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. 2023 10 06 (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).						
☑ 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 BioNxt Solutions Inc. / BioNxt Solutions Inc.						
Previous full legal name XPHYTO THERAPEUTICS CORP.						
If the issuer's name changed in the last 12 months, provide most recent previous legal name.						
Website www.bionxt.com (if applicable)						
If the issuer has a legal entity identifier, provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".						
Legal entity identifier 254900VZ478Z39V2NM18						
If two or more issuers distributed a single security, provide the full legal name(s) of the co-issuer(s) other than the issuer named above.						
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)						
SEDAR+ profile number						

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 541990							
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							
☐ Cryptoassets							
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							
000044690							
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)							
Firm NRD number (if applicable)							
SEDAR+ profile number							
b) Type of investment fund							
Type of investment fund that most accurately identifies the issuer (select only one).							
☐ Money market ☐ Equity ☐ Fixed income ☐ Balanced							
☐ Alternative strategies ☐ Cryptoasset ☐ Other (describe)							

Indicate wheti	Indicate whether one or both of the following apply to the investment fund.									
☐ Invest pr	imarily in o	ther investme	nt fund iss	uers						
☐ Is a UCIT:	s Fund ¹									
		-	-	-	CITs Funds) are investme		-	-	Inion (E	U) directives
that allow collect	tive investmen	t schemes to oper	ate througho	ut the EU on a po	assport basis on authoriz	ation from one me	mber sta	te.		
c) Net	asset valu	ie (NAV) of th	ne investi	ment fund						
Select the NAV	/ range of th	ne investment fu	und as of th	ne date of the	most recent NAV calc	ulation (Canadi	an \$).			
Under \$5	5M	[\$5M to	under \$25M	☐ \$25M to und	er \$100M	Date	of NAV	calcul	ation:
T #100N4+	d - v & C C	νοм. Г	□ ¢[00M	40dov #15	0					
\$100N1 tc	o under \$50	JOIVI [\$500101	to under \$1E	B ☐ \$1B or over		YY	YY	MM	DD
ITEM 7 II	NEODM/	ATION ABO	NIT TUI	DICTOIR	LITION					
IIEIVI/-II	NFURIVIF	ATION ABO	וחווטכ	פואוכום	OTION					
					a jurisdiction of Can					
•	,		•	•	ada only. Do not incl which must be disclo				, ,	,
					1 of the report.	sea III Itelli 6. Ti	ie irijoi	mation	provid	ieu iii
a) Curi	rency	-			· · ·					
Select the curi dollars.	rency or cur	rencies in whic	h the distri	bution was m	ade. All dollar amour	its provided in t	he repo	rt must	be in (Canadian
✓ Canadiar	n dollar	US dollar	☐ Eu	ro Other	(describe)					
b) Dist	ribution d	lates								
_ , ,										
					led for securities distr t is being filed for sec					
				•	d by the report.	arities distribut	.u on u	continu	ous bu	1313,
	Start date	2023	09 2	7	End date	2023	09	27		
	Start date	YYYY		D	End date	YYYY	MM	DD		
c) Deta	ailed nurc	haser inform	nation							
c) Deta	alled purc	ilasei iliioili	lation							
Complete Sci	Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.									
d) Types of securities distributed										
Dravida tha fa	Maying info	rmation for all	distributio	ns rapartad a	n a nor cocurity basis	Defer to Dart A	(12) of	tha Inst	custion	as for how
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.	,	,, .			, 3		J		,	Ũ
							Cana	dian \$		
Security	CUSIP				Number of	Single or	Hid	ghest		
code	number (if	Descrip	otion of se	curity	securities	lowest price		rice	Total	l amount

2,500,000.0000

0.2650 662,500.0000

0.2650

applicable)

 CMS

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.

Convertible / exchangeable	ngeable Underlying		se price dian \$)	Expiry date (YYYY-MM-	Conversion ratio	Describe other terms (if applicable)	
security code	security code	Lowest	Highest	DD)		аррисавіе)	

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 Canada, state the province or territory, otherwise state the country.

