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	PreveCeutical Medical Inc. / PreveCeutical Medical Inc.
Previous full legal name	PREVECEUTICAL MEDICAL INC. (FORMERLY, CARRARA EXPLORATION CORP.)
If the issuer's name changed in	the last 12 months, provide most recent previous legal name.
Website	www.preveceutical.com (if applicable)
If the issuer has a legal entity identifier, p	rovide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".
Legal entity identifier	96760001OJCSH5MXZ450
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 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.
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 the	e following apply to the inv	vestment fund.			
Invest primarily in other inve		,			
☐ Is a UCITs Fund ¹ ¹ Undertaking for the Collective Investmer that allow collective investment schemes t	nt of Transferable Securities fun				directives
c) Net asset value (NAV)) of the investment fu	nd			
Select the NAV range of the investm	nent fund as of the date of	the most recent NAV calc	ulation (Canaa	lian \$).	
🗌 Under \$5M	S5M to under \$2	25M 🗌 \$25M to und	er \$100M	Date of NAV calculat	ion:
S100M to under \$500M \$500M	S500M to under \$	\$1B 🗌 \$1B or over		YYYY MM	DD
ITEM 7 - INFORMATION	ABOUT THE DISTR	IBUTION			
If an issuer located outside of Cano information about purchasers resi commissions or finder's fees, in co ltem 7 must reconcile with the info	dent in that jurisdiction of nnection with the distribut	Canada only. Do not incluion, which must be disclos	ude in Item 7 s	ecurities issued as paym	-
a) Currency					
Select the currency or currencies in dollars.	n which the distribution wa	ıs made. All dollar amoun	ts provided in	the report must be in Co	anadian
🗹 Canadian dollar 🛛 US d	dollar 🗌 Euro Otl	her (describe)			
b) Distribution dates					
State the distribution start and end the distribution date as both the st include the start and end dates for	tart and end dates. If the re	eport is being filed for sec			
Start date 202	24 05 29	End date	2024	05 29	
YYY	Y MM DD		YYYY	MM DD	
c) Detailed purchaser ir	formation				
Complete Schedule 1 of this form	n for each purchaser and	l attach the schedule to	the complete	ed report.	
d) Types of securities di	istributed				
Provide the following information j to indicate the security code. If pro distributed.					

									Canadian \$	
Security code	CUSIP number (if applicable		escription	of security		Number o securitie	-	Single or lowest price	Highest price	Total amoun
UBS		on shar	e and one	ing of one co e half of one ase warrant		4,600,000	0.0000	0.025	D	115,000.000
e) De	etails of ri	ehts and	convertib	ole/exchang	eable	e securities				
convertible		ole securitie						piry date for ea describe any ot		
Convertil exchange security o	able Un	derlying ırity code	Exercise (Canadia Lowest H	ian \$) Expir		e (YYYY-MM- DD)	Convo	ersion ratio		ner terms (if cable)
WNT		CMS	0.0500		2026	5-05-29				
					n an	d exemption	n			
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Total net proceeds to the investment fund

³"Net proceeds" means the gross proceeds realized in the jurisdiction from the distributions for which the report is being filed, less the gross redemptions that occurred during the distribution period covered by the report.

ITEM 8 - COMPENSATION INFORMATION

Provide information for each whom the issuer directly prov copies of this page if more t	ides, or will provide	, any compensatio	on in connection with t			
Indicate whether any compen			nnection with the distr			
a) Name of person	compensated a	nd registration	status			
· · ·	•		50005			
Indicate whether the person of	ompensated is a re	gistrant.				
☐ No ✔ Yes If the person compensated is	an individual. provi	de the name of th	e individual.			
Full legal name of indivi]
If the person compensated is	Far	nily name rovide the followii	First given nam	le	Secondary given names	1
Full legal name of non-		-		cord Genuity		
, , , , , , , , , , , , , , , , , , ,	D number 900	, ,	· ·	licable)		
		stad the distribution			a waat baaad waartal	
Indicate whether the person c	ompensatea jacinta	ilea the aistributio	on through a junaing p	ortal or an inte	ernet-based portai	
✓ No □ Yes						
b) Business contact	information					
lf a firm NRD number is not p	rovided in Item 8(a)	, provide the busi	ness contact informati	on of the perso	n being compensated.	
Street address						
Municipality			Province/State			
Country		F	ostal code/Zip code			
Email address			Telephone number			
c) Relationship to is	suer or investm	ent fund mana	iger			
Indicate the person's relations 'connected' in Part B(2) of the respecting Prospectus Exempt	Instructions and th	e meaning of 'con	trol' in section 1.4 of N			
Connected with the issu	er or investment f	und manager				
Insider of the issuer (oth						
Director or officer of the			nd manager			
Employee of the issuer of the issuer of the above	or investment fund	d manager				
✓ None of the above						
d) Compensation de	etails					

