

REQUEST FOR FINANCIAL STATEMENTS

In accordance with National Instrument 51-102 – *Continuous Disclosure Obligations*, registered and beneficial shareholders may elect annually to receive a copy of our annual financial statements and corresponding management discussion and analysis ("MD&A") or interim financial statements and the corresponding MD&A, or both.

If you wish to receive these documents by mail, please return this completed form to:

Imagin Medical Inc.
Suite 600 – 890 West Pender Street
Vancouver, B.C. V6C 1J9

Rather than receiving the financial statements by mail, you may choose to view these documents on the SEDAR website at www.sedar.com.

I HEREBY CERTIFY that I am a registered and/or beneficial holder of the Company, and as such, request that my name be placed on the Company's Mailing List with respect to its annual and/or interim financial statements and the corresponding MD&A for the current financial year.

Please send m	e:		
	Interim Financial Statements with MD&A		
	☐ Annual Financial Statements with MD&A		
PLEASE PRI	NT		
FIRST NAME LAST NAME			
ADDRESS			
CITY	PROVINCE/STAT	E	POSTAL/ZIP CODE
COUNTRY	EN	MAIL	
SIGNED:	(Signature of Shareholder)		
	N ADDRESS CHANGE, PLEASE CI de previous address below)	HECK HERE:	