Form 45-106F1 Report of Exempt Distribution (Non-investment fund issuer)

ITEM 1 – REPORT	TYPF					
✓ New report						
Amended report If	amended, provide Submis	ission ID of report that is	being amended:	(Example: EDR1234567890-123)		
ITEM 2 - PARTY C	ERTIFYING THE RE	EPORT				
	106 Investment Fund Cont		arding whether an issuer is an inves he companion policy to NI 81-106.	tment fund, refer to section 1.1 of		
Underwriter	,					
onderwriter						
175M 0 100M5D 1		IDENTIFIED O				
ITEM 3 – ISSUER N	NAME AND OTHER	IDENTIFIERS				
Provide the following inf	formation about the issuer	r, or if the issuer is an in	vestment fund, about the fund.			
Full legal name						
Optimi Health Corp.						
Previous full legal name	If the issuer's name char	nged in the last 12 montl	hs, provide most recent previous le	gal name.		
Website (if applicable)						
If the issuer has a legal	entity identifier, provide be	pelow. Refer to Part B of	the Instructions for the definition of	"legal entity identifier".		
Legal entity identifier						
Did two or more co-issue	ers distribute a single sec	curity? Vo Yes				
If two or more issuers dis	stributed a single security.	provide the full legal na	me(s) of the co-issuer(s) other than	the issuer named above		
Full legal name(s) of co-is	•	, promae ure ian regar na				
ITEM 4 LINDERW	RITER INFORMATI	ION				
TIEW 4 - UNDERW	KITEK INFORMATI	ION				
	pleting the report, provide	the underwriter's full lega	al name and firm NRD number.			
Full legal name						
Does the Underwriter's Firm have an NRD Number? Firm NRD number No Yes						
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.						
Street address	Munio	cipality	Province/State	Postal/ZIP code		
Country	Telep	phone number	Website (if applicable)			

ITEM 5 – ISSUER INFORMATION				
a) Primary industry				
Provide the issuer's North American Industrial corresponds to the issuer's primary busine		its only) that in your reasonable judgment most closely		
NAICS industry code				
111411				
	at best describes the issuer's stage of operation	ply to issuers that provide services to issuers operating in ns.		
	all or substantially all of its assets in any of the icial/business debt Consumer debt Privat			
b) Number of employees				
✓0 - 49 □50 - 99 □100 - 499 □500 o	or more			
c) SEDAR profile number				
Does the issuer have a SEDAR profile? ☐ No ☑ Yes	sc	the issuer's SEDAR profile is a "private" profile, please provide a creenshot of the issuer's profile by e-mail to cemptmarketfilings@osc.gov.on.ca		
d) Head office address	If the issu	uer does not have a SEDAR profile, complete Item 5(d) – (h).		
Street address	Municipality Province/State	Postal/ZIP code		
Country	Telephone number			
e) Date of formation and financial year	r and			
Date of formation	Financial year-end			
f) Reporting issuer status				
	distant of Osmada0			
Is the issuer a reporting issuer in any juriso	nction of Canada?			
If yes, select the jurisdictions of Canada in				
	NB NL NT			
NS NU ON PE	∐QC ∐SK ∐YT			
g) Public listing status				
Does the issuer have a CUSIP number?	CUSIP number (provide first 6 digits only)			
	name of the exchange on which the issuer's equities, for example, an automated trading system.	ity securities primarily trade. Provide only the name of an		
Exchange name: Not Applicable Toro	onto Stock Exchange TSX Venture Ex	change Canadian Securities Exchange		
☐ Aequitas Neo Exchange ☐ Aust	tralian Securities Exchange 🗌 Deutsche Boers	se Euronext		
London Stock Exchange Nase	daq New York Stock	Exchange Shanghai Stock Exchange		
☐ Shenzhen Stock Exchange ☐ Stoc	ck Exchange Of Hong Kong 🗌 Tokyo Stock Ex	change OTHER		
If other, describe:				
h) Size of issuer's assets				
Select the size of the issuer's assets bases	d on its most recently available annual financial	I statements (Canadian \$). If the issuer has not prepared annual		
financial statements for its first financial ye	ear, provide the size of the issuer's assets at the lounder \$25M \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qqqq\qqqq\qqqq\qqqq\qqqq\qqqq\qqqqq\qqqq	e distribution end date.		
\$100M to under \$500M\$500	OM to under \$1B			

ITEM 7 – INFORMATION ABOUT THE DISTRIBUTION

If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.

a) Curre	ncy
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Select the currency or currencies in which the distribution was ma	ade. All dollar amounts provided in the report must be in Canadian dollars.
✓ Canadian dollar ☐ US dollar ☐ Euro ☐ Other (describe): [

b) Distribution date(s)

State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report.