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	\$7,200.0000	\$7,200.0000			
Value of all securities distributed as compensation ⁴					
Security codes	Security code 1	Security code 2	Security code 3		
Second cours	WNT				
Describe terms of warrants, options or other rights	288,000 finder's warrants, each warrant exercisab for one common share at a price of \$0.05 per common share for two years				
Other compensation ⁵					
Describe					
Total compensation paid	\$7,200.0000				
Check box if the person will or may receive any def	ferred compensation	on (describe the te	erms below)		
⁴ Provide the aggregate value of all securities distributed as compensa securities of the issuer. Indicate the security codes for all securities dis acquire additional securities of the issuer.	•	•			
⁵ Do not include deferred compensation.					

ITEM 8 - COMPENSATION INFORMATION

Provide information for each person (as whom the issuer directly provides, or wi copies of this page if more than one	ill provide, any coi	mpensation in connectio			
Indicate whether any compensation wa		<i>oaid, in connection with</i> er of persons compens]	
a) Name of person compen	sated and regi	istration status			
Indicate whether the person compensat	ed is a registrant.				
If the person compensated is an individ	ual, provide the n	ame of the individual.			
Full legal name of individual	·				
If the person compensated is not an ina	Family name Iividual, provide tl		given name n.	Secondary giver	names
Full legal name of non-individua		PITAL CORPORATION /	CORPORATION	N RECHERCHE	
Firm NRD number	3070		(if applicable)		
Indicate whether the person compensat	ed facilitated the	distribution through a f	funding portal o	r an internet-based po	rtal
b) Business contact informa	ation				
If a firm NRD number is not provided in	Item 8(a), provide	e the business contact ir	nformation of th	e person being compe	ensated.
Street address	-				7
Municipality		Province	e/State		
Country		Postal code/Zi			
Email address		Telephone n			
c) Relationship to issuer or	investment fur	nd manager			
Indicate the person's relationship with t 'connected' in Part B(2) of the Instruction respecting Prospectus Exemptions) for t	ns and the meanii	ng of 'control' in section			
Connected with the issuer or inve	estment fund ma	nager			
🗌 Insider of the issuer (other than a	in investment fur	nd)			
Director or officer of the investme		-			
Employee of the issuer or investr	nent fund manag	ger			
✓ 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	\$2,000.0000			
Value of all securities distributed as compensation ⁴				
Sociutity codes	Security code 1	Security code 2	Security code 3	
Security codes	WNT			
	80,000 finder's w	arrants, each warr	rant exercisable	
Describe terms of warrants, options or other rights	80,000 finder's warrants, each warrant exercisable for one common share at a price of \$0.05 per common share for two years			
Other compensation ⁵				
Describe				
Total compensation paid	\$2,000.0000			
Check box if the person will or may receive any def	erred compensati	on (describe the te	erms below)	
⁴ Provide the aggregate value of all securities distributed as compensa				
securities of the issuer. Indicate the security codes for all securities dis acquire additional securities of the issuer	tributed as compensati	ion, <u>including</u> options, v	warrants or other righ	

⁵Do not include deferred compensation.

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

If the issuer is an investment fund, do not complete Item 9. Proceed to Item 10.

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

✓ Reporting issuer in a jurisdiction of Canada

Foreign public issuer

Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶

Provide name of reporting issuer

Wholly owned subsidiary of a foreign public issuer ⁶

Provide name of foreign public issuer

□ 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 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	individual (Sciece un triat app			
		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			•	
company name	name	name	names	Province or country	D	0

c) Residential address of each individual

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.

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/ investment fund manager/agent	PreveCeutical Medical Inc.					
		C 1				
Full legal name	VAN DEVENTER	Step	nen			
	Family name	First give	en name	Secondary given names		
Title	CEO, Chairman and Director					
Telephone number	+1 (604) 306-9669	Email address	steve@preve	eceutical.com		
Signature	"Stephen Van Deventer"	Date	2024	05 31		
			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	FERERA	Jack	
	Family name	First given name	Secondary given names
Title	Student		
Name of company	DuMoulin Black LLP		
Telephone number	+1 (604) 602-6837	Email address jfere	ra@dumoulinblack.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.

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.