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 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	Optimi Health Corp. / Optimi Health	Corp.	
C C		· · · · · · · · · · · · · · · · · · ·	
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, p	rovide below. Refer to Part B of the Inst	ructions for the definition of "legal entity identifie	er".
Legal entity identifier	98450063FDFF8UD3Q652		
If 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	(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 ISSUER INFORMATION							
If the issuer is an investment j	fund, provide the follo	wing information.					
a) Investment fund m	anager information	l					
Full legal name							
Firm NRD number		(if applicable))				
SEDAR+ profile number							
b) Type of investment	fund						
Type of investment fund that mo	ost accurately identifies t	he issuer (select only one).					
🗌 Money market	Equity	E Fixed income	Balanced				
Alternative strategies	Cryptoasset	Other (describe)					

Indicate whether one or bo	oth of the following apply to the investm	nent fund.							
Invest primarily in other investment fund issuers									
Is a UCITs Fund ¹									
	Investment of Transferable Securities funds (UC schemes to operate throughout the EU on a pa				Union (EU) directives				
	schemes to operate throughout the EO on a pa	ssport basis on authoriza	uon jrom one mer	iber stute.					
c) Net asset value	e (NAV) of the investment fund								
Select the NAV range of the	e investment fund as of the date of the ı	most recent NAV calcı	ılation (Canadi	an \$).					
Under \$5M	□ \$5M to under \$25M	Signal \$25M to unde		Date of NAV	calculation:				
S100M to under \$500	0M 🗌 \$500M to under \$1B	🔲 \$1B or over		YYYY	MM DD				
ITEM 7 - INFORMA	TION ABOUT THE DISTRIBL	JTION							
If an issuer located outside	e of Canada completes a distribution in	a jurisdiction of Can	ada include in	Item 7 and Scl	nedule 1				
information about purcha	sers resident in that jurisdiction of Can	ada only. Do not inclu	ıde in Item 7 se	curities issued	as payment of				
	es, in connection with the distribution, with the information provided in Schedule		ed in Item 8. Th	ie information	n provided in				
a) Currency									
Select the currency or curr dollars.	rencies in which the distribution was mo	ade. All dollar amount	rs provided in tl	ie report musi	t be in Canadian				
🖌 Canadian dollar	🗌 US dollar 🛛 Euro Other (describe)]				
					J				
h) Distribution d	2422								
b) Distribution d									
	and end dates. If the report is being file								
	oth the start and end dates. If the report dates for the distribution period covered		irities distribue	d on a continu	ious basis,				
			2024	05 20					
Start date	2024 05 29	End date	2024	05 29					
	YYYY MM DD		YYYY	MM DD					
c) Detailed purch	naser information								
Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.									
d) Types of secur	ities distributed								
Provide the following infor	mation for all distributions reported or	a per security basis	Pafar to Part A	(12) of the Inst	ructions for how				
	de. If providing the CUSIP number, indic								
distributed.		-							
				Canadian \$					
Security CUSIP		Number of	Single or	Highest					
code applicable)	Description of security	securities	lowest price	price	Total amount				
UNT		1,816,633.0000	0.300	0	544,989.9000				
		•							

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		se price dian \$)	Expiry date (YYYY-MM- DD)	Conversion ratio	Describe other terms (if applicable)	
security code		Lowest	Highest			applicable)	
WNT	CMS	0.4000		2026-05-29			

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 un purchasers		Total amount (Canadian \$)					
British Columbia	NI 45-106 2.3 [Accredited investor]	2	30,000.0000					
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	1	4,563.0000					
Ontario	NI 45-106 2.3 [Accredited investor]	1	99,999.9000					
United States of America	NI 45-106 2.3 [Accredited investor]	1	260,427.0000					
Marshall Islands	NI 45-106 2.3 [Accredited investor]	1	150,000.0000					
	Total dollar amount of securities distributed							
	Total number of unique purchasers ^{2b} 6							

^{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.³If 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 e whom the issuer directly copies of this page if m o	provides, or will prov	vide, any compensati	on in connection with t			
Indicate whether any com □ No ☑ Yes			. Г	ribution. 1		
a) Name of pers	on compensated	and registration	n status			
Indicate whether the pers	•					
□ No ☑ Yes	on compensated is t					
If the person compensate	d is an individual, pr	rovide the name of th	ne individual.			
Full legal name of ir	ndividual					
<i>If the person compensate</i>	d is not an individua	Family name II, provide the follow	First given nam ing information.	ne	Secondary give	n names
Full legal name of r	non-individual LEE	DE JONES GABLE IN	IC.			
Firm	NRD number 577	0	(if app	licable)		
Indicate whether the pers	on compensated fac	ilitated the distribut	 ion through a funding p	oortal or an	internet-based p	ortal
✓ No □ Yes						
b) Business cont	act information					
If a firm NRD number is n	ot provided in Item	8(a), provide the bus	iness contact informati	on of the pe	erson being comp	ensated.
Street address				·		
Municipality			Province/State			
Country			Postal code/Zip code			
Email address			Telephone number			
c) Relationship t	o issuer or inves	tment fund man	ager			
Indicate the person's rela 'connected' in Part B(2) of respecting Prospectus Exe	the Instructions and	l the meaning of 'cor	ntrol' in section 1.4 of N		•	
Connected with the	issuer or investme	nt fund manager				
Insider of the issuer						
Director or officer o			ind manager			
✓ None of the above		unu manager				
	n dataile					
d) Compensatio	nuetaiis					

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.

	r		_	
Cash commissions paid	\$2,400.0000			
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	\$2,400.0000			
Check box if the person will or may receive any def	erred compensatio	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.	• •	•		
⁵ Do not include deferred compensation.				
ITEM 9 – DIRECTORS, EXECUTIVE OFFICE	RS AND PROM	IOTERS OF T	HE ISSUER	
If the issuer is an investment fund, do not complete It	em 9. Proceed to la	tem 10.		
Indicate whether the issuer is any of the following (select t	he 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 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	Secondary given names	Business location of non-individual or residential jurisdiction of individual		Relationship to issuer (select all that apply)		
		name		Province or country		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 i	-
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 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.

securities regulatory aut	hority or regulator, as applica	on behalf of the issuer/underwriter/investment fund manager, to the pplicable, that I have reviewed this report and to my knowledge, having provided in this report is true and, to the extent required, complete.				
manager/agent						
Full legal name	HODGES	Le	ah			
	Family name	First give	en name	Secondary given names		
Title	Corporate Secretary					
Telephone number	+1 (604) 377-0403	Email address	lhodges@ber	nchmarkgovernance.com		
Signature	"/s/ Leah Hodges"	Date	2024 YYYY	06 04 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.