Form 45-106F1 Report of Exempt Distribution (Non-investment fund issuer)

ITEM 1 – REPORT TYPE							
TIEM I - KEI OKI III E							
✓ New report							
Amended report If amended, provide	Submission ID of report that is	being amended:	(Example: EDR1234567890-123)				
	•	-					
ITEM 2 – PARTY CERTIFYING TI	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.							
✓ Issuer (Other than an investment fund)							
Underwriter							
ITEM 3 – ISSUER NAME AND OT	HER IDENTIFIERS						
Provide the following information about the Full legal name	e issuer, or it the issuer is an ii	ivestment fund, about the fund.					
Ortho Regenerative Technologies Inc.							
Previous full legal name If the issuer's name	ne changed in the last 12 mon	ths, provide most recent previous le	egal name.				
Ţ							
Website (if applicable)							
https://www.orthorti.com/							
If the issuer has a legal entity identifier, pro	ovide below. Refer to Part B of	the Instructions for the definition o	f "legal entity identifier".				
Legal entity identifier							
Did two or more co-issuers distribute a sin	gle security? No Yes						
If two or more issuers distributed a single s	, — —	ama(s) of the colissuer(s) other tha	n the issuer named above				
Full legal name(s) of co-issuer(s)	ecunty, provide the full legal in	ame(s) of the co-issuer(s) other tha	ii tile issuel flamed above.				
ITEM 4 LINDERWRITER INCOR	MATION						
ITEM 4 – UNDERWRITER INFOR	IMATION						
If an underwriter is completing the report, p	provide the underwriter's full leg	gal name and firm NRD number.					
Full legal name							
Does the Underwriter's Firm have an NRD No Yes	Number? Firm NRD n	umber					
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.							
Street address	Municipality	Province/State	Postal/ZIP code				
Country	Telephone number	Website (if applicable)					

ITEM 5 – ISSUER INFORMATION		
a) Primary industry		
Provide the issuer's North American Indus- corresponds to the issuer's primary busine	stry Classification Standard (NAICS) code (6 digits only) that in ess activity.	n your reasonable judgment most closely
NAICS industry code		
541710		
	dicate the stage of operations. This does not apply to issuers a lat best describes the issuer's stage of operations. ction	that provide services to issuers operating in
• • •	all or substantially all of its assets in any of the following? If yestill business debt Consumer debt Private companies	
b) Number of employees		
✓0 - 49 □50 - 99 □100 - 499 □500 o	or more	
c) SEDAR profile number		
Does the issuer have a <u>SEDAR</u> profile? ☐ No ☑ Yes	screenshot of th	EDAR profile is a "private" profile, please provide a e issuer's profile by e-mail to ings@osc.gov.on.ca
d) Head office address	If the issuer does not	have a SEDAR profile, complete Item 5(d) – (h).
Street address	Municipality Province/State	Postal/ZIP code
Country	Telephone number	
e) Date of formation and financial year	r-end	
Date of formation	Financial year-end	
f) Reporting issuer status		
Is the issuer a reporting issuer in any juriso ☐ No ☐ Yes	diction of Canada?	
If yes, select the jurisdictions of Canada in		
AII AB BC MB	NB NL NT	
NS NU ON PE	∐QC ∐SK ∐YT	
g) Public listing status		
Does the issuer have a CUSIP number?	CUSIP number (provide first 6 digits only)	
· · · · · ·	name of the exchange on which the issuer's equity securities ps, for example, an automated trading system.	orimarily trade. Provide only the name of an
Exchange name: Not Applicable Toro	onto Stock Exchange TSX Venture Exchange	Canadian Securities Exchange
Aequitas Neo Exchange	stralian Securities Exchange Deutsche Boerse	Euronext
London Stock Exchange	daq New York Stock Exchange	Shanghai Stock Exchange
Shenzhen Stock Exchange Stoc	ck Exchange Of Hong Kong 🗌 Tokyo Stock Exchange	OTHER
If other, describe:		
h) Size of issuer's assets		
financial statements for its first financial ye	ed on its most recently available annual financial statements (tear, provide the size of the issuer's assets at the distribution of	
	I to under \$25M\$25M to under \$100M OM to under \$1B\$1B or over	

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.

distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the repor
a) Currency
Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. Canadian dollar US dollar Euro Other (describe):
b) Distribution date(s)

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	End Date
2021-12-13	2021-12-13

c) Detailed purchaser information

Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.

