Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9383233

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 (sele Instrument 81-106 Investment Fund Contin			vestment fund, refer to section 1.1	of National			
☐ Investment fund issuer	naous Disclosure and the comp	amon policy to 111 or 100.					
✓ Issuer (other than an inves	tment fund)						
☐ Underwriter	,						
ITEM 3 - ISSUER NAME AND OT	HED IDENTIFIEDS						
Provide the following information about th		vestment fund, about the fund					
Full legal name	Imagin Medical Inc.	vestment juna, about the juna.					
Previous full legal name	imagin ividaldar inc.						
If the issuer's name changed in the	e last 12 months, provide most	recent previous legal name					
Website	tast 12 months, provide most		le)				
		(if applicab					
If the issuer has a legal entity identifier, pro Legal entity identifier	ovide below. Refer to Part B of t	ne instructions for the definition	of legal entity identifier.				
	accurity, provide the full legal pe	ama(c) of the so issuar(c) other t	oan the issuer named above				
If two or more issuers distributed a single s Full legal name(s) of co-issuer(s)	ecurity, provide the full legal no	(if applicab					
Tull legal flame(s) of co-issuel(s)		(п аррпсав	ie)				
ITEM 4 - UNDERWRITER INFORM	1ATION						
If an underwriter is completing the report, p	provide the underwriter's full le	gal name and firm NRD number					
Full legal name							
Firm NRD number		(if applicable)					
If the underwriter does not have a firm NRI	If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.						
Street address							
Municipality		Province/State					
Country		Postal code/Zip code					
Telephone number		Website	(if ap	plicable)			

If the issuer is an investment fund, do not complete item 5. Proceed to Item 6. Primary industry	Item 5 - Issuer Information
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 3 3 9 1 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	If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
AlcS industry code 3 3 9 1 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	a) Primary industry
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	
mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production	NAICS industry code 3 3 9 1 1 0
Is the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Country Date of formation and financial year-end Date of formation and financial year-end Date of formation The province of the following? If yes, select all that apply. Country SEDAR profile Private companies Consumer debt Private companies Private companies Private companies Private companies Double of formation and financial year-end Date of formation Financial year-end No Yes Financial year-end No Yes Financial year-end No Yes Financial year-end No Yes Financial year-end Province/State Provinc	mining industry. Select the category that best describes the issuer's stage of operations.
Mortgages Real estate Commercial/business debt Consumer debt Private companies Cryptoassets Number of employees Number of employees ✓ 0 - 49	
Cryptoassets b) Number of employees Number of employees:	
Number of employees:	
c) SEDAR profile number Does the issuer have a SEDAR profile? No Yes If yes, provide SEDAR profile number 0 0 0 0 5 6 5 0 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Country Postal code/Zip code Telephone number e) Date of formation and financial year-end Date of formation The postal year-end Pinancial year-end 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.	b) Number of employees
Does the issuer have a SEDAR profile? No Yes If yes, provide SEDAR profile number 0 0 0 0 5 6 5 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 and financial year-end 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.	Number of employees: ✓ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more
No Yes If yes, provide SEDAR profile number 0 0 0 0 5 6 5 0 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Province/State Postal code/Zip code Postal	c) SEDAR profile number
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Street address Province/State Postal code/Zip code Telephone number e) Date of formation and financial year-end Date of formation Financial year-end 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.	
Municipality Country Telephone number Date of formation and financial year-end The phone number Date of formation Telephone number Financial year-end MMM DD The phone number Financial year-end MMM DD The phone number The	d) Head office address
Country Telephone number e) Date of formation and financial year-end Date of formation YYYY MM DD Financial year-end 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.	Street address Province/State
e) Date of formation and financial year-end Date of formation Financial year-end 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.	Municipality Postal code/Zip code
Date of formation YYYY MM DD 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.	Country Telephone number
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.	e) Date of formation and financial year-end
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.	
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	f) Reporting issuer status
	Is the issuer a reporting issuer in any jurisdication of Canada? No Yes
AII AB BC MB NB NL NT	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	NS NU ON PE QC SK YT
g) Public listing status	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	Exchange name
h) Size of issuer's assets	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
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)
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 Fund¹	
¹ Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.
c) Date of formation a	and financial year-end of the investment fund
Date of forma	tion Financial year-end MM DD 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 YT
e) Public listing status	s of the investment fund
If the investment fund has a	CUSIP number, provide below (first 6 digits only)
	CUSIP number
	blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the not a trading facility such as, for example, an automated trading system.
Exchange on an exchange and h	
-	AV) of the investment fund
	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 \$500M to under \$1B \$1B or over Date of NAV calculation: YYYY MM DD

