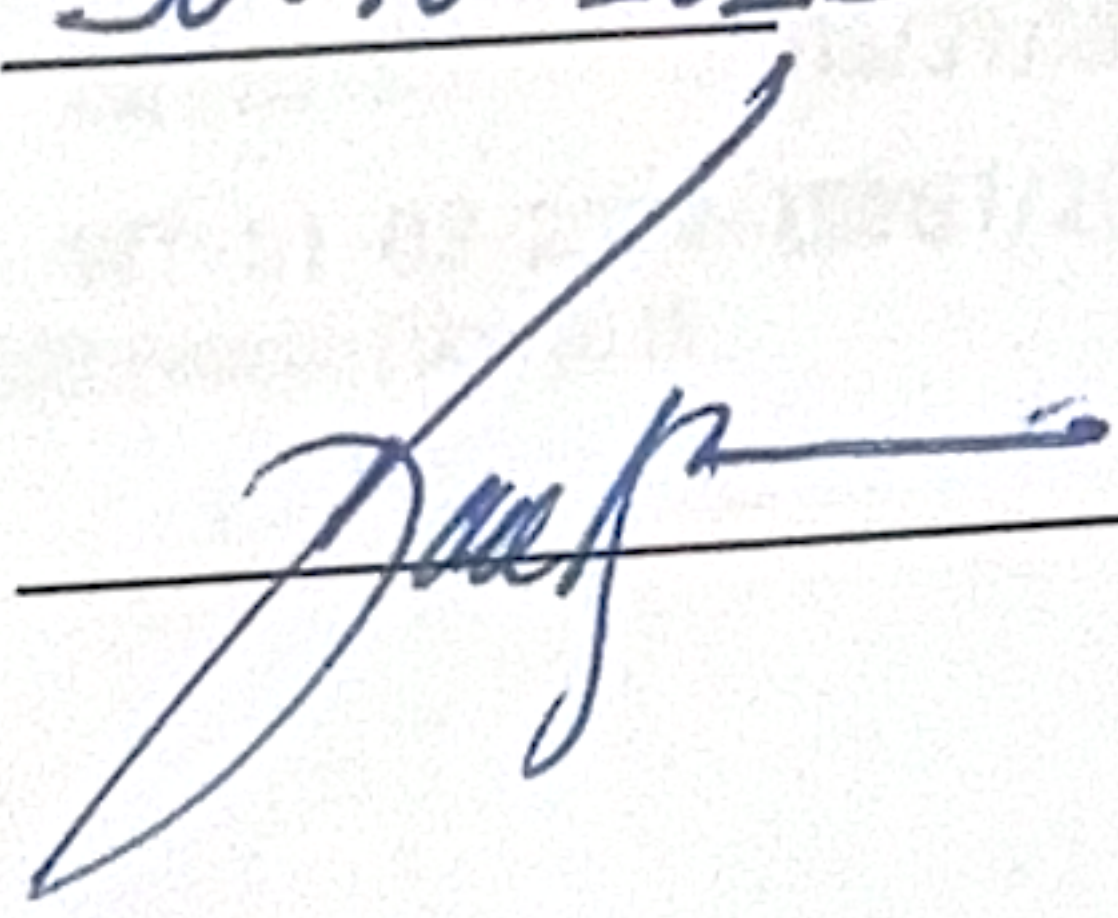
State NP

City Nassau

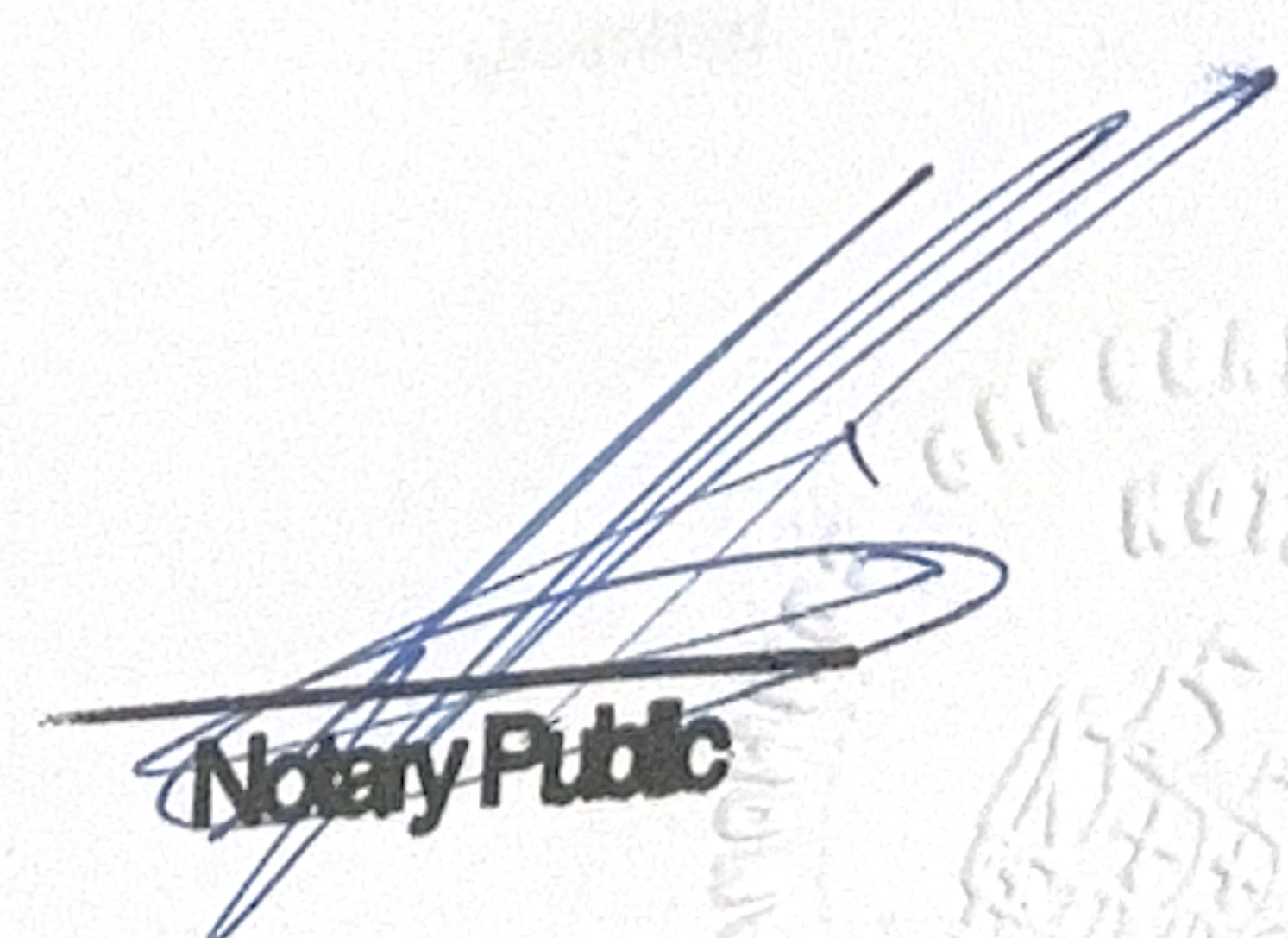
Country Bahamas

Postal Code XXXXX

Dated: 30.10.2025

Signed: 

Signature Guarantee by Notary Public or Green Medallion Stamp


Notary Public

600 Annette St.
Lower Level
Toronto, ON M6S 2C4

Phone: 1 (416) 623-8028
Fax: 647-794-3332
support@integraltransfer.com
http://www.integraltransfer.com

DIRECT REGISTRATION ACCOUNT STATEMENT AS OF 5/22/2025

Account (ID: 723-527):

Darel Clayton
18 Sandyport
Nassau
Bahamas

Issuer: Highland Critical Minerals Corp.

