Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9022490

ITEM 1 - REPORT TYPE										
✓ New report										
Amended report	amended, provide filing date of report that is being amended (YYYY-MM-D)D)								
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 thar	 ✓ Issuer (other than an investment fund) 									
ITEM 3 - ISSUER NAME										
	bout the issuer, or if the issuer is an investment fund, about the fund.	1								
	name Imagin Medical Inc.] 1								
Previous full le		J								
If the issuer's name ch	ed in the last 12 months, provide most recent previous legal name.									
	ebsite (if applicable)									
If the issuer has a legal entity i	fier, provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".									
Legal entity	ntifier									
If two or more issuers distribut	single security, provide the full legal name(s) of the co-issuer(s) other than the issuer named above.									
Full legal name(s) of co	uer(s) (if applicable)									
ITEM 4 - UNDERWRITE	FORMATION									
	report, provide the underwriter's full legal name and firm NRD number.									
Full legal name										
Firm NRD number	(if applicable)									
If the underwriter does not hav	irm 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 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 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									
b) Number of employees									
Number of employees: Image: 0 - 49 Image: 50 - 99 Image: 100 - 499 Image: 500 or more									
c) SEDAR profile number									
Does the issuer have a SEDAR profile?									
No Ves If yes, provide SEDAR profile number 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 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	S1B or over

ib close is an investment fund, provide the following information: iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii								
Full legal name								
Firm NRD number								
If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Country Postal code/Zjp code Telephone number Website (if applicable) D Type of investment fund Type of investment fund fund that most accurately identifies the issuer (select only one). Money market Country Postal code/Zjp code Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Country Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment fund Date of formation and financial year-end of the investment fund YYYY MM DD MM DD								
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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 \$500M \$500M to under \$1B \$1B or over Date of NAV calculation:								

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

purchasers connection	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) Curi	rency	,										
Select the o	curren	cy or curr	encies	in which the dist	ribution was made.	All dollar amounts prov	rided ir	n the report m	nust be in	n Canadia	n dollars.	
✓ Canad	dian d	dollar		US dollar	Euro	Other (descri	ibe)					
b) Dist	b) Distribution date(s)											
as both the	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 2020 01 21 End date 2020 01 21											
	YYYY MM DD							YYYY	MM	DD		
c) Deta	ailed	purchas	er info	rmation								
Complet	e Sch	edule 1	of thi	s form for eac	h purchaser and	l attach the schedul	e to t	the complet	ted repo	ort.		
d) Typ	es of	securitie	es dist	ributed								
						er security basis. Refer CUSIP number assigne					w to indicate the	
									Ca	anadian \$		
Security code				Description	n of security	Number of securities		Single or lowest price	Highes	st price	Total amount	
UBS	one common share at a price of					00	0.0500	C).0500	1,914,000.00		
			\$0.2									
		-			angeable securitie							
						cise price and expiry da terms for each convert				ertible/e	changeable securities	
Convertib exchangea security co	able	Underly security			ise price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio		Describe other items (if applicat		ems (if applicable)	
	security code security code			Lowest	Highest							
WN	T	CM	S	0.1500	0.1500	2022-01-21	1:1					
	-				tion 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 Exemption relied or Country						d on	Nu	mber of unique purchasers	2월	Total ar	nount (Canadian \$)	
Alberta NI 45-106 2.3 [Accredited i					nvestor]	estor]			2 10,000.00			
British Columbia N				NI 45-106 2			12	352,000.00				
Brit	ish C	Columbi	a	NI 45-106 2 associates]	.5 [Family, frien	ds and business			1	12,500.00		
Brit	ish C	Columbi	a	Investment MB, NB)	dealer- exempti	on (BC, AB, SK,			2	35,000.00		
Sa	skat	chewan		NI 45-106 2	.3 [Accredited in	nvestor]			1		20,000.00	

	75						
	Total dollar amount of se	curities distributed	1,914,000.00				
Turkey	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	1	5,000.00				
Thailand	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	2	156,000.00				
Portugal	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	1	2,500.00				
Paraguay	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	4	202,500.00				
Germany	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	6	35,000.00				
Hong Kong	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	1	15,000.00				
United States	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	5	108,350.00				
United States	NI 45-106 2.5 [Family, friends and business associates]						
Québec	NI 45-106 2.3 [Accredited investor]	1	6,000.00				
Ontario	NI 45-106 2.5 [Family, friends and business associates]	3	115,000.00				
Ontario	NI 45-106 2.3 [Accredited investor]	29	800,000.00				

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

^{2b} In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides.³ If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Net proceeds (Canadian \$)
Total net proceeds to the investment fund	

³"Net proceeds" means the gross proceeds realized in the jurisdiction from the distributions for which the report is being filed, less the gross redemptions that occurred during the distribution period covered by the report.

