Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8704565

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 th	TEM 2 - PARTY CERTIFYING THE REPORT					
Indicate the party certifying the report (se Instrument 81-106 Investment Fund Cont				estment fund, refer to secti	on 1.1 of National	
☐ Investment fund issuer	andous Disclosure and the comp	amon policy to 141 01	100.			
✓ Issuer (other than an inve	stment fund)					
Underwriter	· · · · · · · · · · · · · · · · · · ·					
	FUED IDENTIFIEDS					
ITEM 3 - ISSUER NAME AND OT			6			
Provide the following information about t		vestment fund, abou	t the fund.			
Full legal name Aura Health Inc.						
Previous full legal name	Lamêlée Iron Ore Ltd.					
If the issuer's name changed in th	ne last 12 months, provide most	recent previous legal	l name.			
Website	www.aurahealthinc.cor	n	(if applicable)			
If the issuer has a legal entity identifier.	rovide below. Refer to Part B of t	he Instructions for th	ne definition o	of "legal entity identifier".		
Legal entity identifier						
If two or more issuers distributed a single	security, provide the full legal no	ame(s) of the co-issu	er(s) other the	an the issuer named above	<u>'</u> .	
Full legal name(s) of co-issuer(s)			(if applicable	e)		
T A						
ITEM 4 - UNDERWRITER INFORM						
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm N	IRD number.		٦	
	Full legal name					
Firm NRD number (if applicable)						
If the underwriter does not have a firm NI	RD number, provide the head off	ice contact informati	ion of the und	derwriter.	_	
Street address						
Municipality		Provi	nce/State			
Country		Postal code	/Zip code			
Telephone number			Website		(if applicable)	

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 4 1 3 4 1 0				
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				
c) SEDAR profile number				
Does the issuer have a SEDAR profile?				
No ✓ Yes If yes, provide SEDAR profile number 0 0 0 3 2 5 4 9				
If the issuer does not have SEDAR profile complete item 5(d) - (h).				
d) Head office address				
Street address Province/State				
Municipality Postal code/Zip code				
Country Telephone number				
e) Date of formation and financial year-end				
Date of formation Financial year-end MM DD MM DD				
f) Reporting issuer status				
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes				
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.				
☐ AII ☐ AB ☐ BC ☐ MB ☐ NB ☐ NT				
g) Public listing status				
If the issuer has a CUSIP number, provide below (first 6 digits only)				
CUSIP number				
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an				
exchange and not a trading facility such as, for example, an automated trading system.				
Exchange name				
h) Size of issuer's assets				

Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.

☐ \$0 to under \$5M	☐ \$5M to under \$25M	☐ \$25M to under \$100M
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT FUND ISSUER INFORMATION					
If the issuer is an inves	tment fund, provide the following information.				
a) Investment fund ma	anager information				
Full legal name					
Firm NRD number	(if applicable)				
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.				
Street address					
Municipality	Province/State Province/State				
Country	Postal code/Zip code				
Telephone number	Website (if applicable)				
b) Type of investment	fund				
Type of investment fund tha	nt most accurately identifies the issuer (select only one) .				
Money market	☐ Equity ☐ Fixed income ☐ Balanced				
Alternative strateg	gies Cryptoasset Other (describe)				
	h of the following apply to the investment fund .				
	n other investment fund issuers				
☐ Is a UCITs Fund¹					
¹ Undertaking for the Collec (EU) directives that allow co	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union ollective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.				
c) Date of formation a	nd financial year-end of the investment fund				
Date of format	tion Financial year-end MM DD				
d) Reporting issuer st	atus of the investment fund				
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes				
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.				
AII	AB BC MB NB NL NT				
□ NS □	NU ON PE QC SK T				
e) Public listing status of the investment fund					
If the investment fund has a CUSIP number, provide below (first 6 digits only)					
CUSIP number					
If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.					
Exchange name					
f) Net asset value (NAV) of the investment fund					
Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).					
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M				
\$100M to under \$500	DM S500M to under \$1B S1B or over Date of NAV calculation: YYYY MM DD				

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.

