AURA HEALTH INC. (the "Corporation")

Request for Financial Statements

In accordance with Canadian Securities Administrator's 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:

Capital Transfer Agency ULC. 390 Bay Street, Suite 920 Toronto, ON M5H 2Y2

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

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

Please send me:	Interir	n Financial Statements with MD&A
PLEASE PRINT	Annua	al Financial Statements with MD&A
FIRST NAME		LAST NAME
ADDRESS		
CITY	PROVINCE/ STATE	POSTAL / ZIP CODE
COUNTRY		
SIGNED:(Signature of Shareho		
IF THIS IS AN ADDI (Please provide previo	RESS CHANGE, PLEASE CI ous address below)	HECK HERE:
IF YOU WOULD LIF	KE TO RECEIVE THE DOCU	JMENTS BY EMAIL, PLEASE PROVIDE BELOW