IM CANNABIS CORP.





Please return completed form to: Computershare 8th Floor, 100 University Avenue Toronto, Ontario M5J 2Y1

| Γ | _ | Interim Fi | box if y | ou wou | ld like to | | N | Annual Mark thi | s bo | x if yo | ou wo | ould li | ke to | | | | | | | | | | |
|-----------------|----------|---|--|----------|--------------|--|--------|---|-------|---------|--------------|---|-------|-------|------------|--------|--------|--------|---------|------|-------|--------|---|
| | | receive In | | | l | Ш | | eceive Stateme | | | | iancia | I | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Finan | icial S | Statemer | its Re | ques | t Form | | | | | | | | | | | | | | | | | | |
| and Mi | D&A a | ties regula nd/or the A n and retur | nnual | Financ | cial Staten | nents an | d MD |)&A. I | f you | u wo | uld li | ke to | recei | ve th | ne re | por | t(s) b | y ma | | | | | 3 |
| Alterna | atively, | you may o | choose | to acc | ess the re | eport(s) o | nline | at ww | /W.S | edar. | .com | ۱. | | | | | | | | | | | |
| | | e will use the | | | | | | | | | | al state | ement | s. Yo | ou ma | ay vi | ew C | omp | uters | hare | e's P | rivacy | 1 |
| 30 0 0 0 | | oompatoror | | прпта | oy or by 10 | quoomig | inat v | vo man | you | u 00, | , , . | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Diagon | nlass n | w nama an | vour fin | onoial a | atatamanta | mailing I | o.t | | | | | | | | | | | | | | | | |
| Vame | piace ii | ny name on | your iiii | alicials | statements | maning i | SI. | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | Ctroot Nivesh | Street Number | | Street Name | | | | | | | | | | | | | | | | | | |
| ۹pt. | | Street Number | 31 | -, - | street ivame | | - | | | | | | | | - | | - 1 | , | | 3 | - | 2 | |
| Apt. | | Street Number | 31 | | street ivame | | | | | | | | | | | | | | | | | | |
| Apt. | | Street Number | ## ## ## ## ## ## ## ## ## ## ## ## ## | | sireet Name | 00000000000000000000000000000000000000 | | 000000000000000000000000000000000000000 | | | | 000000000000000000000000000000000000000 | | Pro | v. / Stati | e • | Posta | I Code | / Zip C | ode | | | |