Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8693765

| ITEM 1 - REPORT TYPE | | | | | | | | | |
|--|---|-------------------|------------------|-------------|------------|------------------------|------------------------------|-----------------------|--|
| ✓ New report | | | | | | | | | |
| Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD) | | | | | | | | | |
| ITEM 2 - PARTY CERTIFY | ING THE | Report | | | | | | | |
| Indicate the party certifying the Instrument 81-106 Investment F | | | | | | | restment fund, refer to se | ction 1.1 of National | |
| Investment fund is | | | | | - | | | | |
| ✓ Issuer (other than | an invest | ment fund |) | | | | | | |
| | | | , | | | | | | |
| | | | | | | | | | |
| ITEM 3 - ISSUER NAME A | and Oth | HER IDENT | TIFIERS | | | | | | |
| Provide the following information | | e issuer, or if t | the issuer is an | investme | nt fund, a | bout the fund. | | | |
| Full leg | gal name | Nanosphe | ere Health | Science | s Inc. | | | | |
| Previous full leg | Previous full legal name Corazon Gold Corp. | | | | | | | | |
| If the issuer's name changed in the last 12 months, provide most recent previous legal name. | | | | | | | | | |
| Website www.nanospherehealth.com (if applicable) | | | | | | | | | |
| If the issuer has a legal entity ide | entifier <u>,</u> pro | vide below. R | efer to Part B | of the Inst | ructions f | or the definition | of "legal entity identifier" | , | |
| Legal entity i | dentifier | | | | | 7 | | | |
| If two or more issuers distributed | d a single se | curity, provia | le the full lega | l name(s) | of the co- | issuer(s) other th | an the issuer named abo | eve. | |
| Full legal name(s) of co- | issuer(s) | | | | | (if applicabl | e) | | |
| | | | | | | | | | |
| ITEM 4 - UNDERWRITER | Inform | ATION | | | | | | | |
| If an underwriter is completing t | he report, p | provide the un | derwriter's ful | l legal nar | ne and fir | rm NRD number. | | | |
| Full legal name | | | | | | | | | |
| Firm NRD number | | | | | (if | applicable) | | | |
| If the underwriter does not have | a firm NRL | D number, pro | vide the head | office con | tact infor | mation of the un | derwriter. | | |
| Street address | | | | | | | | | |
| Municipality | | | | | Ρ | rovince/State | | \exists | |
| Country | | | | | Postal c | ode/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 in your reasonable judgment most closely corresponds to the issuer's primary business activity. |
| NAICS industry code 5 4 1 7 1 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. |
| 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 |
| Cryptoassets |
| b) Number of employees |
| Number of employees: 🗸 0 - 49 🗍 50 - 99 🗍 100 - 499 🗍 500 or more |
| c) SEDAR profile number |
| Does the issuer have a SEDAR profile? |
| No If yes, provide SEDAR profile number 0 0 2 2 2 6 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 YYYY 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 |
| 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 |
| 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 |
|-----------------------|---------------------|-------------------------|
| S100M to under \$500M | S500M to under \$1B | S1B or over |

| ITEM 6 - INVESTMENT | FUND ISSUER INFORMATION |
|----------------------------------|--|
| If the issuer is an inves | tment fund, provide the following information. |
| a) Investment fund m | anager information |
| Full legal name | |
| Firm NRD number | (if applicable) |
| If the investment fund mane | 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 the | nt most accurately identifies the issuer (select only one) . |
| Money market | Equity Fixed income Balanced |
| Alternative strateg | jies 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 Fund ¹ | |
| | tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union ollective investment schemes to operate throughout the EU on a passport basis on authorization from one member state. |
| c) Date of formation a | nd financial year-end of the investment fund |
| Date of forma | tion Financial year-end |
| | YYYY MM DD MM DD |
| 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. |
| | AB BC MB NB NL NT |
| | 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 tot a trading facility such as, for example, an automated trading system. |
| Exchange n | |
| f) Net asset value (NA | V) of the investment fund |
| Select the NAV range of the | 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 \$50 | DM \$500M to under \$1B \$1B or over Date of NAV calculation: |
| | YYYY MM DD |

