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).
☐ 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 Promino Nutritional Sciences Inc.
Previous full legal name ELEMENT NUTRITIONAL SCIENCES INC.
If the issuer's name changed in the last 12 months, provide most recent previous legal name.
Website www.drinkpromino.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
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 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
☐ 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
000050157
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 (select only one).
☐ Money market ☐ Equity ☐ Fixed income ☐ Balanced
☐ Alternative strategies ☐ Cryptoasset ☐ Other (describe)

Indicate whether one or	both of the follo	wing apply to the inves	stment fund.						
☐ Invest primarily in other investment fund issuers									
☐ Is a UCITs Fund ¹									
¹ Undertaking for the Collect					-	Union (EU) directives			
that allow collective investm	ent schemes to oper	ate throughout the EU on a	passport basis on authorize	ation from one mei	mber state.				
c) Net asset va	lue (NAV) of tl	ne investment fund	d						
Select the NAV range of	the investment f	und as of the date of th	e most recent NAV calc	ulation (Canadi	an \$).				
☐ Under \$5M	,	☐ \$5M to under \$25				V calculation:			
onder \$500	'	\$3W to dilder \$23	VI	CI \$100W					
Signal 100M to under \$	500M	\$500M to under \$	1B 🗌 \$1B or over		YYYY	MM DD			
ITEM 7 - INFORM	ATION ABO	OUT THE DISTRII	BUTION						
If an issuer located outs	side of Canada co	omnletes a distribution	in a jurisdiction of Can	ada include in	Item 7 and Sc	chedule 1			
information about pure	hasers resident i	n that jurisdiction of Co	anada only. Do not incl	ude in Item 7 se	curities issue	d as payment of			
commissions or finder's				sed in Item 8. Th	he informatio	n provided in			
Item 7 must reconcile w	nın ine injormati	on provided in Schedu	e i oj tne report.						
a) Currency									
Select the currency or c	urrencies in whic	h the distribution was i	made. All dollar amoun	ts provided in ti	he report mu	st be in Canadian			
✓ Canadian dollar	US dollar	☐ Euro Othe	r (describe)]			
						_			
b) Distribution	datos								
b) Distribution	uates								
State the distribution st									
the distribution date as include the start and er				urities distribue	ed on a contin	uous basis,			
merade the start and er		· · · · · ·	rea by the report.			٦			
Start dat	e 2024	02 05	End date	2024	02 05				
	YYYY	MM DD		YYYY	MM DD				
c) Detailed pur	chaser inforn	nation							
•									
Complete Schedule 1	of this form for	each purchaser and a	ttach the schedule to	the completed	d report.				
d) Types of sec	curities distrib	uted							
Dravida tha fallavias is	formantion for all	l distuibuntis us vous urts d		Defende Dant A	(12) of the lea	atuu atia na fan haw			
Provide the following in to indicate the security	,	•	,	•		•			
distributed.	, , , , , , , , , , , , , , , , , , ,	, ,			0	,			
					Canadian	3			
CUSIP			Number of	Cinala au	Highaat				
Security number (if		ption of security	Number of securities	Single or lowest price	Highest price	Total amount			

44,161,500.0000

0.0500

0.0500 2,208,075.0000

applicable)

Units consisting of one common s

UBS

	hare and one-half of one warrant.		

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	Underlying security code	(Cariadian 4)		Expiry date (YYYY-MM- DD)	Conversion ratio	Describe other terms (if applicable)
security code	security code	Lowest	Highest	,		аррпсаые)
WNT	CMS	0.1000	0.1000	2026-02-05	1:1	

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]	41	1,031,500.0000					
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	2	350,000.0000					
Alberta	NI 45-106 2.3 [Accredited investor]	3	49,800.0000					
Ontario	NI 45-106 2.3 [Accredited investor]	15	385,000.0000					
Saskatchewan	NI 45-106 2.3 [Accredited investor]	1	10,000.0000					
United States of America	NI 45-106 2.3 [Accredited investor]	1	33,450.0000					
Cyprus	NI 45-106 2.3 [Accredited investor]	1	25,000.0000					
Panama	NI 45-106 2.3 [Accredited investor]	1	35,000.0000					
Bahamas	NI 45-106 2.3 [Accredited investor]	1	100,000.0000					
Austria	NI 45-106 2.3 [Accredited investor]	1	48,325.0000					
Netherlands	NI 45-106 2.3 [Accredited investor]	1	15,000.0000					
United Arab Emirates	NI 45-106 2.3 [Accredited investor]	1	75,000.0000					
Ontario	NI 45-106 2.5 [Family, friends and business associates]	1	50,000.0000					
	\$2,208,075.0000							
	Total number of unique purchasers ^{2b}							

^{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.