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 v	which the dis 6 dollar	stribution	was mad] Euro	e. All dollar amounts provided Other (describe)	in the repor	t must be	: in Canad	dian dollars.	
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 2021 02 05 End date 2021 02 08									

YYYY

MM

DD

c) Detailed purchaser information

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

YYYY

MM

Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.

DD

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	В	S	45250L	Secured Convertible Notes convertible into common shares; One-half warrant exercisable @ US\$0.50 per share; One-half warrant exercisable @ US\$0.60 per share	802.00	1,000.0000		801,757.00	
U	В	S	45250L	Secured Convertible Notes convertible into common shares; One-half warrant exercisable @ US\$0.50 per share; One-half warrant exercisable @ US\$0.60 per share	0.00	0.0000		0.00	
U	В	S	45250L	Secured Convertible Notes convertible into common shares; One-half warrant exercisable @ US\$0.50 per share; One-half warrant exercisable @ US\$0.60 per share	0.00	0.0000		0.00	
U	В	s	45250L	Secured Convertible Notes convertible into common shares; One-half warrant exercisable @ US\$0.50 per share; One-half warrant exercisable @ US\$0.60 per share	6.00	1,000.0000		6,376.35	
U	В	S	45250L	Secured Convertible Notes convertible into common shares; One-half warrant exercisable @ US\$0.50 per share; One-half warrant exercisable @ US\$0.60 per share	0.00	0.0000		0.00	

U B S	45250L	Secured Convertible Notes convertible into common shares; One-half warrant exercisable @ US\$0.50 per share; One-half warrant exercisable @ US\$0.60 per share	0.00	0.0000	0.00	
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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.

excl	nangea	vertible / angeable irity code		Underlying security code		Exercise price (Canadian \$)		Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)	
						Lowest	Highest				
С	٧	Ν	C	М	S	0.5108	0.5108	2022-08-05	1:1	1 share for each US\$0.40	
W	Z	Т	O	M	S	0.6388	0.6388	2026-02-05	1:1	784,375 warrants exercisable @ US\$0.50	
W	N	Т	C	М	S	0.7666	0.7666	2026-02-05	1:1	784,375 warrants exercisable @ US\$0.60	
С	٧	N	С	М	S	0.5108	0.5108	2022-08-08	1:1	1 share for each US\$0.40	
W	N	Т	С	M	S	0.6388	0.6388	2026-08-08	1:1	6,250 warrants exercisable @ US\$0.50	
W	N	Т	С	М	S	0.7666	0.7666	2026-08-08	1:1	6,250 warrants exercisable @ US\$0.60	

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 \$)			
British Columbia	NI 45-106 2.3 [Accredited investor]	1	63,885.00			
Québec	NI 45-106 2.3 [Accredited investor]	1	17,249.00			
Turkey	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	1	6,388.50			
United States	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	1	12,777.00			
Thailand	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	1	19,165.50			
Spain	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	1	6,388.50			
Portugal	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	1	7,666.20			
Paraguay	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	4	306,648.00			
Germany	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	17	367,965.65			
	Total dollar amount of securities distribute					
	Total number of unique purchasers ^{2b}	27				

^{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. 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)		

