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

ITEM 1 – REPORT	ГҮРЕ					
New report						
✓ Amended report If a	amended, provide S	Submission ID of report that is	being amended:	EDR1600728788-667	(Example: EDR1234567890-123)	
ITEM 2 - PARTY CE	ERTIFYING TH	E REPORT				
		ct only one). For guidance rega			fund, refer to section 1.1 of	
✓ Issuer (Other than an		d Continuous Disclosure and t	me companion po	olicy to IVI 8 1-106.		
Underwriter	,					
ITEM 3 – ISSUER N	AME AND OTI	HER IDENTIFIERS				
Provide the following info	ormation about the	issuer, or if the issuer is an in	vestment fund, a	bout the fund.		
Full legal name						
Optimi Health Corp.						
Previous full legal name	If the issuer's name	e changed in the last 12 mont	hs, provide most	recent previous legal na	me.	
Website (if applicable)						
If the issuer has a legal e	entity identifier, pro	vide below. Refer to Part B of	the Instructions f	or the definition of "legal	entity identifier".	
Legal entity identifier						
Did two or more co-issue	ers distribute a sing	le security?				
If two or more issuers dist	tributed a single se	ecurity, provide the full legal na	nme(s) of the co-i	ssuer(s) other than the is	ssuer named above.	
Full legal name(s) of co-is	suer(s)					
ITEM 4 – UNDERWI	RITER INFORI	MATION				
•	leting the report, pr	rovide the underwriter's full leg	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		Municipality	Province/State	Post	al/ZIP code	
Country Telephone 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\qqqq\q	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.

	_	
a١	Currer	าดง

Select the currency or currencies in which the distribution was m	nade. 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 - Amended Schedule 1 (September 11, 2020 closing).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		17,963,005.0000	0.2500		4,490,751.2500	
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	(2		e price dian \$)	Expiry date (YYYY-MM-DD)	Conversion ratio
security code	code	Lowest	Highest	(1111-WIW-DD)	
WNT	UBS	0.0000	0.0000		1:1
Describe other terms: Each Unit is comprised of one Com (if applicable) price of \$0.40 for a period of 2 years				are and One Warrar	tt. Each Warrant is convertible into one Common Share at a

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]	97	2,370,595.0000
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
	4,490,751.2500		
	Total number of unique purchasers ^{2b}	187	

²aln calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

²bln 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	Indicate whether any compensation was paid, or will be paid, in connection with the distribution. ☐ No ☑ Yes						
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	or may receive any o	deferred compensation	n (describe th	ne 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.

	MRECTORS, EXECUTIVE OFFICER			
	her the issuer is any of the following (select the issuer in any jurisdiction of Canada	e one tnat applies - It more tnan one	e applies, select only one).	
	• •			
	ublic issuer	•		
-	ned subsidiary of a reporting issuer in any juris	sdiction of Canada ⁶		
Flovide II	ame of reporting issuer			
Wholly ou	ned subsidiary of a foreign public issuer ⁶			
-	ame of foreign public issuer			
Issuer dis	tributing only eligible foreign securities and the	distribution is to permitted clients of	only ⁷	
	uer is at least one of the above, do not com			
	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 ev			
	efer to the definitions of "eligible foreign securi			
✓ If the isse	uer is none of the above, check this box an	d complete Item 9(a) – (c).		
a) Directors	, executive officers and promoters of the is	suer		
Provide the fo	ollowing information for each director, executive	officer and promoter of the issuer	For locations within Canada, state	the province or
	rwise state the country. For "Relationship to iss			THE PROVINCE OF
		Family name	Business location of	Relationship to
Individual?	Organization or company name	First given name	non-individual or residential	issuer (select all that
		Secondary given name	jurisdiction of individual	apply)
✓Y □N		Stier	British Columbia	✓D ✓O □P
		Michael		1
✓Y □N		Wilson	British Columbia	VD VO DP
		JJ]
✓Y □N		Safarik	British Columbia	✓D ✓O □P
		Bryan		
		- Jan		
✓Y □N		Ctouono	British Columbia	VD VO P
		Stevens	British Columbia	
		Dane		
✓Y □N		Safarik	British Columbia	D ✓OP
		Jacob	_	
b) Promoter	rinformation			
If the promote	er listed above is not an individual, provide the	following information for each direct	tor and avacutive officer of the prop	notor For locations
•	a, state the province or territory, otherwise state	•	•	
		Family name		Relationship to
	Organization or company name	First given name	Residential jurisdiction of individual	promoter (select one or both
		Secondary given name	oi iridividuai	if applicable)
				□ D □ O
				1
			1	
c) Resident	ial address of each individual			

Optimi - Schedule 2 (September 11, 2020 closing).XLSX - 12 KB

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 - Schedule 2 (September 11, 2020 closing).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 na		ame	Secondary given names	
Stier	Mike			
Title		Telephone number	Email address	
President, CEO and Director		778-930-1321	mike@greendropcapital.com	
Signature "Mike Stier"		Date 2020-09-22		

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			
Fast	Brian			Solicitor			
Name of company		Telephone number	Emai	address			
Miller Thomson LLP		604-643-1238	bfast	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.

EDR1600728788-556	2020-09-22 19:02:55.464
Submission ID	Date