Ortho- Sch1.xlsx - 84 KB

d) Types of securities distributed

Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

				Canadian \$		
Security code	CUSIP number	Number of securities	Single or lowest price	Highest price	Total amount	
UBS		1,075.0000	975.0000		1,048,125.0000	
Description of security: Note Units each is consisted of 1 unsecured convertible note in the principal amount of \$1,000 and 1,000 Class A share purct						

e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

Not Applicable

Convertible / exchangeable	Underlying security	Exercis (Canad	•	Expiry date (YYYY-MM-DD)	Conversion ratio
security code	code	Lowest	Highest	(1111-WWW-DD)	
CMS	WNT	0.5000		2024-12-13	1:1
Describe othe (if applica					

f) Summary of the distribution by jurisdiction and exemption

State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only.

This table requires a separate line item for (i) each jurisdiction where a purchaser resides (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign jurisdiction. For jurisdictions within of Canada, state the province or territory, otherwise state country.

Province or country	Exemption relied on	No. of unique purchasers ^{2a}	Total amount (Canadian \$)
United States	NI 45-106 2.5 [Family, friends and business associates]	1	146,250.0000
Ontario	NI 45-106 2.3 [Accredited investor]	5	487,500.0000
Quebec	NI 45-106 2.3 [Accredited investor]	5	170,625.0000
Quebec	NI 45-106 2.5 [Family, friends and business associates]	7	243,750.0000
	Total dollar amount of secu	rities distributed	1,048,125.0000
	Total number of unique purchasers	s^{2b} 18	

^{2a}In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

^{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.

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia.

If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in those jurisdictions.

In Ontario, if the offering materials listed in the table are required to be filed with or delivered to the Ontario Securities Commission (OSC), attach an electronic version of the offering materials that have not been previously filed with or delivered to the OSC.

√ Not Applicable

	Description	Date of document or other material	Previously filed with or delivered to regulator?	,	Filename
1.			\square Y \square N		

ITEM 8 – COMPENSATION INFORMATION							
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional 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							
PERSON 1							
a) Name of person compensa	ted and registratio	n status					
Indicate whether the person com ☐ No ☑ Yes	pensated is a regist	rant.					
If the person compensated is an Family name	If the person compensated is an individual, provide the full legal name of the individual. Family name First given name Secondary given names						
If the person compensated is not Full legal name of non-individual	an individual, provi	de the following inforn	nation.	Firm NRD number (if	f annlicable)		
LEEDE JONES GABLE INC.				5770	арріісавіе)		
Indicate whether the person com	pensated facilitated	the distribution through	ah a fundina	∟ portal or an internet-bε	ased portal.		
✓ No Yes	,		<i>y.</i>				
b) Business contact information	on						
If a firm NRD number is not prov	ided in Item 8(a), pr	ovide the business co	ontact inform	ation of the person bei	ing compensated.		
Street address	Municipa	ality	Province/Sta	ite	Postal/ZIP code		
Country	Telephor	ne number	Email addre	ss		1	
						I	
c) Relationship to issuer or in	vestment fund ma	nager					
Indicate the person's relationship Part B(2) of the Instructions and Connected with the issuer or i	the meaning of "cor	ntrol" in section 1.4 of	NI 45-106 fo		pleting this section	n.	
Insider of the issuer (other tha	n an investment fun	d)	✓ None	e of the above			
Director or officer of the invest	ment fund or investr	nent fund manager					
d) Compensation details							
Provide details of all compensati in Canadian dollars. Include cash for services incidental to the dist about, or report on, internal alloc	h commissions, sec tribution, such as cle	urities-based compen erical, printing, legal o	nsation, gifts, or accounting	discounts or other con services. An issuer is	mpensation. Do no not required to as	ot report payments sk for details	
Cash commissions paid	19,207.5000						
Value of all securities	0.0000	Security code1 WN	T See	curity code2	Security code	e3	
distributed as compensation ⁴		Describe terms of wa	arrants, option	ns or other rights			
·		19,700 Finder's warr share until Decembe		itles the holder to acqu	iire one Class A sh	are at \$0.50 per	
Other compensation ⁵		Describe					
Total compensation Paid	19,207.5000						
Check box if the person will o	or may receive any o	deferred compensation	n (describe th	ne terms below)			