State of Incorporation : BC
Outstanding Common A: 450,000
Outstanding Warrant: 337,500

Issuer: Highland Critical Minerals Corp. (ID: 396)

Security Common A, Warrant:

Certificate ID	Certificate #	Issued	Restriction	CUSIP	ISIN	Security	Shares
* 100-107	BE-1002	01/31/2024		43005Y100	CA43005Y1007	Common A	250,000
* 100-107	WT-31-01-2024- 100 31/2024					Warrant	187,500
Expiration: 1/31/2029, Exercise Price: \$0.15							
100-107	BE-1019	03/31/2024		43005Y100	CA43005Y1007	Common A	200,000
100-107	WT-31-03-2024- 100 31/2024					Warrant	150,000
Expiration: 3/31/2029, Exercise Price: \$0.15							

Number of Common A Certificates: 2
Total Common A Outstanding: 450,000
Number of Warrant Certificates: 2
Total Warrant Outstanding: 337,500

Security	CUSIP	Authorized Shares	Par Value
Common A	43005Y100	Unlimited	N/A
Warrant		Unlimited	N/A

IMPORTANT INFORMATION RETAIN FOR YOUR RECORDS.
This advice is your record of the securities transaction affecting your holdings recorded on the books of the issuer as part of the book-based Direct Registration System (DRS). It is neither a negotiable instrument or a security. You can transfer or sell your book-based DRS holdings represented by this advice by presenting this advice to your broker along with written instructions/stock power. If the issuer's incorporating documents and governing legislation entitle security holders to receive certificates representing their holdings, this advice is also a non-transferable written acknowledgement of your right to receive such a certificate in respect of your holdings. Upon request, the issuer will furnish to any security holder, without charge, a full statement of the designations, rights (including rights under an issuer Rights Agreement, if any), preferences and limitations of the securities of each class and series authorized to be issued and the authority of the Board of Directors to divide the securities into series and to determine and change rights, preferences and limitations of any class or series. The assets in your account on the books of the issuer are part of the Direct Registration System. Such assets are not deposits of Integral Transfer Agency and are not insured by the Canada Deposit Insurance Corporation or any other government agency.

UNTIL THE SEPARATION TIME (AS DEFINED IN THE RIGHTS AGREEMENT REFERRED TO BELOW), THIS CERTIFICATE ALSO EVIDENCES AND ENTITLES THE HOLDER HEREOF TO CERTAIN RIGHTS AS SET FORTH IN A SHAREHOLDER RIGHTS PLAN AGREEMENT, DATED AS OF JULY 24, 2007 (THE "RIGHTS AGREEMENT"), BETWEEN XYZ INC. (THE "COMPANY") AND INTEGRAL TRANSFER AGENCY INC., AS RIGHTS AGENT, AS AMENDED FROM TIME TO TIME, THE TERMS OF WHICH ARE HEREBY INCORPORATED HEREIN BY REFERENCE AND A COPY OF WHICH MAY BE INSPECTED DURING NORMAL BUSINESS HOURS AT THE PRINCIPAL OFFICE OF THE CORPORATION. UNDER CERTAIN CIRCUMSTANCES, AS SET OUT IN THE RIGHTS AGREEMENT, THE RIGHTS MAY BE AMENDED, REDEEMED, MAY EXPIRE, MAY BECOME NULL AND VOID OR MAY BE EVIDENCED BY SEPARATE CERTIFICATES AND NO LONGER EVIDENCED BY THIS CERTIFICATE. THE CORPORATION WILL MAIL OR ARRANGE FOR THE MAILING OF A COPY OF THE RIGHTS AGREEMENT TO THE HOLDER OF THIS CERTIFICATE WITHOUT CHARGE AS SOON AS PRACTICABLE AFTER THE RECEIPT OF A WRITTEN REQUEST THEREFOR.

Privacy Notice: Integral Transfer Agency is committed to protecting your personal information. In the course of providing services to you and our corporate clients, we receive non-public personal information about you from transactions we perform for you, forms you send us, other communications we have with you or your representatives, etc. This information could include your name, address, social insurance number, securities holdings and other financial information. We use this to administer your account, to better serve you and our clients' needs and for other lawful purposes relating to our services. Some of your information may be transferred to servicers in the U.S.A for data processing and/or storage. We have prepared a Privacy Code to tell you more about our information practices, how your privacy is protected and how to contact our Compliance Officer. It is available at our website, Integraltransfer.com, or by writing to us at 401 Bay Street, Suite 2702, Toronto, Ontario M5H 2Y4, Canada.