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.

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. 2 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 LEEDE JONES GABLE INC. Firm NRD number | 5770 (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 | 1800-1140 Pender St W Municipality Vancouver Province/State British Columbia Country Canada Postal code/Zip code V6E 4G1 nonbrokered@leedejonesga +1 (604) 658-3000 Email address ble.com Telephone number 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) $\hfill \square$ 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 compensat ion, such as clerical	ion, gifts, discounts l, printing, legal or	s or other accounting
Cash commissions paid	6000			
Value of all securities distributed as compensation ⁴			Ī	
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	6000			
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 disacquire additional securities of the issuer.		•	•	
⁵ Do not include deferred compensation.				

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 If yes, indicate number of persons compensated. 2 ✓ Yes 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 | 2200 - 609 Granville Street Municipality Vancouver Province/State | British Columbia Country Canada Postal code/Zip code V7Y1H2 Email address | kvoon@cgf.com Telephone number | +1 (604) 643-7300 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 con compensation. 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 issu	mmissions, securitie ental to the distribut or report on, intern	s-based compensat ion, such as clerica	ion, gifts, discounts I, printing, legal or a	or other accounting
Cash commissions paid	107570			
Value of all securities distributed as compensation ⁴	0			
	Security code 1	Security code 2	Security code 3	
Security codes	WNT			
Describe terms of warrants, options or other rights		s Warrants. Each F o one common sh		
Other compensation ⁵				
Describe			Ī	
Total compensation paid	107570			
☐ Check box if the person will or may receive any de	ferred compensation	on (describe the te	 erms below)	
	<u> </u>			
⁴ Provide the aggregate value of all securities distributed as compense securities of the issuer. Indicate the security codes for all securities disacquire additional securities of the issuer. ⁵ Do not include deferred compensation.		_		
ITEM 9 – DIRECTORS, EXECUTIVE OFFICE	DC AND DDON	AOTERS OF T	HE ICCLIED	
·			HE ISSUEK	
If the issuer is an investment fund, do not complete It	tem 9. Proceed to I	tem 10.		
Indicate whether the issuer is any of the following (select t	he one that applies	if more than one	annlies select only	onel
Reporting issuer in a jurisdiction of Canada	ne one that applies	- ij iliore tilali olle	upplies, select offly	one).
Foreign public issuer				
Wholly owned subsidiary of a reporting issuer in a	ny jurisdiction of C	anada 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 a	nd the distribution	is to permitted cli	ents only ⁷ .	
If the issuer is at least one of the above, do not compl			-	
⁶ An issuer is a wholly owned subsidiary of a reporting issussecurities, other than securities that are required by law to	uer or a foreign pub	lic issuer if all of th	e issuer's outstandi	-

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	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	J		Residential jurisdiction of individual		promoter (select if applicable)
company name	name	name	names	Province or country	D	O

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 requi to file a completed report		at makes a distrik	oution of securit	ies under certain prospectus exemption	IS			
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	Promino Nutritional Sciences	Inc.						
Full legal name	SANZONE	Vito						
	Family name	First give	en name	Secondary given names				
Title	CEO							
Telephone number	+1 (855) 348-1970	Email address	vsanzone@dri	nkpromino.com				
Signature	"Vito Sanzone"	Date	2024	02 14				
			YYYY	MM DD				

IIEM 11 - CONTAC	I PERSON			
, .	,		gulatory authority or regulator may idual certifying the report in Item 10	
Same as individual c	ertifying the report			
Full legal name	MINGO	lain		
	Family name	First given name	Secondary given names	
Title	Lawyer			

Email address | IMingo@cozen.com

NOTICE - COLLECTION AND USE OF PERSONAL INFORMATION

Name of company | Cozen O'Connor LLP

+1 (236) 317-6208

Telephone number

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.