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

| purchasers | s residen n with th | in that distrib | jurisa | liction of Canada | only. Do | o not inclu | urisdiction of Canada, in de in Item 7 securities iss The information provide | ued d | as payment o | of comm | issions or fi | nder's fees in | n |
|--|---|---|---------------------------------------|---|---|--|---|-----------------------------|---|------------------------------------|---|------------------------------------|----|
| a) Cur | rency | | | | | | | | | | | | |
| Select the | currency | or curre | encies | in which the dist | ribution | was made | . All dollar amounts prov | rided | in the report | must b | e in Canadi | an dollars. | |
| 🖌 Cana | dian do | llar | | US dollar | |] Euro | Other (descr | ibe) | | | | | |
| b) Dist | tribution | date(s | 5) | | | | | | | | | | |
| 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 2018 12 14 End date 2018 12 14 | | | | | | | e | | | | | | |
| | | S | tart da | ^{ate} 2018 | 12 | 14 | End | date | 2018 | 12 | 14 | | |
| | | | | YYYY | MM | DD | | | YYYY | MM | DD | | |
| | - | | | ormation | - | | | | | | | | |
| Complet | e Schee | lule 1 | of th | is form for eac | h purc | haser an | d attach the schedu | le to | the compl | eted re | eport. | | |
| d) Typ | es of se | ecuritie | s dist | tributed | | | | | | | | | |
| | | | | | | | per security basis. Refer it CUSIP number assigne | | | | | ow to indicate the | _ |
| | | | | | | | | | | | Canadian \$ | | |
| Security code | | number licable) | | Descriptior | n of secu | rity | Number of securities | | | Hig | hest price | Total amount | |
| UBS | | | | it comprised c are and one w | | | a 4,283,088. | 00 | 0.3000 | | | 1,284,926.40 | 0 |
| CMS | 630 | 10P | con | nmon shares | | | 206,330. | 00 | 0.350 | 0 | 0.3850 | 75,437.50 | 0 |
| e) Det | ails of r | ghts a | nd co | onvertible/excha | angeab | le securit | ies | | | | | | |
| were distri | ibuted, p | | | | • | | ercise price and expiry do er terms for each convert | | 0 | | | exchangeable securitie | es |
| Convertib exchangea security c | able | Underlyi ecurity c | | | ise price adian \$) H | ighest | Expiry date (YYYY- MM-DD) | C | Conversion ratio [| | Describe other items (if applicable) | | |
| WN | тс | м | s | 0.5000 | | .9 | 2020-12-14 | 1:1 | | | Exercisable at \$0.50 per share for two years | | |
| f) Sum | nmary o | f the di | stribu | ution by jurisdic | tion an | d exempt | tion | | | | | | |
| purchaser distributio This table purchaser jurisdictioi | resides d n in a jui requires resides, n. | ind for e risdictio a separ f a purc | each e n of C ate lin chaser | exemption relied o Canada, include di ne item for: (i) eac resides in a juriso | n in Cal stributic h jurisdi diction o | nada for th ons to purci iction wher of Canada, | er of purchasers for each nat distribution. However hasers resident in that ju re a purchaser resides, (ii, and (iii) each exemption wise state the country. | , if ar risdic) eacl | n issuer locate ction of Cana h exemption | ed outsi Ida only: relied oi | de of Canac n in the juri | la completes a sdiction where a | |
| | Province countr | | | | Ex | emption reli | ed on | N | lumber of uniq purchasers | | Total a | mount (Canadian \$) | |
| Brit | ish Co | umbia | ì | NI 45-106 2 | .3 [Aco | credited | investor] | | | 22 | | 554,326.8 | 80 |
| Brit | ish Co | umbia | ì | NI 45-106 2 associates] | .5 [Fai | mily, frie | nds and business | | | 1 | | 24,999.9 | 90 |
| | Alber | ta | | NI 45-106 2 associates] | .5 [Fai | mily, frie | nds and business | | | 1 | | 30,600.0 | 00 |
| | Manito | ba | | NI 45-106 2 | .3 [Aco | credited | investor] | | | 1 | | 99,999.9 | 90 |
| | Ontar | io | | NI 45-106 2 | .3 [Aco | credited | investor] | | | 2 | | 225,000.0 | 00 |

