# Form 45-106F1 Report of Exempt Distribution

## **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 CERTIFYING THE REPORT

Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106 (in Québec, Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement Fund Continuous Disclosure).

Investment fund issuer

✓ Issuer (other than an investment fund)

Underwriter

# **ITEM 3 - ISSUER NAME AND OTHER IDENTIFIERS**

Provide the following information about the issuer, or if the issuer is an investment fund, about the fund.

Full legal name	Algernon Pharmaceuticals Inc. / Algernon Pharmaceuticals Inc.					
Previous full legal name	BREATHTEC BIOMEDICAL, INC.					
If the issuer's name changed in	the last 12 months, provide most recent	previous legal name.				
Website	www.algernonpharmaceuticals.co m	(if applicable)				
If the issuer has a legal entity identifier, p	rovide below. Refer to Part B of the Insti	ructions for the definition of "legal entity identifier".				
Legal entity identifier		]				
lf two or more issuers distributed a single above.	e security, provide the full legal name(s)	of the co-issuer(s) other than the issuer named				
Full legal name(s) of co-issuer(s)		(if applicable)				

# ITEM 4 - UNDERWRITER INFORMATION If an underwriter is completing the report, provide the underwriter's full legal name, firm NRD number, and SEDAR+ profile number. Full legal name Firm NRD number (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 325410
If the issuer is in the <b>mining industry</b> , 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.
Exploration Development Production 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
b) Number of employees
Number of employees: 🗹 0 - 49 🗌 50 - 99 🗌 100 - 499 🔲 500 or more
c) SEDAR+ profile number
Provide the issuer's SEDAR+ profile number

# ITEM 6 - INVESTMENT FUND ISSUER INFORMATION If the issuer is an investment fund, provide the following information. a) Investment fund manager information a) Investment fund manager information Full legal name Full legal name Firm NRD number Optimized for the following information b) Type of investment fund Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Money market Equity

Alternative strategies	Cryptoasset	Other (describe)			
Indicate whether one or both of th	e following apply to the i	nvestment fund.			
Invest primarily in other inve		,			
☐ Is a UCITs Fund <sup>1</sup> <sup>1</sup> Undertaking for the Collective Investmen that allow collective investment schemes	nt of Transferable Securities fu				EU) directives
c) Net asset value (NAV	) of the investment f	und			
Select the NAV range of the investr	nent fund as of the date	of the most recent NAV calc	culation (Canad	lian \$).	
🗌 Under \$5M	S5M to under	\$25M 🗌 \$25M to und	ler \$100M	Date of NAV calcu	lation:
☐ \$100M to under \$500M	🗌 \$500M to unde	er \$1B 🔲 \$1B or over		YYYY MM	DD
ITEM 7 - INFORMATION	ABOUT THE DIST	RIBUTION			
<i>If an issuer located outside of Can information about purchasers res commissions or finder's fees, in co ltem 7 must reconcile with the info</i>	ident in that jurisdiction on nection with the distribution	of Canada only. Do not incl ution, which must be disclo	lude in Item 7 s	ecurities issued as pa	yment of
a) Currency					
Select the currency or currencies in dollars.	n which the distribution v	vas made. All dollar amour	nts provided in	the report must be in	Canadian
🗹 Canadian dollar 🛛 US d	dollar 🗌 Euro C	Other (describe)			
b) Distribution dates					
State the distribution start and en the distribution date as both the s include the start and end dates for	tart and end dates. If the	report is being filed for sec			,
Start date 202	24 04 03	End date	2024	04 03	
YY	YY MM DD		YYYY	MM DD	
c) Detailed purchaser in	nformation				
Complete Schedule 1 of this for	m for each purchaser a	nd attach the schedule to	the complete	ed report.	
d) Types of securities d	istributed				
Provide the following information to indicate the security code. If pro distributed.					