Start Date	End Date
2020-09-11	2020-09-11

c) Detailed purchaser information

Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.

Optimi_Schedule1_Sept21.XLSX - 114 KB

d) Types of securities distributed

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.

				Canadian \$		
Security code	CUSIP number	Number of securities	Single or lowest price	Highest price	Total amount	
WNT		17,943,005.0000	0.2500		4,485,751.2500	
Description of security: Special Warrants. Each Special Warrant is convertible into one Unit.						

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.

Not Applicable

Convertible / exchangeable	Underlying security	(Canadian \$)		Expiry date (YYYY-MM-DD)	Conversion ratio
security code	code	Lowest	Highest	(1111-WIWI-DD)	
WNT	UBS	0.0000	0.0000		1:1
Describe other terms: Each Unit is comprised of one Common Share and One Warrant. Each Warrant is convertible into one Common Share at a price of \$0.40 for a period of 2 years					

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

Province or country	Exemption relied on	No. of unique purchasers ^{2a}	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	96	2,365,595.0000
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	56	1,074,475.0000
Alberta	NI 45-106 2.3 [Accredited investor]	4	85,250.0000
Alberta	NI 45-106 2.5 [Family, friends and business associates]	2	65,000.0000
Manitoba	NI 45-106 2.3 [Accredited investor]	2	50,000.0000
Manitoba	NI 45-106 2.5 [Family, friends and business associates]	1	6,500.0000
Ontario	NI 45-106 2.3 [Accredited investor]	7	210,000.0000
Ontario	NI 45-106 2.5 [Family, friends and business associates]	3	70,000.0000

United States	NI 45-106 2.3 [Accredited investor]	7	281,285.0000
United States	NI 45-106 2.5 [Family, friends and business associates]	6	208,703.7500
Bermuda	NI 45-106 2.3 [Accredited investor]	1	48,942.5000
Hong Kong	NI 45-106 2.3 [Accredited investor]	1	20,000.0000
	Total dollar amount of securiti	es distributed	4,485,751.2500
	Total number of unique purchasers ^{2b}	186	

^{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.

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia.

If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in those jurisdictions.

In Ontario, if the offering materials listed in the table are required to be filed with or delivered to the Ontario Securities Commission (OSC), attach an electronic version of the offering materials that have not been previously filed with or delivered to the OSC.

√ Not Applicable

	Description	Date of document or other material	Previously filed with or delivered to regulator?	Previously filed Submission ID	Filename
1.			\square Y \square N		

ITEM 8 – COMPENSATION INFORMATION							
Provide information for each person (as defined in NI 45-106) 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 compensate ☐ No ☑ Yes	ion was paid, or will	be paid, in connection	n with the dis	tribution.			
PERSON 1							
a) Name of person compensa	ted and registratio	n status					
Indicate whether the person com ☐ No ☑ Yes	pensated is a regist	rant.					
If the person compensated is an Family name	•	he full legal name of t en name		dary given names			
If the person compensated is not Full legal name of non-individual	an individual, provi	de the following inforn	nation.	Firm NRD number (if	annlicable)		
Mackie Research Capital Corpora	ation			3070	аррисавіс)		
Indicate whether the person com	pensated facilitated	the distribution through	gh a funding	∟ portal or an internet-bε	ased portal.		
✓ No ☐ Yes	'				,		
b) Business contact information	on						
If a firm NRD number is not prov	ided in Item 8(a), pr	ovide the business co	ontact inform	ation of the person bei	ing compensated.		
Street address	Municipa		Province/Sta	•	Postal/ZIP code		
Country	Telephor	ne number	Email addre	ss			
c) Relationship to issuer or in	vestment fund ma	nager					
Indicate the person's relationship Part B(2) of the Instructions and Connected with the issuer or i	the meaning of "cor	ntrol" in section 1.4 of	NI 45-106 fc		pleting this section) .	
Insider of the issuer (other tha	n an investment fun	d)	✓ None	e of the above			
Director or officer of the invest	ment fund or investr	ment fund manager					
d) Compensation details							
Provide details of all compensati in Canadian dollars. Include casi for services incidental to the dist about, or report on, internal alloc	h commissions, sec tribution, such as cle	urities-based compen erical, printing, legal c	nsation, gifts, or accounting	discounts or other con services. An issuer is	mpensation. Do not not required to asl	t report payments k for details	
Cash commissions paid	6,287.5000						
Value of all securities	0.0000	Security code1 WN	T Se	curity code2	Security code	£3	
distributed as compensation ⁴		Describe terms of wa					1
		25,150 Broker Units. Warrant at a price of		er Unit is exercisable in e year.	ito one Common S	hare and one	
Other compensation ⁵ Describe							
Total compensation Paid	6,287.5000						
Check box if the person will o	Check box if the person will or may receive any deferred compensation (describe the terms below)						