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 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 No

✓ Yes

If yes, indicate number of persons compensated.

8

a) Name of person compensated and registration status											
Indicate whether the person compensated is a registrant. No Yes											
If the person compensated is an i	ndividual, provide	the nam	e of the indiv	idual.							
Full legal name of individ	lual										
	ame		First g	iven na	ame		Secondary	given names	3		
If the person compensated is not	an individual, prov	ide the f	ollowing info	rmation.							
Full legal name o	ood Securiti	ies Inc.									
Fin	m NRD number	1	6 3	0				(if app	licable)		
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 prov	ided in Item 8 (a), _I	provide t	he business c	ontact info	rmation o	of the p	erson be	eing con	npensated.		
Street address											
Municipality						Pr	ovince/	'State			
Country					Pos	stal co	ode/Zip	code			
Email address					Г	Felepł	none nu	umber			
c) Relationship to issuer o	r investment fun	d mana	iger								
the Instructions and the meaning	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				0		. ,				Ū	
d) Compensation details											
Provide details of all compensatio Canadian dollars. Include cash co incidental to the distribution, such allocation arrangements with the Cash commissions paic	mmissions, securiti as clerical, printin directors, officers o	es-based g, legal (l compensation or accounting	on, gifts, di: 1 services. A	counts or n issuer is	other onot re	compen equired t	sation. o ask fo	Do not report pa	ments for s	ervices
		20.00				5	Security c		Security code 2	Security c	ode 3
Value of all securities distributed as compensation				Security co	odes	\ \	N N	T			
Describe ter	Describe terms of warrants, options or other rights B,400 finders warrants exercisable into 8,400 common shares at a price of \$0.15 per share until January 21, 2022 (subject to acceleration in certain circumstances).										
Other compensation ⁵			Describe								
Total compensation paid	42	20.00									
Check box if the pers	on will or may rec	eive any	deferred cor	mpensatior	ı (describe	e the t	erms be	low)			
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred competence ⁵ Do not include deference ⁵ Do not include deferred competence ⁵ Do not in	r. Indicate the secu ditional securities c	urity coa	les for all sec								er

a) Name of person compensated and registration status											
Indicate whether the person compensated is a registrant. No Ves											
If the person compensated is an i	If the person compensated is an individual, provide the name of the individual.										
Full legal name of individ	lual										
	ame		First	given n	ame		Secondar	y given names	3		
If the person compensated is not	an individual, prov	ide the f	ollowing info	rmation.							
Full legal name o	cord Genu	ity Corp.									
Firr	m NRD number	9	0 0					(if ap	plicable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves											
b) Business contact inform	b) Business contact information										
If a firm NRD number is not provi	ided in Item 8 (a), j	orovide t	he business o	contact info	rmation	of the	person	being co	mpensated.		
Street address											
Municipality						Ρ	rovin	ce/State			
Country					Po	ostal c	code/2	Zip code			
Email address						Telep	hone	numbei			
c) Relationship to issuer or	r investment fun	d mana	ger								
the Instructions and the meaning Connect with the issuer	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 Canadian dollars. Include cash con incidental to the distribution, such allocation arrangements with the Cash commissions paid	mmissions, securiti as clerical, printin directors, officers c	es-based g, legal d r employ	l compensati or accounting	on, gifts, di 3 services. A	scounts o An issuer	or othei is not i	r comp require	ensation. ed to ask j	Do not report po	yments for s	ervices
		50.00					Securi	ty code 1	Security code 2	Security c	ode 3
Value of all securities distributed as compensation ⁴				Security c	odes		W	N T			
Describe terms of warrants, options or other rights bescribe terms of warrants, options or other rights shares at a price of \$0.15 per share until January 21, 2022 (subject to acceleration in certain circumstances).											
Other compensation ⁵			Describe								
Total compensation paid	18,7	50.00									
Check box if the pers	on will or may rec	eive any	deferred co	mpensatio	n (descril	be the	terms	below)			
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred competent ⁵ Do not include deferred competent ⁵ Do not include deferred competent ⁶ Do not includ	r. Indicate the sec litional securities c	urity coa	les for all sec								er

