Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9868924

| ITEM 1 - REPORT TYPE | | | | | | | | | | |
|---|--|-------------|-----------|--------------|---------|------------|------------|-----------------|-------------------------------|-----------------|
| New report | | | | | | | | | | |
| Amended report If amended, provide filing date of report that is being amended 2022 06 08 (YYYY-MM-DD) | | | | | | | | | |) (YYYY-MM-DD) |
| ITEM 2 - PARTY CERTIFY | 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. | | | | | | | | | |
| Investment fund issuer | | | | | | | | | | |
| ✓ Issuer (other than a | | | | | | | | | | |
| | | | , | | | | | | | |
| | | | | | | | | | | |
| 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 leg | Full legal name Nirvana Life Sciences Inc. | | | | | | | | | |
| Previous full leg | Previous full legal name | | | | | | | | | |
| 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 ide | entifier <u>,</u> prov | vide below | . Refer t | to Part B o | f the l | Instructio | ons for tl | he definition o | of "legal entity identifier". | |
| Legal entity i | dentifier | | | | | | | | | |
| If two or more issuers distributed | ۱ a single se | curity, pro | vide the | e full legal | name | e(s) of th | e co-issu | ıer(s) other th | an the issuer named above | 2. |
| Full legal name(s) of co-i | ssuer(s) | | | | | | | (if applicable | e) | |
| | l | | | | | | | | | |
| ITEM 4 - UNDERWRITER | INFORM | ATION | | | | | | | | |
| If an underwriter is completing the | he report, pi | ovide the | underw | riter's full | legal | name a | nd firm I | NRD number. | | |
| Full legal name | | | | | | | | | | |
| Firm NRD number | (if applicable) | | | | | | | | | |
| If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter. | | | | | | | | | | |
| Street address | | | | | | | | | |] |
| Municipality | | | | | | | Provi | ince/State | | |
| Country | | | | | | Pos | tal code | e/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 5 4 1 7 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 🗌 50 - 99 🗌 100 - 499 🗌 500 or more | | | | | | | | |
| c) SEDAR profile number | | | | | | | | |
| Does the issuer have a SEDAR profile? | | | | | | | | |
| □ No ✓ Yes If yes, provide SEDAR profile number 0 0 0 3 6 0 7 0 | | | | | | | | |
| 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 YYYY 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 NL NT | | | | | | | | |
| 🗌 NS 🗌 NU 🗌 ON 🗌 PE 🗌 QC 🗌 SK 🗌 YT | | | | | | | | |
| 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 |
|-----------------------|---------------------|-------------------------|
| S100M to under \$500M | S500M 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 | a) Investment fund manager information | | | | | | | | |
| Full legal name | | | | | | | | | |
| Firm NRD number | (if applicable) | | | | | | | | |
| If the investment fund mane | ager does not have a firm NRD number, provide the head office contact information of the investment fund manager. | | | | | | | | |
| Street address | | | | | | | | | |
| Municipality | Province/State | | | | | | | | |
| Country | Postal code/Zip code | | | | | | | | |
| Telephone number | Website (if applicable) | | | | | | | | |
| b) Type of investment | t fund | | | | | | | | |
| Type of investment fund the | nt most accurately identifies the issuer (select only one) . | | | | | | | | |
| Money market | Equity Fixed income Balanced | | | | | | | | |
| Alternative strateg | jies Cryptoasset Other (describe) | | | | | | | | |
| Indicate whether one or bot | h of the following apply to the investment fund . | | | | | | | | |
