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 12 04 (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	BioNxt Solutions Inc. / BioNxt Solutio	ons 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, p	rovide below. Refer to Part B of the Insti	ructions for the definition of "legal entity identifier".
Legal entity identifier	254900VZ478Z39V2NM18]
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 Generation (if applicable) SEDAR+ profile number

ITEM 5 – ISSUER INFORMATION

TTEM 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 f	und, provide the followi	ng information.			
a) Investment fund ma	anager information				
Full legal name]	
Firm NRD number		(if applicable)		
SEDAR+ profile number					
b) Type of investment	fund				
Type of investment fund that mos	st accurately identifies the	e issuer (select only one).			
🗌 Money market	Equity	Fixed income	Balanced		
Alternative strategies	Cryptoasset	Other (describe)			

Indicate whether one or b	poth of the following apply to the investm	ent fund.			
🗌 Invest primarily in o	ther investment fund issuers				
Is a UCITs Fund ¹					
	e Investment of Transferable Securities funds (UC				/es
that allow collective investmen	nt schemes to operate throughout the EU on a pas	ssport basis on autho	prization from one me	nber state.	
c) Net asset valu	ue (NAV) of the investment fund				
Select the NAV range of th	ne investment fund as of the date of the n	nost recent NAV c	alculation (Canadi	an \$).	
🗌 Under \$5M	SM to under \$25M	🗌 \$25M to u	nder \$100M	Date of NAV calculation:	
S100M to under \$50	00M 🗌 \$500M to under \$1B	S1B or ove	ar		
			-1	YYYY MM DD	
	ATION ABOUT THE DISTRIBL				
	ATION ABOUT THE DISTRIBU	JIION			
-	de of Canada completes a distribution in	•			
	asers resident in that jurisdiction of Canc fees, in connection with the distribution, v				•
	h the information provided in Schedule 1				
a) Currency					
Coloct the currency or cu	rrancias in which the distribution was me	de All dellar and	unto providad in t	he report must be in Canadia	
dollars.	rrencies in which the distribution was ma	ae. All aollar amc	ounts provided in t	në report must be in Canadia.	n
🗸 Canadian dollar	🗌 US dollar 📄 Euro Other (d	describe)			
b) Distribution o	Jates				
	rt and end dates. If the report is being file				?
	ooth the start and end dates. If the report l dates for the distribution period covered		securities distribue	d on a continuous basis,	
Start date		End da		11 29	
	YYYY MM DD		YYYY	MM DD	
c) Detailed purc	haser information				
Complete Schedule 1 of	f this form for each purchaser and atto	ach the schedule	to the completed	l report.	
d) Types of secu	urities distributed				
	ormation for all distributions reported on ode. If providing the CUSIP number, indice				W
distributed.		,		5 · · · · · · · · · · · · · · · · · · ·	
				Canadian \$	
Security CUSIP		Number of	Single or lowest	Highest	
code number (if applicable)	Description of security	securities	price	price Total amount	t
CVD	8% Unsecured Convertible Deben	285.0000	1,000.0000	1,000.0000 285,000.000	0
			.,		<u> </u>

	tures m	aturing	Novemb	er 29, 202					
	6.								
	<u> </u>								
e) Details	of rights and	convert	ible/exc	hangeable secu	rities				
	angeable securitie	s were di		provide the exercise provide the convers					
Convertible / exchangeable	Underlying security code		se price dian \$)	Expiry date (YYYY-MM- DD)		Conversion ratio	Describe other terms (if applicable)		
security code	,	Lowest	Highest	,					,
CVD	CMS	0.2500	0.2500				1		onvertible into es at a deeme
							d pri	ce of \$0.2	5 per share.
f) Summa	ry of the distr	ibution	by jurise	diction and exer	nptio	n			
jurisdiction of Car This table require jurisdiction where Canada, if a purc	nada only. s a separate line e a purchaser res haser resides in c	item for: ides, if a _l a foreign j	(i) each ju purchaser	n a jurisdiction of Ca risdiction where a p resides in a jurisdic n.	urchas	ser resides, (ii) each	exemp	otion relied	on in the
i or junisarccions v		ate the ni	rovince or	territory otherwise	state t	he country			
Province or country			rovince or otion relie	territory, otherwise d on	state t	Number of unique	•	Total amo	ount (Canadian \$)
country	ia NI 45-106 2.	Exemp	otion relie	d on	state t	•	: 1	Total amo	ount (Canadian \$) 250,000.0000
country	ia NI 45-106 2.	Exemp	otion relie	d on	state t	Number of unique	- 1 1	Total amo	\$)
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ITEM 8 – COMPENSATION INFORMATION

Provide information for ea whom the issuer directly p copies of this page if m o	provides, or will	provide, any co	ompensatio	n in connection with			
Indicate whether any com				. Г	ribution. 1		
				· L	·		
a) Name of pers	on compensa	ated and reg	istration	status			
Indicate whether the pers	on compensated	d is a registrant					
🗌 No 🗹 Yes							
<i>If the person compensate</i>	d is an individuo	al, provide the r	name of the	e individual.			1
Full legal name of ir	ndividual						
<i>If the person compensate</i>	d is not an indiv	Family name vidual, provide t		First given nam ng information.	าย	Secondary giv	ven names
Full legal name of r	non-individual	Canaccord Ge	enuity Corp	o./Corporation Cana	ccord Gen	uity	
Firm	NRD number	900		(if app	licable)		
Indicate whether the pers	on compensated	d facilitated the	distributio	n through a funding	portal or a	n internet-based (portal
🗹 No 🗌 Yes							
b) Business cont	act informat	ion					
lf a firm NRD number is n	ot provided in li	tem 8(a), provia	le the busir	ness contact informati	ion of the p	person being com	pensated.
Street address							
Municipality				Province/State			
Country			Р	ostal code/Zip code			
Email address				Telephone number			
c) Relationship t	o issuer or in	vestment fu	nd mana	ger			
Indicate the person's relat 'connected' in Part B(2) of respecting Prospectus Exe Connected with the Insider of the issuer	the Instructions emptions) for the issuer or invest	s and the mean e purposes of co tment fund ma	ing of 'cont ompleting t anager	rol' in section 1.4 of N		•	
Director or officer o	f the investmer	nt fund or inve	stment fur	nd manager			
Employee of the issu	uer or investme	ent fund mana	ger				
✓ None of the above							
d) Compensatio	n 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	\$22,800.0000		
Value of all securities distributed as compensation ⁴			
Coqueity codes	Security code 1	Security code 2	Security code 3
Security codes	WNT		
	r		
		each warrant exer	
Describe terms of warrants, options or other rights		on share at a price d of 24 months fro	•
Other compensation ⁵			
Describe			
Total compensation paid	\$22,800.0000		7
_	<u> </u>		
Check box if the person will or may receive any def	erred compensation	on (describe the te	
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.	and a compensati	on, <u>including</u> options, i	
⁵ Do not include deferred compensation			

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).

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			onship to issuer t 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	Relationship to one or both	promoter (select if applicable)
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 to that of a director of 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	Secondary given names
Title	Chief Executive Officer			
Telephone number	+1 (604) 250-6162	Email address	hrogers@xp	nyto.com
Signature	"Hugh Rogers"	Date	2024	12 04
			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			
	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.