										С	anadian \$	
Security code	CUS numbe applica	er (if	D	escription	of securit	ty	Number o securitie		Single or lowest price	e	Highest price	Total amount
CMS			Class A par valu	common s ie.	shares, v	without	200,000	.0000	0.08	350		17,000.000
e) D	etails c	of righ	nts and	convertib	ole/exch	angeabl	e securities					
lf any right	ts (e.g. wo e/exchan	arrant geable	ts, options e securitie	5) were distr s were distr	ributed, pi	rovide the	exercise price conversion ra					ach
Converti exchange security o	ible / eable	Unde	erlying ity code	Exercise (Canadia Lowest H	an \$)		te (YYYY-MM- DD)	Conv	ersion ratio	C	escribe other terms (if applicable)	
f) Su	ımmar	v of t	he distri	ibution by	v iurisdi	iction an	d exemptio	n				
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occurred during the distribution period covered by the report.

# **ITEM 8 - COMPENSATION INFORMATION**

Provide information for each person (as defined in NI 45-106) (in Québec, Regulation 45-106 respecting Prospectus Exemption whom the issuer directly provides, or will provide, any compensation in connection with the distribution. <b>Complete addition</b> copies of this page if more than one person was, or will be, compensated.	
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.	
✓ No Yes If yes, indicate number of persons compensated.	
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, provide the name of the individual.	
Full legal name of individual	
Family name       First given name       Secondary given name         If the person compensated is not an individual, provide the following information.       Secondary given name	
Full legal name of non-individual	
Firm NRD number (if applicable)	
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal	
b) Business contact information	
If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensate	d.
Street address	
Municipality Province/State	
Country Postal code/Zip code	
Email address Telephone number	
c) Relationship to issuer or investment fund manager	
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of 'connected' in Part B(2) of the Instructions and the meaning of 'control' in section 1.4 of NI 45-106 (in Québec, Regulation 45- respecting Prospectus Exemptions) for the purposes of completing this section.	106
Connected with the issuer or investment fund manager	
Insider of the issuer (other than an investment fund)	
Director or officer of the investment fund or investment fund manager	
Employee of the issuer or investment fund manager	
None of the above	
d) Compensation details	

Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.

Cash commissions paid				
Value of all securities distributed as compensation <sup>4</sup>				
Security codes	Security code 1	Security code 2	Security code 3	
Describe terms of warrants, options or other rights				]
Other compensation <sup>5</sup>				
Describe				
Total compensation paid				
Check box if the person will or may receive any def	erred compensati	on (describe the te	erms below)	
<sup>4</sup> Provide the aggregate value of all securities distributed as acquire additional securities of the issuer. Indicate the secu options, warrants or other rights exercisable to acquire ad <sup>5</sup> Do not include deferred compensation.	urity codes for all s	ecurities distributed		

# ITEM 9 – DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER

Indicate whether the issuer is any of the following (select the one that applies – if more than one applies, select only one).

$\checkmark$	Reporting	issuer	in a	jurisdiction	of	Canada
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E Foreign public issuer

Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada <sup>6</sup>

Provide name of reporting issuer

Wholly owned subsidiary of a foreign public issuer <sup>6</sup>

Provide name of foreign public issuer

Issuer distributing only eligible foreign securities and the distribution is to permitted clients only <sup>7</sup>.

#### If the issuer is at least one of the above, do not complete Item 9(a) - (c). Proceed to Item 10.

<sup>6</sup> 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.

<sup>7</sup> 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 officers and promoters of the issuer

Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory, otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.

Organization or company name	Family name	First given	Secondary given names	Business location of non-individual or residential jurisdiction of individual	Relationship to issuer (select all that apply)		
		name		Province or country	D	0	Р

#### b) Promoter information

*If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory, otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.* 

Organization or	Family	First given	, , ,	Residential jurisdiction of individual		promoter (select if applicable)
company name	name	name	names	Province or country	D	0
c) Residential a	ddress of	each indivi	dual			

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 exempt distribution.			
securities regulatory aut	hority or regulator, as applica	ible, that I have r	eviewed this r	nvestment fund manager, to the eport and to my knowledge, having to the extent required, complete.
Name of Issuer/ investment fund manager/agent	Algernon			
Full legal name	KINLEY	Jan	nes	
	Family name	First give	en name	Secondary given names
Title	Chief Financial Officer			
Telephone number	+1 (604) 398-4175	Email address	james@alger	nonpharmaceuticals.com
Signature	"James Kinley"	Date	2024 YYYY	04 04 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			
	Family name	First given name	Secondary given names
Title			
Name of company			
Telephone number		Email address	

# **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.

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 Schedule 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.