| Invests primarily in | n other investment fund issuers | | | | | | | | |
| Is a UCITs Fund | | | | | | | | | |
| | 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 and financial year-end of the investment fund | | | | | | | | | |
| Date of formation Financial year-end | | | | | | | | | |
| YYYY MM DD MM DD d) Reporting issuer status of the investment fund Image: Comparison of the investment fund Image: Comparison of the investment fund | | | | | | | | | |
| | | | | | | | | | |
| | Is the investment fund a reporting issuer in any jurisdication of Canada? No Yes | | | | | | | | |
| | s of Canada in which the investment fund is a reporting issuer. | | | | | | | | |
| | | | | | | | | | |
| | NU ON PE QC SK YT | | | | | | | | |
| 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 n | ame | | | | | | | | |
| f) Net asset value (NA | AV) 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 | S5M to under \$25M \$25M to under \$100M | | | | | | | | |
| \$100M to under \$50 | 0M S500M to under \$1B \$1B 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 | | | | | | | | | |
| Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. | | | | | | | | | |
| ✓ Canadian dollar US dollar □ Euro □ Other (describe) | | | | | | | | | |
| b) Distribution date(s) | 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 2022 06 01 End date 2022 06 01 | | | | | | | | | |
| a) Detailed nursheaser infor | YYYY MM DD | | YYYY | MM DD | | | | | |
| c) Detailed purchaser infor | | ttach the cohodule | to the complet | ad ranart | | | | | |
| - | s form for each purchaser and a | ittach the schedule | to the complet | ea report. | | | | | |
| d) Types of securities distr | | | | | · | | | | |
| | n for all distributions reported on a per SIP number, indicate the full 9-digit Co | | | | ow to indicate the | | | | |
| | | | | Canadian \$ | | | | | |
| Security code CUSIP number (if applicable) | Description of security | Number of securities | Single or lowest price | Highest price | Total amount | | | | |
| CMS | | 512,871.0 | 0 0.5000 | 0.5500 | 266,630.00 | | | | |
| UBS shar | s consisting of 1 common e and 1 common share chase warrant | 500,000.0 | 0 0.3000 | | 150,000.00 | | | | |
| e) Details of rights and convertible/exchangeable securities | | | | | | | | | |
| | ns) were distributed, provide the exercis version ratio and describe any other te | | | | xchangeable securities | | | | |
| Convertible / exchangeable security code Security code | Exercise price (Canadian \$) Lowest Highest | Expiry date (YYYY- MM-DD) | Conversion ratio | Describe other items (if applicable) | | | | | |
| W N T C M S | 0.5000 | 2025-06-01 2 | 1:1 | | | | | | |
| f) Summary of the distribut | tion by jurisdiction and exemption | <u>_</u> | | | | | | | |
| 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 of | Number of unique purchasers | 2ª Total ar | mount (Canadian \$) | | | | | |
| British Columbia | NI 45-106 2.14 [Securities for | | 2 | 112,130.00 | | | | | |
| Alberta | NI 45-106 2.14 [Securities for | | 1 | 60,000.00 | | | | | |
| Ontario | | | | 1 | 94,500.00 | | | | |
| Ontario | NI 45-106 2.3 [Accredited inv | vestor] | | 1 | 150,000.00 | | | | |
| | Tota | I dollar amount of se | ecurities distribut | ed | 416,630.00 | | | | |
| | Total number of | unique purchasers ^{2b} | | 5 | | | | | |
| ^{2a} In calculating the number of u | nique purchasers per row, count each j | purchaser only once. J | pint purchasers ma | y be counted as o | 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.