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PASSPORT
PASSEPORT

THE COMMONWEALTH OF THE BAHAMAS

TYPE

COUNTRY / PAYS

PASSPORT NUMBER / N. DE PASSEPORT

PA

BHS

AA070933

SURNAME / NOM

CLAYTON

GIVEN NAMES / PRENOMS

DAREL ALISA MANETTE

NATIONALITY / NATIONALITE

BAHAMIAN

DATE OF BIRTH / DATE DE NAISSANCE

N.I.B. / N.I.B. N

17 FEB 1970

12825700

SEX / SEXE

PLACE OF BIRTH / LIEU DE NAISSANCE

FE

NEW PROVIDENCE

DATE OF ISSUE / DATE DE DELIVRANCE: 15/05/2015

PLACE OF ISSUE / LIEU D'EMISSION

05 DEC 2018

NASSAU

DATE OF EXPIRY / DATE D'EXPIRATION

05 DEC 2028

PABHSCLAYTON<<DAREL<ALISA<MANETTE<<<<<<<<<
AA070933<8BHS7002173F281205812825700<<<<<70

I hereby certify this to be
a true and correct copy of
the original.

Notary Public

INTEGRAL**TRANSFERAGENCY
SHAREHOLDER SERVICES**

401 Bay St., Suite 2702, Toronto ON M5H 2Y4

P: (416) 623-8028 / F: (647) 794-3332

www.integraltransfer.com / info@integraltransfer.com

Pre-Authorized Credit Card Payment - Authorization Form

Integral Transfer Agency (ITA) strongly encourages that all clients provide credit card information that will be kept on file to process payment for any current and future services/work requested by the client and processed by ITA. **Providing a valid credit card will result in savings of 10% off your next monthly maintenance fee and 10% off your next share issuance after ITA has received the credit card information.**

Please fill and sign this form and fax to: (647) 794-3332 or scan and email to: accounting@integraltransfer.com

☒ VISA ☐ MasterCard ☐ American Express (AMEX)

Credit Card number: 4999 0500 0932 1282 Expiry Date: 6 / 26 *CVC Code: 210

*Card Verification Value Code "VISA or MasterCard" 3 digit code on the back of the card. "AMEX" 4 digit code on the front of the card.

Name exactly as shown on the Card: Darel Davis-Clayton

Billing Address as shown on credit card statement: Lobe Beach, West bay street

City Nassau Prov./State N Country Bahamas Postal/Zip Code SS6046

General Guidelines:

- Invoices will be sent to the client by EMAIL for the requested services; and subsequently on or about the 1st of every month for any monthly recurring service fees. Payment is due upon receipt.
- The client has five (5) business days to review and respond to the EMAIL, if no response is received by our accounting department the invoice will be considered approved and the credit card payment will be processed.
- The client is responsible to advise Integral in writing of any credit card statement billing error attributable to a transaction processed by Integral. Any refunds due will be credited to the client's credit card account; or upon the client's request, their Integral Client Account can be credited instead with the funds to be used towards the client's future service invoices.
- The client can set a pre-authorized payment amount limit. However the client may be asked to make an interim payment if the amount for the work requested exceeds the pre-authorized payment amount limit set by the client.
- When processing the credit card payment all applicable Non-Sufficient Funds (NSF) charges will apply if the credit card is declined; and we reserve the right to not process any additional work until the client's outstanding Integral Client Account balance is paid in full.
- It is the client's sole responsibility to inform Integral in writing of any changes made to their company's contact information such as new contact person, email address or credit card information, if not Integral will consider the invoice delivered by using the email address on file provided by the client below.

I hereby authorize Integral Transfer Agency Inc. to bill my credit card for up to \$ 150.00 Canadian Funds. The minimum is \$500. (CDN - exchange rate will apply as per the transaction date value assigned) in a given month based on the monthly invoice sent to me for the following company:

Highland Critical Minerals Corp
(Full Company Name)



email new DRS to: scottclayton@hushmail.com
(Contact Name)

scottclayton@hushmail.com
(Email address)

It is understood that the credit card payment will only be processed five business (5) days after the invoice has been sent to the email address provided above to allow time for me to review or dispute the charges.

(Signature)

DATE: 30 / 1 / 2025
MM / DD / YYYY