a) Name of person compe	ensated and regis	stration	status											
Indicate whether the person com	pensated is a regis	rant.			No No		\checkmark] Yes	6					
If the person compensated is an	individual, provide	the nam	ne of the ind	ivid	ual.									
Full legal name of individ	dual													
		Family n	ame		First given name						Seconda	ry given na	nes	
If the person compensated is not	an individual, prov	ide the j	following inf	forn	nation.									
Full legal name of	of non-individual	Indust	trial Allianc	ce S	Securities	s Inc.								
Fir	m NRD number	1	5	4	0	0				(if app	licable)			
Indicate whether the person com	pensated facilitated	l the dis	tribution thr	rou	gh a fundii	ng port	al or a	n inte	rnet-l	based p	portal.	✓ No		Yes
b) Business contact inform	nation													
If a firm NRD number is not prov	ided in Item 8 (a),	provide	the business	со	ntact infor	mation	of the	perso	n bei	ng con	npensated.			
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 the Instructions and the meaning Connect with the issue Director or officer of th	n of "control" in sec r or investment fur	tion 1.4 Id mana	of NI 45-100 ager	6 fc	or the purp	oses of	<i>compl</i> Inside	<i>leting</i> r of the	<i>this s</i> e e issu	ection. Ier (otł		estment fu	ind)	?) of
d) Compensation details														
Provide details of all compensation Canadian dollars. Include cash co incidental to the distribution, such allocation arrangements with the Cash commissions pair	mmissions, securiti n as clerical, printin directors, officers c	es-base g, legal	d compensa or accountir	tior ng s	n, gifts, disc services. Ar	counts n issuer	or othe r is not	er com requii by the	penso red to e issue	ation. I ask fo er.	Do not report p or details about,	ayments fo or report	or serv on, in	vices ternal
							-	Secu W	rity co N	de 1 T	Security code	2 Securi	ty code	e 3
Value of all securities distributed as compensation				S	ecurity co	des		vv	IN	I				
Describe te	rms of warrants, o	otions o	r other right	S	shares a	t a pri	ce of	\$0.15	5 per	share	le into 120,00 è until Januar ircumstances	y 21, 202		
Other compensation	5		Describe	e										
Total compensation paid	d 6,0	00.00												
Check box if the per	son will or may rec	eive any	y deferred c	om	pensation	(descr	ibe the	e term	s belo	ow)				
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire ad ⁵ Do not include deferred competing ⁵ Do not include deferred competing ⁵ Do not include deferred competing ⁶ Do not include	er. Indicate the sec ditional securities d	urity cod	des for all se											

a) Name of person comp	ensated and regis	stration	status											
Indicate whether the person con	npensated is a regist	trant.			🗌 No		\checkmark	Yes	i					
If the person compensated is an	individual, provide	the nam	ne of the i	ndivio	dual.									
Full legal name of indiv	dual													
		Family n	ame		First given name						Seco	ndary g	iven name	es
If the person compensated is no	t an individual, prov	ide the j	following	infor	mation.									
Full legal name	of non-individual	PI Fin	ancial C	orp.										
Fi	rm NRD number	5	2	9	0				(i	if app	icable)			
Indicate whether the person con	npensated facilitated	d the dis	tribution	throu	igh a fund	ing port	tal or a	n inter	net-b	ased p	oortal.	\checkmark] No [Yes
b) Business contact infor	mation													
If a firm NRD number is not pro	vided in Item 8 (a),	provide	the busine	ess co	ontact info	rmation	n of the	perso	n bein	ng con	npensated.			
Street address														
Municipality						F	Provir	nce/S	State					
Country								code/	Zip c	code				
Email address Telephone number														
c) Relationship to issuer	or investment fun	d mana	ager											
Indicate the person's relationshi the Instructions and the meanin Connect with the issue Director or officer of th V None of the above	g of "control" in sec er or investment fur	tion 1.4 nd mana	of NI 45- ager	106 f	or the purp	poses of	f <i>compl</i> Insider	eting t • of the	this se e issue	ection. er (otł	nning of "co. ner than an or investme	investi	ment fund	(b
d) Compensation details														
Provide details of all compensati Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with the Cash commissions pa	ommissions, securiti h as clerical, printin e directors, officers c	es-base g, legal	d compen or accour	isatio nting	n, gifts, dis services. A	counts n issuer	or othe r is not	er com requir by the	pensa ed to	ation. l ask fo er.	Do not repoi	rt payn out, or	nents for	services a, internal
Value of all securitie	<u>د</u>						- F	W	N	T	Security CO		Security	
distributed as compensation	-			ŝ	Security co	odes	L							
Describe te	erms of warrants, o	otions o	r other rig	ghts		e of \$0	0.15 p	er sha	are u	intil Ja	e into 60,00 anuary 21, es).			
Other compensatior) ⁵		Desci	ribe										
Total compensation pa	id 3,0	00.00			L									
Check box if the per	rson will or may rec	eive any	y deferred	d com	npensatior	ı (descr	ibe the	e terms	s belo	ow)				
⁴ Provide the aggregate value of additional securities of the issu rights exercisable to acquire ac ⁵ Do not include deferred compo- action of the second second second second between the second second second second second between the second second second second second second second between the second second second second second second second between the second secon	er. Indicate the sec Iditional securities d	urity cod	des for all											

