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. 2024 04 22 (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 | Entheon Biomedical Corp. (formerly MPV Exploration Inc.) / Entheon Biomedical Corp. (formerly MPV Exploration Inc.) | | | | | |
|---|--|--|--|--|--|--|
| Previous full legal name | ENTHEON BIOMEDICAL CORP. | | | | | |
| If the issuer's name changed in | the last 12 months, provide most recent previous legal name. | | | | | |
| Website | www.entheonbiomedical.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 | | | | | | |
| If 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 541710 |
| 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 | | | | | | | |
| Full legal name | | | | | | | |
| Firm NRD number | (if applicable) | | | | | | |
| SEDAR+ profile number |] | | | | | | |
| | | | | | | | |
| b) Type of investment fund | | | | | | | |
| Type of investment fund that most accurately identifies the issuer (selec | ct only one). | | | | | | |
| Money market Equity Fixed | d income 🔄 Balanced | | | | | | |

| Alternative strategies | Cryptoasset | 🗌 Other (describe) | | |
|---|--|--|-------------------|--------------------------------|
| Indicate whether one or both of th | e following apply to the ir | nvestment fund. | | |
| Invest primarily in other inve | | , | | |
| ☐ Is a UCITs Fund ¹ ¹ Undertaking for the Collective Investment that allow collective investment schemes | nt of Transferable Securities fu | | | |
| c) Net asset value (NAV |) of the investment fu | und | | |
| Select the NAV range of the investr | nent fund as of the date o | of the most recent NAV calc | ulation (Canad | ian \$). |
| 🗌 Under \$5M | S5M to under \$ | 525M 🗌 \$25M to und | er \$100M | Date of NAV calculation: |
| ☐ \$100M to under \$500M | 🗌 \$500M to unde | r \$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 Item 7 must reconcile with the info</i> | ident in that jurisdiction o nnection with the distribu | of Canada only. Do not incl ution, which must be disclo | ude in Item 7 s | ecurities issued as payment of |
| a) Currency | | | | |
| Select the currency or currencies in dollars. | า which the distribution w | vas made. All dollar amoun | nts provided in a | the report must be in Canadiar |
| 🗹 Canadian dollar 🛛 US d | dollar 🗌 Euro O | ther (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 | | End date | | 04 18 |
| YY1 | YY MM DD | | YYYY | MM DD |
| c) Detailed purchaser ir | nformation | | | |
| Complete Schedule 1 of this for | m for each purchaser an | nd attach the schedule to | the complete | d report. |
| d) Types of securities d | istributed | | | |
| Provide the following information to indicate the security code. If pro distributed. | | | | |

| | | | | | | | | | | anadian \$ | |
|---|--|---|---|--|--|---|---|--|--|--|--|
| Security nu | - I number (IT Description of secu | | Description of security | | Number securitie | - | Single or lowest price | e | Highest price | Total amount | |
| UBS | 5 2,950,000.0000 | | | | | | 0.05 | 00 | | 147,500.000 | |
| | | | | | | | | | | | |
| e) Detai | ls of rigł | nts and | converti | ible/exc | hangeabl | e securities | | | | | |
| f any rights (e.ş convertible/exc convertible/exc | hangeable | e securitie | s were dis | | | | | | | | |
| Convertible / exchangeable | | erlying ity code | Exercis (Canac | | | e (YYYY-MM- DD) | Conve | ersion ratio | D | Describe other terms (if applicable) | |
| security code | | | Lowest | Highest | | | | | | appin | |
| WNT | C | MS | 0.1000 | | 2029 | 9-04-18 | | | | | |
| f) Sumn | nary of t | he distri | ibution | by juriso | diction an | d exemptio | n | | | | |
| State the total o urisdiction who ocated outside urisdiction of C This table requi urisdiction who | lollar amo ere a purc of Canad Canada or res a sepo ere a purc | ount of se haser resi la complet ily. arate line haser resi | curities di ides and f tes a distr item for: (ides, if a p | istributed for each e. ibution in (i) each ju purchaser | and the nu xemption re a jurisdicti risdiction w resides in a | mber of purch elied on in Can on of Canada, here a purcha | asers fo ada for include ser resi | that distribut distributions des, (ii) each e | ion. to p xem _l | However, if urchasers r ption relied | an issuer esident in that on in the |
| f) Summ State the total of State the total of State the total of Cocated outside Stated outside State of Contraction of Canada, if a put For jurisdiction | dollar amo ere a purc of Canad Canada or res a sepo ere a purc rchaser re | ount of se haser resi la complet nly. arate line haser resi esides in a | curities di ides and f tes a distr item for: (ides, if a p a foreign ju | istributed or each e. ibution in (i) each ju ourchaser urisdiction | and the nui xemption re a jurisdicti risdiction w resides in a n. | mber of purch lied on in Can on of Canada, here a purchas jurisdiction oj | asers fo ada for include ser resi f Canad | that distribut distributions des, (ii) each e la, and (iii) eac | ion. to p xem _l | However, if urchasers r ption relied | an issuer esident in that on in the |
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^{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 fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides.*³*If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.*