to acquire additional securities of to 5 Do not include deferred compensations.	he issuer.	or an securities distribt	под до сотренванот	, moraanig optio	.iio, warranto or oti	noi riginio exercisable
PERSON 2						
a) Name of person compensate	d and registration	on status				
Indicate whether the person compe						
If the person compensated is an inc Family name	•	he full legal name of the	e <i>individual.</i> Secondary given	names		
If the person compensated is not as Full legal name of non-individual Capital Athea Ltd.			Firm NRI	O number <i>(if app</i>		
Indicate whether the person compe ✓ No ☐ Yes	ensated facilitated	the distribution through	n a funding portal or a	n internet-based	п рогtаі.	
b) Business contact information						
If a firm NRD number is not provide Street address	ed in Item 8(a), pi Municip		ntact information of the Province/State		compensated. estal/ZIP code	
512 rue Hall	Montréa		Quebec	НЗ	BE1H3	
Country	Telepho	ne number E	Email address			
Canada	5142370	D645	Maurice.montpetit@vic	deotron.ca		
c) Relationship to issuer or inve	estment fund ma	nager				
Connected with the issuer or inv Insider of the issuer (other than a Director or officer of the investment)	an investment fun	d)	☐ Employee of the		stment fund manaç	ger
d) Compensation details						
Provide details of all compensation in Canadian dollars. Include cash of for services incidental to the distribution, or report on, internal allocate	commissions, sec oution, such as cle	urities-based compens erical, printing, legal or	ation, gifts, discounts accounting services.	or other compe An issuer is not	nsation. Do not re required to ask fo	port payments or details
Cash commissions paid	1,950.0000					
Value of all securities distributed as compensation 4	0.0000	Security code1 WNT Describe terms of war	Security code		Security code3	
·		2,000 Finder's warran share until December		der to acquire o	ne Class A share a	at \$0.50 per
Other compensation ⁵		Describe				
Total compensation Paid	1,950.0000					
Check box if the person will or	may receive any	deferred compensation	(describe the terms be	elow)		
⁴ Provide the aggregate value of all securities of the issuer. Indicate the to acquire additional securities of t.	e security codes t					

⁴ Provide the aggregate value of all securities distributed as compensation, excluding options, warrants or other rights exercisable to acquire additional

⁵Do not include deferred compensation.

ITEM 9 – D	IRECTORS, EXECUTIVE OFFICERS	S AND PROMOTERS OF 1	THE ISSUER					
Indicate whet	her the issuer is any of the following (select the	one that applies - if more than on	e applies, select only one).					
Reporting	issuer in any jurisdiction of Canada							
Foreign p	Foreign public issuer							
•	ned subsidiary of a reporting issuer in any juris	diction of Canada ⁶						
Wholly ow	ned subsidiary of a foreign public issuer ⁶							
	ame of foreign public issuer							
	tributing only eligible foreign securities and the	•	•					
⁶ An issue securities ⁷ Check th	uer is at least one of the above, do not com r is a wholly owned subsidiary of a reporting is that are required by law to be owned by its dire his box if it applies to the current distribution eve efer to the definitions of "eligible foreign securit	suer or a foreign public issuer if all ectors, are beneficially owned by t ren if the issuer made previous dis	Il of the issuer's outstanding voting se the reporting issuer or the foreign pub stributions of other types of securities	olic issuer, respectively.				
☐ If the issu	uer is none of the above, check this box an	d complete Item 9(a) – (c).						
a) Directors	executive officers and promoters of the iss	suer						
	llowing information for each director, executive wise state the country. For "Relationship to iss			he province or				
Individual?	Organization or company name	Family name First given name Secondary given name	Business location of non-individual or residential jurisdiction of individual	Relationship to issuer (select all that apply)				
YN				□D □O □P				
b) Promoter	information							
	r listed above is not an individual, provide the f a, state the province or territory, otherwise state							
	Organization or company name	Family name First given name Secondary given name	Residential jurisdiction of individual	Relationship to promoter (select one or both if applicable)				
				□ D □ O				
c) Residenti	al address of each individual							
	hedule 2 of this form providing the full resid completed report. Schedule 2 also requires							

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.

By completing the information below, I certify, on behalf of the issuer/underwriter, 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/agent Ortho Regenerative Technologies Inc.					
Full legal name - Family name	First given n	name	Secondary given names		
Allard	Guy-Paul				
Title		Telephone number	Email address		
VP Legal Affairs and Corporate Secretary		5146938832	allard@orthorti.com		
Signature Guy Paul Allard		Date 2021-12-20			

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			
Liu	Amanda		Paralegal			
Name of company		Telephone number	Email address			
McMillan LLP		5143755126	Amanda.Liu@mcmillan.ca			

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 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.

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Submission ID		Date