a)	Currency				
Selec	t the currency or curre	ncies in which the distrib	ution was made. All	dollar amounts provided in th	he 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	2019	01	10	End date	2019	01	10
	YYYY	MM	DD		YYYY	MM	DD

c) Detailed purchaser 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 code CUSIP number (if applicable)			Description of security	Number of securities	Single or lowest price	Highest price	Total amount
U	N T	Each unit comprised of 1 common share and half warrant exercisable at \$0.25 for 2 years.		11,493,998.00	0.1500		1,724,099.70

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.

ex	changeable Underlying Exercise price (Canadian \$)		Convertible / exchangeable security code			Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)			
							Lowest	Highest			
W	' I	N	Т	С	М	S	0.2500		2021-01-10		Each whole warrant is exercisable at a price of \$0.25 for 24 months from date of closing.

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 ²⁸ purchasers	Total amount (Canadian \$)
Ontario	NI 45-106 2.5 [Family, friends and business associates]		30,000.00
Ontario	NI 45-106 2.3 [Accredited investor]	32	1,316,799.75
British Columbia	NI 45-106 2.3 [Accredited investor]	6	122,550.00
Alberta	NI 45-106 2.3 [Accredited investor]	4	91,999.95
Cayman Islands	NI 45-106 2.3 [Accredited investor]	1	112,500.00

United States	NI 45-106 2.3 [Accredited investor]	1	50,250.00
	1,724,099.70		
	Total number of unique purchasers ^{2b}	46	

^{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.

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.

Description	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)

^{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) 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. 4											

a) Name of person compensated and registration status											
Indicate whether the person com	pensated is a regis	trant.		No	√	Yes					
If the person compensated is an i	individual, provide	the name of the in	dividua	l.							
Full legal name of individ	dual										
		Family name		F	irst given	name		Secondary	given names	s	
If the person compensated is not an individual, provide the following information.											
Full legal name of non-individual Canaccord Genuity Corp.											
Firm NRD number 9 0 0 (if applicable)											
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V 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	Street address										
Municipality					I	Province	e/State				
Country					Postal	code/Zi	o code				
Email address					Tele	phone n	umber				
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 for the purposes of completing this section.											
Connect 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	1,5	560.00				Security	code 1	Security code 2	Security of	code 3	
Value of all securities distributed as compensation	26	600.00	Sec	urity codes		W N	Т				
Describe te	rms of warrants, o	ptions or other righ	рі		e comn	non sha	re in the	arrants exercisa e capital of the			
Other compensation	5	Descri	be _								
Total compensation paid	4,1	60.00									
Check box if the person will or may receive any deferred compensation (describe the terms below)											
⁴ Provide the aggregate value of	all securities distr	ibuted as compens	sation	excludina o	ntions w	arrants o	r other m	iahts exercisable	to acquire		
additional securities of the issue rights exercisable to acquire add Do not include deferred compe	er. Indicate the sec ditional securities	curity codes for all	securiti	es distribute	ed as con	npensatio	on, <u>inclu</u>	<u>ding</u> options, war	ants or oth	ner	

a) Name of person compensated and registration status													
Indicate whether the person co	mpensated is a regist	rant.			☐ No		\checkmark	Yes					
If the person compensated is an	n individual, provide	the nam	e of the in	divid	lual.								
Full legal name of indiv	vidual												
Family name First given name Secondary given names													
If the person compensated is no	If the person compensated is not an individual, provide the following information.												
Full legal name of non-individual PI Financial Corp.													
Firm NRD number 5 2 9 0 (if applicable)													
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves													
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	Street address												
Municipality							F	Provin	ce/State				
Country						P	ostal	code/2	Zip code				
Email address							Telep	ohone	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 for the purposes of completing this section. Connect 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 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 11,004.00													
							H		ty code 1	Security code	2 :	Security co	ode 3
Value of all securitie distributed as compensation	102	40.00		S	ecurity co	des		W	N T				
Describe	terms of warrants, op	otions or	other rigi	nts		e one	comm	non sh	are in th	arrants exerce e capital of t			
Other compensation	n ⁵		Descri	be									
Total compensation pa	29,3	44.00											
Check box if the person will or may receive any deferred compensation (describe the terms below)													
⁴ Provide the aggregate value additional securities of the issinghts exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec dditional securities o	urity coa	les for all										er

