Form 45-106F1 Report of Exempt Distribution

ITEM 1 - REPORT TYPE		
✓ New report ☐ Amended report If amended, p	provide filing date of report that is being amended. (YYYY-MM-DD)	
ITEM 2 - PARTY CERTIFYING 1	THE REPORT	
section 1.1 of National Instrument 81-106	elect only one). For guidance regarding whether an issuer is an investment fund, refer to Investment Fund Continuous Disclosure and the companion policy to NI 81-106 (in Testment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respect	
☐ Investment fund issuer		
Issuer (other than an investment fu	und)	
Underwriter		
ITEM 3 - ISSUER NAME AND C	OTHER IDENTIFIERS	
Provide the following information about t	the issuer, or if the issuer is an investment fund, about the fund.	
Full legal name	ASEP Medical Holdings Inc. / ASEP Medical Holdings Inc.	
Previous full legal name	TRENCHANT LIFE SCIENCES INVESTMENT CORP.	
If the issuer's name changed in	the last 12 months, provide most recent previous legal name.	
Website	(if applicable)	
If the issuer has a legal entity identifier, p	rovide below. Refer to Part B of the Instructions for the definition of "legal entity identifie	er".
Legal entity identifier		
If two or more issuers distributed a single above.	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 INFO	RMATION	
If an underwriter is completing the report	, provide the underwriter's full legal name, firm NRD number, and SEDAR+ profile numb	oer.
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 judgmen most closely corresponds to the issuer's primary business activity.	t
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 issu operating in the mining industry. Select the category that best describes the issuer's stage of operations.	ers
☐ 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 companie☐ Cryptoassets	es
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	
000053132	
ITEM 6 - INVESTMENT FUND ISSUER INFORMATION	
TIEM 6 - INVESTMENT FOND ISSUER INFORMATION	
If the issuer is an investment fund, provide the following information.	
a) Investment fund manager information	
Full 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 wh	hether one or b	ooth of the following apply to the investi	ment fund.							
☐ Invest primarily in other investment fund issuers										
☐ Is a UCITs Fund ¹										
¹ Undertakin	g for the Collectiv	e Investment of Transferable Securities funds (U	ICITs Funds) are investmen	t funds regulated by th	e European Unio	on (EU) directives				
that allow co	that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.									
c) No	et asset valu	ie (NAV) of the investment fund								
Select the I	NAV range of th	ne investment fund as of the date of the	most recent NAV calcu	ılation (Canadian \$	<i>5).</i>					
☐ Under	\$5M	\$5M to under \$25M	☐ \$25M to unde	er \$100M Da	ate of NAV ca	lculation:				
☐ ¢100N	በ to under \$50	00M	B ☐ \$1B or over							
\$100N	i to under \$50		p		YYYY M	1M DD				
ITEM 7 -	INFORMA	TION ABOUT THE DISTRIB	UTION							
lf an issuer	· located outsid	de of Canada completes a distribution in	a a jurisdiction of Can	ada. include in Item	n 7 and Sched	ule 1				
		asers resident in that jurisdiction of Car								
		ees, in connection with the distribution,		sed in Item 8. The in	nformation pr	ovided in				
item / mus	st reconcile wit	h the information provided in Schedule	1 of the report.							
a) C	urrency									
Select the o	currency or cur	rencies in which the distribution was m	ade. All dollar amoun	ts provided in the r	eport must be	in Canadian				
✓ Canac	lian dollar	US dollar Euro Other	(describe)							
			,							
L) D	:-4: 4:	lata a								
ט (מ	istribution o	lates								
State the d	listribution star	rt and end dates. If the report is being fi	led for securities distri	buted on only one	distribution d	ate, provide				
		oth the start and end dates. If the repo		urities distribued o	n a continuou	s basis,				
include the	e start and end	dates for the distribution period covere	ed by the report.							
	Start date	2024 04 08	End date	2024 0	4 08					
		YYYY MM DD		YYYY M	M DD					
c) D	etailed purc	haser information								
	•									
Complete	Schedule 1 of	this form for each purchaser and at	tach the schedule to	the completed re	port.					
d) Ty	ypes of secu	rities distributed								
Provide the	e following info	ormation for all distributions reported o	n a ner security hasis	Pefer to Part A(12)	of the Instruc	tions for how				
		nde. If providing the CUSIP number, indi								
distributea	1.									
				С	anadian \$					
Security	CUSIP		Number of	Single or lowest	Highest	Total				
code	number (if applicable)	Description of security	securities	price	price	amount				

WNT

0.0000

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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	canadian φ		Expiry date (YYYY-MM-DD)	Conversion ratio	Describe other terms (if applicable)
security code	security code	Lowest	Highest			аррисавіе)
WNT	CMS	1.0000		2025-04-08		

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		Total amount (Canadian \$)			
China	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	1	0.0000			
	Total dollar amount of securities distributed					
	Total number of unique purchasers ^{2b}	1				

^{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.				

,			•	issuer made previous distributions of ot security" and "permitted client" in Part B	3,		
☐ 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			
, ,	,		,,	icer and promoter of the issuer. For loca nship to issuer", "D" – Director, "O" – Exe			
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)			
	Hame		Province or country	D	0	P		

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 names	Residential jurisdiction of individual	Relationship to pone or both	promoter (select if applicable)
company name	name	name		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

securities regulatory aut exercised reasonable dil	nation below, I certify, on beha hority or regulator, as applical	ble, that I have r	eviewed this re	vestment fund manager, to the eport and to my knowledge, having o the extent required, complete.		
Name of Issuer/ investment fund ASEP MEDICAL HOLDINGS INC.						
manager/agent						
Full legal name	TUCKER	Jacqu	eline			
	Family name	Family name First given name Secondary given names				
Title	CFO					
Telephone number	+1 (403) 999-1393	Email address	jacqueline@as	sepmedical.com		
Signature	/s/ Jacqueline Tucker	Date	2024 YYYY	04 17 MM DD		

ITEM 11 - CONTACT PERSON

			egulatory authority or regulator mo vidual certifying the report in ltem	
Same as individual c	ertifying the report			
Full legal name	KOLESZAR	Alissa		
	Family name	First given name	Secondary given names	
Title	Securities Paralegal			

Name of company | CLARK WILSON LLP

Telephone number | Email address | akoleszar@cwilson.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.

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.