TEM 8 - COMPENSATION	INFORMATION							
Provide information for each perso the distribution. Complete additi							sation in co	nnection with
Indicate whether any compensation	on was paid, or will be	paid, in connecti	on with the distri	bution.				
✓ No ☐ Yes	If yes, indicate n	umber of perso	ons compensate	ed.				
a) Name of person compen	sated and registration	on status						
Indicate whether the person compe	ensated is a registrant.		☐ No	Y	'es			
If the person compensated is an inc	dividual, provide the no	ame of the individ	dual.					
Full legal name of individu	ıal							
	Family	/ name	Firs	t given nam	ne	Seco	ndary given	names
If the person compensated is not a	n individual, provide th	e following infor	mation.					
Full legal name of	non-individual							
Firm	NRD number				(if app	olicable)		
Indicate whether the person compe	ensated facilitated the	distribution throu	gh a funding por	tal or an ir	nternet-based	portal.	No	o 🗌 Yes
b) Business contact informa	ation							
If a firm NRD number is not provid	led in Item 8 (a), provid	le the business co	ntact information	of the pe	rson being co	mpensated.		
Street address								
Municipality				Pro	vince/State			
Country			F	Postal cod	de/Zip code			
Email address				Telepho	one number			
c) Relationship to issuer or	investment fund ma	nager						
Indicate the person's relationship w the Instructions and the meaning o							onnected" in	Part B(2) of
Connect with the issuer	or investment fund ma	nager		Insider of	the issuer (ot	her than an	investment	fund)
Director or officer of the	investment fund or inv	estment fund ma	nager	Employee	e of the issuer	or investme	ent fund ma	nager
None of the above								
d) Compensation details								
Provide details of all compensation Canadian dollars. Include cash com- incidental to the distribution, such a allocation arrangements with the d	missions, securities-ba as clerical, printing, leg	sed compensatio al or accounting	n, gifts, discounts services. An issue	or other cor r is not req	ompensation. Juired to ask f	Do not repo	rt payment:	for services
Cash commissions paid				Se	ecurity code 1	Security co	ode 2 Sec	urity code 3
Value of all securities distributed as compensation ⁴			Security codes					
Describe term	ns of warrants, options	or other rights						
Other compensation ⁵		Describe						
Total compensation paid								
Check box if the perso	n will or may receive a	iny deferred com	npensation (desc	ribe the te	rms below)			
⁴ Provide the aggregate value of a additional securities of the issuer. rights exercisable to acquire additi ⁵ Do not include deferred compens	Indicate the security of the	codes for all secu						

TEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER				
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 (selec	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 eligible foreign securities and the distribution is to permitted clients 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 officer	rs and promoters of	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 name	Secondary given names	Business location of non-individual or residentail jurisdiction of individual		Relationship 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	First given name	Secondary given names	Residential jurisdiction of individual Relationship to (select one or both				
				Province or country	D		C	
c) Residential address of each	h individual							

Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.

ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer, director or agent of the issuer or underwriter. If the issuer or underwriter is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

The certification may be delegated, but only to an agent that has been authorized by an officer or director of the issuer or underwriter to prepare and certify the report on behalf of the issuer or underwriter. If the report is being certified by an agent on behalf of the issuer or underwriter, provide the applicable information for the agent in the boxes below.

If the individual completing and filing the report is different from the individual certifying the report, provide the name and contact details for the individual completing and filing the report in Item 11.

The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of 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	Imagin Medical Inc.						
Full legal name	Vacha	John					
	Family name	First given name	Second	ary given names			
Title	Chief Financial Officer						
Telephone number	8332462446 Email address jvac		jvacha@imaginm	cha@imaginmedical.com			
Signature	"J. Vacha"	Date	2021 02	23			
			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	Di Domenico	Joanne		Title	Securities Paralegal			
	Family name	First given name	Secondary given names	_				
Name of company	Owen Bird Law Corpora	tion						
Telephone number	6046977606	Em	ail address jdidomenico	o@owenb	ird.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.