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						
Ssuer (other than an investment fund)						
☐ Underwriter						
ITEM 2. ICCUED NAME AND OTHER IDENTIFIEDS						
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 Optimi Health Corp. / Optimi Health Corp.						
Previous full legal name						
If the issuer's name changed in the last 12 months, provide most recent previous legal name.						
Website www.optimihealth.ca (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 98450063FDFF8UD3Q652						
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 000000
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
000050506
ITEM 6 INVESTMENT FUND ISSUED INFORMATION
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
Tall 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 when	Indicate whether one or both of the following apply to the investment fund.								
☐ Invest primarily in other investment fund issuers									
☐ Is a UCIT	☐ Is a UCITs Fund ¹								
		! Investment of Transferable Securities funds (U				Union (EU) directives			
that allow collec	that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.								
c) Net	asset valu	e (NAV) of the investment fund							
Select the NA	V range of th	e investment fund as of the date of the	most recent NAV calc	ulation (Canadio	an \$).				
Under \$	5M	\$5M to under \$25M	☐ \$25M to und	er \$100M	Date of NAV	calculation:			
☐ \$100M t	to under \$50	0M	B	l	YYYY	MM DD			
ITEM 7 - II	NFORMA	TION ABOUT THE DISTRIB	UTION						
If an issuer lo	ocated outsic	le of Canada completes a distribution ii	n a jurisdiction of Can	ada, include in I	tem 7 and Sc	hedule 1			
information (about purch	asers resident in that jurisdiction of Car	nada only. Do not incl	ude in Item 7 sed	curities issued	l as payment of			
		ees, in connection with the distribution, h the information provided in Schedule		sed in Item 8. Th	e informatioi	n provided in			
		Title Injormation provided in Schedule	T of the report.						
a) Cur	rrency								
Select the cui	rrency or cur	rencies in which the distribution was m	ade. All dollar amoun	ts provided in th	ne report mus	t be in Canadian			
✓ Canadia	an dollar	US dollar Euro Other	(describe)]			
						_			
b) Dis	tribution d	ates							
2) 213	tribution c								
		t and end dates. If the report is being fi							
		oth the start and end dates. If the repordates for the distribution period covere		urities aistribue	a on a contini	uous basis,			
				2024	05 40]			
	Start date	2024 05 10	End date	2024	05 10				
		YYYY MM DD		YYYY	MM DD				
c) Det	ailed purc	naser information							
Complete So	Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.								
d) Typ	es of secu	rities distributed							
5 : 1 : 1				D. C D 44	(40) (4)				
		rmation for all distributions reported o de. If providing the CUSIP number, indi							
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	CUSIP		Number of	Single or	Highest				
code	number (if	Description of security	securities	lowest price	price	Total amount			

0.3000

1,333,334.0000

400,000.2000

applicable)

UNT

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	Exercise price (Canadian \$)		Expiry date (YYYY-MM- DD)	Conversion ratio	Describe other terms (if applicable)
security code	security code	Lowest	Highest			аррисавіе)
WNT	CMS	0.4000		2026-05-10		

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]	2	400,000.2000
	Total dolla	ar amount of securities distributed	\$400,000.2000
	Total number of unique purchasers ^{2b}	2	

^{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. **V** No If yes, indicate number of persons compensated. 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 (if applicable) Firm NRD number Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal ☐ 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 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) 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 a Provide all amounts in Canadian dollars. Include cash come compensation. Do not report payments for services incider 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, discount I, printing, legal or	s or other accounting
Cash commissions paid				
Value of all securities distributed as compensation ⁴				
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				
☐ 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 acquire additional securities of the issuer. Indicate the securities, warrants or other rights exercisable to acquire ad ⁵ Do not include deferred compensation. ITEM 9 – DIRECTORS, EXECUTIVE OFFICEING The issuer is an investment fund, do not complete Item.	urity codes for all so ditional securities of RS AND PROM	ecurities distributed of the issuer. MOTERS OF TI	l as compensation,	
,,,,,,,,,,,,,,				
Indicate whether the issuer is any of the following (select the	ne one that applies	– if more than one	applies, select only	one).
✓ Reporting issuer in a jurisdiction of Canada☐ Foreign public issuer				
☐ Wholly owned subsidiary of a reporting issuer in ar	y 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 ar	nd the distribution	is to permitted cli	ents only ⁷ .	
If the issuer is at least one of the above, do not comple	ete Item 9(a) – (c).	Proceed to Item 1	10.	
⁶ An issuer is a wholly owned subsidiary of a reporting issu 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 n	☐ 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 name	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	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	· ·	Secondary given	Residential jurisdiction of individual	Relationship to pone or both	promoter (select 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 manager/agent	Optimi Health Corp.						
Full legal name	HODGES	Le	ah				
	Family name	First give	en name	Secondary given names			
Title	Corproate Secretary						
Telephone number	+1 (604) 377-0403	Email address	lhodges@ben	chmarkgovernance.com			
Signature	"/s/ Leah Hodges"	Date	2024 YYYY	05 17 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.