Province or country	Exemption relied on	Number of unique purchasers ^{2a}	Total amount (Canadian \$)					
British Columbia	NI 45-106 2.3 [Accredited investor]	5	662,500.0000					
	Total dollar amount of securities distributed							
	Total number of unique purchasers ^{2b}	5						

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

^{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 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. Indicate whether any compensation was paid, or will be paid, in connection with the distribution. ☐ No ✓ Yes If yes, indicate number of persons compensated. | 1 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 names If the person compensated is not an individual, provide the following information. Full legal name of non-individual Canaccord Genuity Corp./Corporation Canaccord Genuity Firm NRD number 900 (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal **V** No Yes 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 compensated. Street address Municipality Province/State Country Postal code/Zip code Email address | rbabia@cgf.com Telephone number | +1 (604) 643-0230 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 45-106 respecting Prospectus Exemptions) for the purposes of completing this section. 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 Provide all amounts in Canadian dollars. Include cash concompensation. Do not report payments for services incide services. An issuer is not required to ask for details about, or employees of a non-individual compensated by the issuer	nmissions, securitie ntal to the distribut or report on, intern	s-based compensati ion, such as clerical,	ion, gifts, discounts , printing, legal or	or other accounting
Cash commissions paid	53000			
Value of all securities distributed as compensation ⁴				
	Security code 1	Security code 2	Security code 3	
Security codes	WNT	,	,	
Describe terms of warrants, options or other rights		varrants exercisab o years from the o	•	
Other compensation ⁵			7	
Describe			_ 	
Describe				
Total compensation paid	53000		7	
Check box if the person will or may receive any def	ferred compensati	on (describe the te	니 rms below)	
encentrative person time of may receive any def	errea compensari	on (desense the te		
⁴ Provide the aggregate value of all securities distributed as compensa securities of the issuer. Indicate the security codes for all securities disacquire additional securities of the issuer. ⁵ Do not include deferred compensation.		_	· ·	
ITEM 0 DIRECTORS EVECUTIVE OFFICE	DC AND DDAN	AOTERS OF TH	JE ICCLIED	
ITEM 9 – DIRECTORS, EXECUTIVE OFFICE	KS AND PROI	NOTERS OF TH	1E 133UEK	
If the issuer is an investment fund, do not complete It	em 9. Proceed to I	tem 10.		
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Indicate whether the issuer is any of the following (select to	ne one that applies	– IJ more tnan one (applies, select only	one).
✓ Reporting issuer in a jurisdiction of Canada☐ Foreign public issuer				
Wholly owned subsidiary of a reporting issuer in a	ny jurisdiction of C	anada ⁶		
Provide name of reporting issuer	ly jurisdiction or c			
_				
Wholly owned subsidiary of a foreign public issuer	6			
Provide name of foreign public issuer				
Issuer distributing only eligible foreign securities at	nd the distribution	is to permitted cli	ents only ⁷ .	
If the issuer is at least one of the above, do not compl	ete Item 9(a) – (c).	Proceed to Item 1	0.	
⁶ An issuer is a wholly owned subsidiary of a reporting issues securities, other than securities that are required by law to		• •		-

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, e	xecutive (officers an	d promoters o	f 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	Family	First	Secondary	Business location of non-individual or residential jurisdiction of	Relationship to issuer		

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	P		

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	· ·	Secondary given	Residential jurisdiction of individual	Relationship to promoter (select one or both if applicable)		
company name	name	name names		Province or country	D	О	

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 BioNxt Solutions Inc.							
manager/agent							
Full legal name	ROGERS	Hu	gh				
	Family name	First give	en name		Second	ary given names	
Title	CEO						
Telephone number	+1 (604) 250-6162	Email address	hrogers@bio	nxt.coi	m		
Signature	"Hugh Rogers"	Date	2023	12	22		
			YYYY	MM	DD		
			YYYY	IVIIVI	טט		

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.