a) Name of person compensated and registration status													
Indicate whether the person co	npensated	l is a regist	rant.			☐ No		√	Yes				
If the person compensated is an individual, provide the name of the individual.													
Full legal name of indiv	idual												
	Family name First given name Secondary given names									S			
If the person compensated is not an individual, provide the following information.													
Full legal name of non-individual Hampton Securities Limited													
Firm NRD number 2 8 9 0 (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 pro	If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.												
Street address	Street address												
Municipality								F	Provin	ce/State			
Country							Р	ostal	code/z	Zip code			
Email address								Telep	hone	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 for the purposes of completing this section. Connect 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													
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 3,360.00													
Value of all securitie										y code 1	Security code 2	Security of	code 3
distributed as compensatio		5,60	00.00		5	Security co	des	L	VV				
Describe t	Describe terms of warrants, options or other rights 22,400 non-transferable finder's warrants exercisable at \$0.25 to purchase one common share in the capital of the company for 24 months from date of closing.												
Other compensatio	n⁵			Desc	ribe								
Total compensation pa	id	8,96	60.00										
Check box if the person will or may receive any deferred compensation (describe the terms below)													
⁴ Provide the aggregate value of additional securities of the issurights exercisable to acquire action of the include deferred comp	ier. Indica Idditional s	te the secu	ırity cod	es for all	nsatio I secu	on, <u>excludil</u> urities distr	n <u>g</u> optio	ons, wa as com	arrants opensa	or other i tion, <u>inclu</u>	ights exercisable i <u>ding</u> options, wan	to acquire rants or oth	ner

a) Name of person compensated and registration status													
Indicate whether the person co	mpensated is a regist	rant.			☐ No		\checkmark	Yes					
If the person compensated is a	n individual, provide	the nam	e of the i	ndivid	dual.								
Full legal name of indiv	vidual												
		Family na	ame			Firs	t given i	name		Sec	ondary	given name:	3
If the person compensated is not an individual, provide the following information.													
Full legal name of non-individual Mackie Research Capital Corp.													
Firm NRD number 3 0 7 0 (if applicable)													
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							F	Provin	ce/State				
Country						P	ostal	code/2	Zip code				
Email address							Telep	ohone	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 for the purposes of completing this section. Connect 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 2,400.00													
Value of all securitie	es			,		.1		w	ty code 1	Security of		Security of	Journal
distributed as compensation	1 10	00.00		3	Security co	aes	L						
Describe (erms of warrants, o	otions or	other rig	ghts		e one	comm	non sh	are in th	arrants ex e capital c			
Other compensation	n⁵		Desc	ribe									
Total compensation pa	6,4	00.00											
Check box if the person will or may receive any deferred compensation (describe the terms below)													
⁴ Provide the aggregate value of additional securities of the issinghts exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec dditional securities o	urity cod	les for all										ner

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE I SS	SUER								
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.												
Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one).												
✓ Reporting issuer in any juris	sdiction 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 eligil	ble foreign securities	and the distribution	n is to permitted clie	ents only ⁷				_				
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	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												
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 name	Secondary given names	Secondary given names Business loc non-individiresident jurisdiction individu			onship to					
				Province or	Province or country			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 company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual	jurisdiction of (select o		tionship to promote one or both if applic					
				Province or country	D		C)				
c) Residential address of each individual												
Complete Schedule 2 of this form completed report. Schedule 2 also					(a) and (b)	and at	tach to t	he				

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 exemt 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/underwriter/ investment fund manager/agent	Aura Health Inc.										
Full legal name	Li										
	Family name	First given name	Secondary given names								
Title	Chief Financial Officer										
Telephone number	4166608703	Email address	kli@bransonservices.com								
Signature	Keith Li	Date	2019 01 18								
			YYYY 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 individua	al certifying the report										
Full legal name	Katznelson	Alexander		Title	Lawyer						
	Family name	First given name	Secondary given names	•							
Name of company	Minden Gross LLP										
Telephone number	4163694304	Em	ail address akatznelsor	@minder	ngross.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 Schedules 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.