| United States | tes Distributions to purchasers outside of local jurisdiction (BC, AB, NB) | | | | | | 425,437.30 | | | | | |
|--|--|--|-------------------------|--|-------------|---|----------------|--|--|--|--|--|
| | | 1,360,363.90 | | | | | | | | | | |
| | Total number of unique purchasers ^{2b} 30 | | | | | | | | | | | |
| ^{2a} In calculating the number of | unique purchasers per row, co | ount each purchaser onl | y once. Jo | int purchasers | s may be | counted as one pu | rchaser. | | | | | |
| ^{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 fu purchaser resides. ³ If an issuer of of Canada only. For jurisdiction | ocated outside of Canada com | npletes a distribution in | a jurisdict | tion of Canado | | | | | | | | |
| | Province or country | | | Net proceeds (Canadian \$) | | | | | | | | |
| | | | | | | | | | | | | |
| Total n | et proceeds to the investme | ent fund | | | | | | | | | | |
| ³ "Net proceeds" means the gro redemptions that occurred dur | | | ributions f | for which the i | report is . | being filed, less the | e gross | | | | | |
| h) Offering materials - Th | is section applies only in S | Saskatchewan, Onta | rio, Qué | bec, New Bi | runswic | k and Nova Scot | ia. | | | | | |
| If a distribution has occurred in materials that are required una those jurisdictions. In Ontario, if the offering mater electronic version of the offering | er the prospectus exemption r | elied on to be filed with Jired to be filed with or | or deliver delivered | red to the secu to the Ontario | ırities reg | ulatory authority o | r regulator in | | | | | |
| | Description | Date of document or other material (YYYY-MM-DD) | with or de regul | ously filed elivered to lator? //N) | d | eviously filed or lelivered YY-MM-DD) | | | | | | |
| | | | | | | | | | | | | |

L

| ITEM 8 - COMPENSATION I | INFORMATION | | | | | | | |
|---|--|---------------------------------|--|--------------------------|---------------------------------|--------------------|----------------|---------------|
| Provide information for each person the distribution. Complete addition | | | | | | • | sation in cor | nnection with |
| Indicate whether any compensation | on was paid, or will be po | aid, in connecti | on with the distrib | oution. | | | | |
| 🗌 No 🗹 Yes | If yes, indicate nun | nber of perso | ns compensate | ed. | 2 | | | |
| a) Name of person compens | sated and registration | status | | | | | | |
| Indicate whether the person compe | nsated is a registrant. | | 🗌 No | ۲ ک | (es | | | |
| If the person compensated is an inc | lividual, provide the nam | ne of the individ | lual. | | | | | |
| Full legal name of individu | al | | | | | | | |
| | Family n | ame | First | t given nan | ne | Seco | ondary given r | names |
| If the person compensated is not ar | n individual, provide the | following infori | nation. | | | | | |
| Full legal name of | non-individual Leede | e Jones Gabl | e Inc. | | | | | |
| Firm | NRD number 5 | 7 7 | 0 | | (if ap | olicable) | | |
| Indicate whether the person compe | nsated facilitated the dis | tribution throu | gh a funding port | al or an ii | nternet-based | portal. | ✓ No | > 🗌 Yes |
| b) Business contact informa | tion | | | | | | | |
| If a firm NRD number is not provide | ed in Item 8 (a), provide | the business co | ntact information | of the pe | erson being co | mpensated. | | |
| Street address | | | | | | | | |
| Municipality | | | | Pro | ovince/State | | | |
| Country | | | Р | ostal co | de/Zip code | | | |
| Email address | | | | Telepho | one number | | | |
| c) Relationship to issuer or i | nvestment fund mana | ager | | | | _ | | |
| Indicate the person's relationship w the Instructions and the meaning o | | | | | | | nnected" in | Part B(2) of |
| Connect with the issuer of | or investment fund mana | ager | | Insider of | the issuer (o | ther than an | investment | fund) |
| Director or officer of the i | nvestment fund or inves | tment fund ma | nager | Employee | e of the issue | r or investme | ent fund ma | nager |
| ✓ None of the above | | | | | | | | |
| d) Compensation details | | | | | | | | |
| Provide details of all compensation Canadian dollars. Include cash com incidental to the distribution, such a allocation arrangements with the di Cash commissions paid | missions, securities-base s clerical, printing, legal | d compensation or accounting | n, gifts, discounts services. An issuer | or other c is not rea | ompensation. quired to ask f | Do not repo | rt payments | for services |
| Value of all securities | 17,300.32 | c | ecurity codes | S | ecurity code 1 | Security co | ode 2 Sec | urity code 3 |
| distributed as compensation ⁴ | | | | | | | 1 | |
| | s of warrants, options o | - | | | | | | |
| Other compensation ⁵ | | Describe | | | | | | |
| Total compensation paid | 17,386.32 | | | | | | | |
| Check box if the person | n will or may receive any | y deferred com | pensation (descr | ibe the te | rms below) | | | 1 |
| | | | | | | | | |
| ⁴ Provide the aggregate value of al | | | | | | | | |
| additional securities of the issuer. rights exercisable to acquire addit | ional securities of the iss | | nues distributed a | as compe | ansauon, <u>Inclu</u> | <u>ung</u> options | s, warrants c | DI ULTEF |
| ⁵ Do not include deferred compens | ation. | | | | | | | |