⁴ Provide the aggregate value of all securities distributed as compensation, excluding options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, including options, warrants or other rights exercisable to acquire additional securities of the issuer.

 $^{5}\,\mathrm{Do}$ not include deferred compensation.

	IRECTORS, EXECUTIVE OFFICER			
_	her the issuer is any of the following (select the issuer in any jurisdiction of Canada	e one that applies - if more than on	e applies, select only one).	
	ublic issuer			
-	ned subsidiary of a reporting issuer in any juris ame of reporting issuer	sdiction of Canada 9		
	3			
Wholly ov	vned subsidiary of a foreign public issuer ⁶			
Provide na	ame of foreign public issuer			
			_	
	tributing only eligible foreign securities and the uer is at least one of the above, do not com			
⁶ An issue securities ⁷ Check tl	er is a wholly owned subsidiary of a reporting is that are required by law to be owned by its dir his box if it applies to the current distribution ex efer to the definitions of "eligible foreign securi	suer or a foreign public issuer if all ectors, are beneficially owned by ti ven if the issuer made previous dis	I of the issuer's outstanding voting s he reporting issuer or the foreign pu stributions of other types of securitie	ıblic issuer, respectively.
✓ If the iss	uer is none of the above, check this box an	nd complete Item 9(a) – (c).		
a) Directors	, executive officers and promoters of the is	suer		
Provide the fo	ollowing information for each director, executive	e officer and promoter of the issuer.	. For locations within Canada, state	the province or
	rwise state the country. For "Relationship to iss			,
Individual?	Organization or company name	Family name First given name Secondary given name	Business location of non-individual or residential jurisdiction of individual	Relationship to issuer (select all that apply)
✓Y □N		Stier	British Columbia	✓D ✓O □P
		Michael		
✓Y □N		Wilson	British Columbia	✓D ✓O □P
		JJ		
✓Y □N		Safarik	British Columbia	✓D ✓O □P
		Bryan		
✓Y □N		Stevens	British Columbia	✓D ✓O □P
		Dane		
✓Y □N		Safarik	British Columbia	D √ O □ P
		Jacob		
b) Promoter	rinformation			
	er listed above is not an individual, provide the a, state the province or territory, otherwise state			
	Organization or company name	Family name First given name Secondary given name	Residential jurisdiction of individual	Relationship to promoter (select one or both if applicable)
				□ D □ O
c) Resident	ial address of each individual			

Complete <u>Schedule 2</u> 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.

Optimi_Schedule2_Sept21.XLSX - 12 KB

Optimi_Schedule2_Sept21.XLSX - 12 KB

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, 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/underwriter/agent	Optimi Health Corp.					
Full legal name - Family name	First given n	First given name			econdary given names	
Stier	Mike					
Title		Telephone number		Email	address	
President, CEO and Director		778-930-1321		mike@	mike@greendropcapital.com	
Signature "Mike Stier"		Date	2020-09-21			

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	me - Family name First given name Secondary given names		Title				
Fast	Brian		Solicitor				
Name of company		Telephone number	Email address				
Miller Thomson LLP		604-643-1238	bfast@millerthomson.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.

The attached 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.

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Submission ID	Date		