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

TIEW 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 fund, provide the following 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 b	oth of the following apply to the investm	ient fund.			
🗌 Invest primarily in ot	ther investment fund issuers				
Is a UCITs Fund ¹					
	Investment of Transferable Securities funds (UC				Union (EU) directives
that allow collective investment	t schemes to operate throughout the EU on a pa	ssport basis on authoriza	tion from one mei	nber state.	
c) Net asset valu	e (NAV) of the investment fund				
Select the NAV range of th	e investment fund as of the date of the r	most recent NAV calcı	lation (Canadi	an \$).	
Under \$5M	□ \$5M to under \$25M	🗌 \$25M to unde		Date of NAV	calculation:
🗌 \$100M to under \$50	0M 🗌 \$500M to under \$1B	🔲 \$1B or over		YYYY	MM DD
ITEM 7 - INFORMA	TION ABOUT THE DISTRIBL	JTION			
If an issuer located outsid	e of Canada completes a distribution in	a jurisdiction of Can	nda include in	Item 7 and Scl	nedule 1
	asers resident in that jurisdiction of Can				
	ees, in connection with the distribution, w		ed in Item 8. Th	ne information	n provided in
	n the information provided in Schedule 1				
a) Currency					
Select the currency or curr dollars.	rencies in which the distribution was ma	ide. All dollar amount	ts provided in ti	he report mus	t be in Canadian
🖌 Canadian dollar	US dollar Euro Other (describe)]
					J
b) Distribution dates					
	t and end dates. If the report is being file				
	oth the start and end dates. If the report dates for the distribution period covered		ırities distribue	d on a continu	ious basis,
Start date	2024 08 15	End date	2024	08 15	
	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 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 CUSIP		Number of	Single or	Highest	
code applicable)	Description of security	securities	lowest price	price	Total amount
UNT		1,796,666.0000	0.300	0	538,999.8000
		,,			
L					

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 (Canad security code	se price dian \$)	Expiry date (YYYY-MM-	Conversion ratio	Describe other terms (if applicable)	
security code		Lowest	Highest	DD)		арріїсаріе)
WNT	CMS	0.4000		2026-08-15		

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]	1	264,000.0000
Ontario	NI 45-106 2.3 [Accredited investor]	1	174,999.9000
United States of America	other - US Accredited Investor	1	99,999.9000
	\$538,999.8000		
	Total number of unique purchasers ^{2b}	3	

^{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.³ 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.					
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 name If the person compensated is not an individual, provide the following information. Secondary given name					
Full legal name of non-individual					
Firm NRD number (if applicable)					
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal					
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 compensate	d.				
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- respecting Prospectus Exemptions) for the purposes of completing this section.	106				
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 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.

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 secu options, warrants or other rights exercisable to acquire ad ⁵ Do not include deferred compensation.	urity codes for all s	ecurities distributed		

ITEM 9 – DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER

Indicate whether the issuer is any of the following (select the one that applies – if more than one applies, select only one).

\checkmark	Reporting	issuer	in a	jurisdiction	of	Canada
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E 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	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	First given	, , ,	Residential jurisdiction of individual		promoter (select if applicable)
company name	name	name	names	Province or country	D	0
c) Residential a	ddress of	each indivi	dual			

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

securities regulatory aut	nation below, I certify, on beha hority or regulator, as applical	ble, that I have r	eviewed this re	vestment fund manager, to the port and to my knowledge, hav the extent required, complete.	ing	
Name of lssuer/ investment fund	Optimi Health Corp.					
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@bend	chmarkgovernance.com		
Signature	"/s/ Leah Hodges"	Date	2024 YYYY	08 26 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.