| a) Name of person compensated and | registration status | | | | | | | | | |
|---|---|---|---------------------------------------|-------------------------------------|--|--|--|--|--|--|
| Indicate whether the person compensated is a | registrant. | No 🗸 | Yes | | | | | | | |
| If the person compensated is an individual, pr | ovide the name of the individ | dual. | | | | | | | | |
| Full legal name of individual | | | | | | | | | | |
| | Family name | First given n | name | Secondary given names | | | | | | |
| If the person compensated is not an individua | l, provide the following inform | mation. | | | | | | | | |
| Full legal name of non-indiv | dual Gravitas Securities | s Inc. | | | | | | | | |
| Firm NRD nur | mber 2 6 2 | 6 0 | (if ap | plicable) | | | | | | |
| Indicate whether the person compensated fac | ilitated the distribution throu | gh a funding portal or ar | n internet-based | portal. 🗸 No 🗌 Yes | | | | | | |
| b) Business contact information | | | | | | | | | | |
| If a firm NRD number is not provided in Item | 8 (a), provide the business cc | ontact information of the | person being co | mpensated. | | | | | | |
| Street address | | | | | | | | | | |
| Municipality | | F | Province/State | | | | | | | |
| Country | | Postal | code/Zip code | | | | | | | |
| Email address | | Telep | ohone number | | | | | | | |
| c) Relationship to issuer or investment fund manager | | | | | | | | | | |
| Indicate the person's relationship with the issu the Instructions and the meaning of "control" | | | | | | | | | | |
| Connect with the issuer or investme | | · · · _ · | - | ther than an investment fund) | | | | | | |
| Director or officer of the investment | | _ | | r or investment fund manager | | | | | | |
| ✓ None of the above | | | | or investment fund manager | | | | | | |
| | | | | | | | | | | |
| d) Compensation details Provide details of all compensation paid, or to Canadian dollars. Include cash commissions, s incidental to the distribution, such as clerical, allocation arrangements with the directors, off | ecurities-based compensation printing, legal or accounting | n, gifts, discounts or othe services. An issuer is not i | er compensation. required to ask f | Do not report payments for services | | | | | | |
| Cash commissions paid | 5,250.00 | Γ | Security code 1 | Security code 2 Security code 3 | | | | | | |
| Value of all securities distributed as compensation ⁴ | § | Security codes | W N T | | | | | | | |
| Describe terms of warra | nts, options or other rights | 17,500 warrants exe share for two years. | ercisable into c | common shares at \$0.50 per | | | | | | |
| Other compensation ⁵ | Describe | | | | | | | | | |
| Total compensation paid | 5,250.00 | | | | | | | | | |
| Check box if the person will or ma | ay receive any deferred com | pensation (describe the | terms below) | | | | | | | |
| | | | | | | | | | | |
| ⁴ Provide the aggregate value of all securities additional securities of the issuer. Indicate the rights exercisable to acquire additional secu- ⁵ Do not include deferred compensation. | ne security codes for all secu | | | | | | | | | |