| Province or country | Net proceeds (Canadian \$) |
|---------------------|----------------------------|
| | |
| | |

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 person (as defined in NI 45-106) (in Québec, Regulation 45-106 respecting Prospectus Exemptions) 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. | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| | r will be paid, in connection with the distribution. of persons compensated. | | | | | | | |
| a) Name of person compensated a | nd registration status | | | | | | | |
| Indicate whether the person compensated is a re No Yes If the person compensated is an individual, prov | - | | | | | | | |
| Full legal name of individual | | | | | | | | |
| _{Fa} اf the person compensated is not an individual, ا | mily name First given name Secondary given names or ovide the following information. | | | | | | | |
| Full legal name of non-individual | | | | | | | | |
| Firm NRD number | (if applicable) | | | | | | | |
| Indicate whether the person compensated facilit | ated the distribution through a funding portal or an internet-based portal | | | | | | | |
| 🗌 No 🔄 Yes | | | | | | | | |
| b) Business contact information | | | | | | | | |
| lf a firm NRD number is not provided in Item 8(c |), provide the business contact information of the person being compensated. | | | | | | | |
| Street address | | | | | | | | |
| Municipality | Province/State | | | | | | | |
| Country | Postal code/Zip code | | | | | | | |
| Email address | Telephone number | | | | | | | |
| c) Relationship to issuer or investn | nent fund manager | | | | | | | |
| Indicate the person's relationship with the issuer | or investment fund manager (select all that apply). Refer to the meaning of ne meaning of 'control' in section 1.4 of NI 45-106 (in Québec, Regulation 45-106 | | | | | | | |
| Connected with the issuer or investment | fund manager | | | | | | | |
| Insider of the issuer (other than an invest | | | | | | | | |
| Director or officer of the investment fund | - | | | | | | | |
| Employee of the issuer or investment fun | d 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 ⁴ | | | | |
| Security codes | Security code 1 | Security code 2 | Security code 3 | |
| Describe terms of warrants, options or other rights | | | |] |
| Other compensation ⁵ | | | | |
| Describe | | | | |
| Total compensation paid | | | | |
| 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 acquire additional securities of the issuer. Indicate the secu options, warrants or other rights exercisable to acquire ad ⁵ 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 |
|--------------|-----------|--------|------|--------------|----|--------|
|--------------|-----------|--------|------|--------------|----|--------|

E 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 | 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

| By completing the inform securities regulatory aut | 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 | Entheon Biomedical Corp. | | | | | | |
| Full legal name | PLADSON | Ke | lly | | 7 | | |
| | Family name | First give | en name | Secondary given names | _ | | |
| Title | Corporate Secretary | | | | | | |
| Telephone number | +1 (604) 726-6749 | Email address | kelly@niacorp | oorateservices.com | | | |
| Signature | Kelly Pladson | Date | 2024 YYYY | 08 06 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.