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.

|--|

| ITEM 8 - COMPENSATION | NFORMATION | | | | |
|---|--|-----------------------------|---|--|--|
| Provide information for each perso the distribution. Complete additi | | | | | any compensation in connection with i ted. |
| Indicate whether any compensation | on was paid, or will be paid, | in connectio | on with the distributio | n. | |
| ✓ No 🗌 Yes | If yes, indicate numbe | er of perso | ns compensated. | | |
| a) Name of person compen- | sated and registration st | atus | | | |
| Indicate whether the person compe | nsated is a registrant. | | No [| Yes | |
| If the person compensated is an inc | lividual, provide the name c | of the individ | lual. | | |
| Full legal name of individu | al | | | | |
| | Family name | e | First give | en name | Secondary given names |
| If the person compensated is not a | ו individual, provide the foll | owing inforr | nation. | | |
| Full legal name of | non-individual | | | | |
| Firm | NRD number | | | (if app | blicable) |
| Indicate whether the person compe | ensated facilitated the distrik | ution throu | ah a fundina portal or | | portal. No Yes |
| b) Business contact informa | | | | | |
| If a firm NRD number is not provid | | husiness co | ntact information of t | he person heina coi | mnensated |
| Street address | | | | | |
| | | | | Province/State | |
| Municipality | | | _ | | |
| Country | | | Posta | al code/Zip code | |
| Email address | | | Те | lephone number | |
| c) Relationship to issuer or | nvestment fund manage | er | | | |
| Indicate the person's relationship w the Instructions and the meaning c | | | | | raning of "connected" in Part B(2) of |
| Connect with the issuer of | or investment fund manage | r | Insic | der of the issuer (ot | her than an investment fund) |
| Director or officer of the i | nvestment fund or investme | ent fund ma | nager 🗌 Emp | loyee of the issuer | or investment fund manager |
| None of the above | | | | | |
| d) Compensation details | | | | | |
| | missions, securities-based co ns clerical, printing, legal or o | ompensation accounting : | n, gifts, discounts or ot services. An issuer is n | ther compensation. ot required to ask f | stribution. Provide all amounts in Do not report payments for services for details about, or report on, internal |
| Cash commissions paid | | | | Security code 1 | Security code 2 Security code 3 |
| Value of all securities distributed as compensation ⁴ | | S | ecurity codes | | |
| Describe term | ns of warrants, options or ot | ther rights | | | |
| Other compensation ⁵ | | Describe | | | |
| Total compensation paid | | | | | |
| Check box if the perso | n will or may receive any de | eferred com | pensation (describe t | he terms below) | |
| | | | | | |
| ⁴ Provide the aggregate value of a | | | | | |
| additional securities of the issuer. rights exercisable to acquire addit ⁵ Do not include deferred compens | ional securities of the issue | | rities distributed as co | ompensation, <u>inclu</u> | <u>ding</u> options, warrants or other |

| TEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER | | | | | | | | | |
|--|--|--|------------------------|------------------------|---------|---|-------------------------|-----------------------|--|
| If the issuer is an investment fund | If the issuer is an investment fund, do not complete Item 9. Procced to Item 10. | | | | | | | | |
| Indicate whether the issuer is any o | f the following (select | t the one that appli | es - if more than one | applies, select onl | y one). | | | | |
| ✓ Reporting issuer in any 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 eligi | ole foreign securities | and the distributio | 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 territory; otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter. | | | | | | | | | |
| Organization or company nameFamily nameFirst given nameSecondary given namesBusiness location of non-individual or residentail jurisdiction of individualRelationship to issuer (select all that apply) | | | | | | | | | |
| | | | | 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 company name | Family name | mily name First given name Secondary given names Residential Secondary given names Relationship to p | | | | | to promo oth if appl | omoter applicable) | |
| | | | | Province or country | D | | С | | |
| | | | | | | | | | |
| c) Residential address of eac | | ., | , , | 111 1 11 11 - | | | | | |
| | 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 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 | Nirvana Life Sciences Inc. | | | | | | | | | |
|--|----------------------------|-----------------------|---------------------|--|--|--|--|--|--|--|
| Full legal name | Clark | | | | | | | | | |
| | Family name | Secondary given names | | | | | | | | |
| Title | CEO | | | | | | | | | |
| Telephone number | 6047286955 | Email address 🛛 占 | pruce@bruceclark.ca | | | | | | | |
| Signature | Bruce Clark | 2022 07 07 | | | | | | | | |
| | | | 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 individual certifying the report

| Full legal name | Casey | Kathryn | | | Title | paralegal |
|------------------|-------------------|------------------|--------------|-------------|--------|-----------|
| | Family name | First given name | Secondary | given names | | |
| Name of company | GORDON J. FRETWEL | L LAW CORPORATIO | 1 | | | |
| Telephone number | 6046891280 | E | nail address | KATHRYN® | @FRETW | /ELL.CA |
| | | | | | | |

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.