| | | AND PROMOT | EKS OF THE ISS | UER | | | | | | |
|--|------------------------|-----------------------|---|--|---|--|---|---|--|--|
| If the issuer is an investment fun | d, do not complete | Item 9. Procced to | ltem 10. | | | | | | | |
| Indicate whether the issuer is any o | f the following (seled | ct the one that appli | es - if more than one | applies, select only | y one). | | | | | |
| Reporting issuer in any juris | sdiction of Canada | | | | | | | | | |
| Foreign public issuer | | | | | | | | | | |
| Wholly owned subsidiary of | a reporting issuer i | n any jurisdiction of | Canada ⁶ | | | | | | | |
| Provide nar | ne of reporting issue | ər | | | | | | | | |
| Wholly owned subsidiary of | a foreign public iss | suer ⁶ | | | | | | | | |
| Provide name o | f foreign public issue | er | | | | | |] | | |
| Issuer distributing only eligible foreign securities and the distribution is to permitted clients only ⁷ | | | | | | | | | | |
| If the issuer is at least one of the above, do not complete Item 9(a) – (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 box and complete Item 9(a) - (c). | | | | | | | | | | |
| a) Directors, executive officer | s and promoters | of the issuer | | | | | | | | |
| Provide the following information fo territory; otherwise state the country | | | | | | tate the | nrovince | or | | |
| ierniory, otherwise state the country | . I OF Retutionship to | | | | oter. | | proraiee | 01 | | |
| Organization or company name | Family name | First given name | Secondary given names | Business loc non-individu resident jurisdictio individu | ation of Jal or ail n of | Relatio | onship to ct all that | issuer | | |
| | | | Secondary given | Business loca non-individu resident jurisdictio | ation of ual or ail n of ual | Relatio | onship to | issuer | | |
| | | | Secondary given | Business loc non-individu resident jurisdictio individu | ation of ual or ail n of ual | Relatio (seleo | onship to ct all that | issuer apply) | | |
| | | | Secondary given | Business loc non-individu resident jurisdictio individu | ation of ual or ail n of ual | Relatio (seleo | onship to ct all that | issuer apply) | | |
| Organization or company name | Family name | First given name | Secondary given names | Business loc: non-individu resident jurisdictio individu Province or or and executive of | ation of ual or ail n of ual country fficer of the | Relation (select | onship to ct all that 0 er. For loo | issuer apply) P cations | | |
| Organization or company name b) Promoter information If the promoter listed above is not ar | Family name | First given name | Secondary given names | Business loca non-individu resident jurisdictio individu Province or pr and executive of moter", "D" – Direct Residential jurisdiction of individual | ation of Jal or ail n of Jal country fficer of the ector, "O" – Rela | Relation (select D e promote Execution tionship | onship to ct all that 0 er. For loo | issuer apply) P cations | | |
| Organization or company name b) Promoter information If the promoter listed above is not ar within Canada, state the province or | Family name | First given name | Secondary given names nation for each directo r "Relationship to pro | Business loc: non-individu resident jurisdictio individu Province or or and executive op omoter", "D" – Direct Residential jurisdiction of | ation of Jal or ail n of Jal country fficer of the ector, "O" – Rela | Relation (select D e promote Execution tionship | onship to ct all that 0 er. For low re Officer. | issuer apply) P cations cations | | |
| Organization or company name b) Promoter information If the promoter listed above is not ar within Canada, state the province or | Family name | First given name | Secondary given names nation for each directo r "Relationship to pro | Business loc non-individu resident jurisdictio individu Province or moter", "D" – Dire Residential jurisdiction of individual Province or | ation of Jal or ail n of Ial country fficer of the ector, "O" – Rela (select o | Relation (select D e promote Execution tionship | onship to ct all that 0 er. For low re Officer. to promo | issuer apply) P cations cations | | |

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, 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 | IanoSphere Health Sciences Inc. | | | | | | | | |
|--|---------------------------------|---------------|----------|--------------------------|-------------|------|--|--|--|
| Full legal name | Sutton | | | | | | | | |
| | Family name First given name | | | Seconda | iry given n | ames | | | |
| Title | Chief Executive Officer | | | | | | | | |
| Telephone number | 2038888193 | Email address | rsutton@ | sutton@nanospherehealth. | | | | | |
| Signature | (signed) "Robert Sutton" | 2018 | 12 | 20 | | | | | |
| | | | 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 | Lim | Toby | | | Title | Legal Counsel |
|------------------|------------------------|------------------|--------------|-------------|-----------|---------------|
| | Family name | First given name | Secondary | given names | | |
| Name of company | Vantage Law Corporatio | n | | | | |
| Telephone number | 6044285170 | E | nail address | tlim@vantag | gelawcorp | o.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.