a) Name of person com	pensated and registratio	n status						
Indicate whether the person co	ompensated is a registrant.		✓ No	Yes				
If the person compensated is a	n individual, provide the na	me of the individ	dual.					
Full legal name of indi	vidual							
	Family	name	Firs	st given name		Secondary	given names	
If the person compensated is n	ot an individual, provide the	? following infor	mation.					
Full legal name	e of non-individual Mez	zo Consulting	Services S.A.					
F	Firm NRD number				(if appl	icable)		
Indicate whether the person co	ompensated facilitated the d	istribution throu	gh a funding por	tal or an interr	 net-based p	ortal.	🖉 No 🗌 Yes	
b) Business contact info	ormation							
If a firm NRD number is not p	rovided in Item 8 (a), provide	e the business cc	ontact informatio	n of the person	being com	pensated.		
Street address	Almacen 50							
Municipality	Independencia	ndependencia			ce/State	Guaira		
Country	Paraguay		Ĩ	Postal code/Z	Zip code	5350		
Email address	f.hoegel@ccm-AG.com	noegel@ccm-AG.com Telephone number 491742062678						
c) Relationship to issue	r or investment fund mar	nager						
		4 of NI 45-106 fé nager	or the purposes o	f completing the	<i>is section.</i> issuer (oth	ning of "connect er than an inves or investment fu	stment fund)	
d) Compensation details	3							
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with t Cash commissions p	ition paid, or to be paid, to t commissions, securities-bas uch as clerical, printing, lego he directors, officers or emp	ed compensation al or accounting loyees of a non-	n, gifts, discounts services. An issue	or other comp r is not require	ensation. E d to ask foi	Do not report pay	ments for services	
Cash commissions p	aid 17,570.00			Securit	y code 1	Security code 2	Security code 3	
Value of all securit distributed as compensati		5	Security codes					
	terms of warrants, options	」 or other rights						
Other compensation	on⁵	Describe						
Total compensation p	aid 17,570.00							
Check box if the p	suer. Indicate the security co	as compensatic odes for all secu	on, <u>excluding</u> opt	ions, warrants	or other rig			
⁵ Do not include deferred com								

a) Name of person compo	ensated and regis	tration status								
Indicate whether the person con	npensated is a registi	rant.	✓ No	Yes						
If the person compensated is an	individual, provide t	he name of the indivi	dual.							
Full legal name of indivi	idual Merkel		Gerhard							
	F	amily name	First	given name	Secondary given names					
If the person compensated is not	t an individual, provi	de the following infor	mation.							
Full legal name	of non-individual									
Fi	rm NRD number			(if a	pplicable)					
Indicate whether the person con	npensated facilitated	the distribution throu	ıgh a funding porto	al or an internet-base	ed portal. 🖌 No 🗌 Yes					
b) Business contact inform	mation									
If a firm NRD number is not pro	vided in Item 8 (a), p	rovide the business co	ontact information	of the person being o	compensated.					
Street address	Planta Urbana, Ali	macen 50								
Municipality	ndependencia			Province/Stat	e Guaira					
Country [Paraguay		e 5350							
Email address merkel_gerhard@yahoo.de Telephone number 491727278365										
c) Relationship to issuer or investment fund manager										
Indicate the person's relationship the Instructions and the meanin Connect with the issue Director or officer of th Vone of the above	g of "control" in sect er or investment fun	ion 1.4 of NI 45-106 † d manager	or the purposes of the purpose	completing this sectins in the section of the issuer of th	neaning of "connected" in Part B(2) of on. (other than an investment fund) er or investment fund manager					
d) Compensation details										
Canadian dollars. Include cash co	ommissions, securitie in as clerical, printing e directors, officers of ids	es-based compensatic n, legal or accounting r employees of a non-	n, gifts, discounts c services. An issuer	or other compensatio is not required to asl						
Describe te	erms of warrants, op	tions or other rights	shares at a price		able into 351,400 common are until January 21, 2022 a circumstances).					
Other compensation	۱ ⁵	Describe								
Total compensation pai	id									
⁴ Provide the aggregate value o	f all securities distril		on, <u>excluding</u> optio	ns, warrants or othe	r rights exercisable to acquire cluding options, warrants or other					
rights exercisable to acquire ac ⁵ Do not include deferred compo	ditional securities o		anaco uolindudu d	з сотретзацоп, <u>Шс</u>	uoung opuons, wananis or ourer					

a) Name of person comp	ensated and regi	stration	status										
Indicate whether the person cor	npensated is a regis	trant.		🗌 No		\checkmark	Yes						
If the person compensated is an	individual, provide	the nam	e of the indi	vidual.									
Full legal name of indiv	idual												
		Family n	ame		Firs	t given r	name			Second	ary given	names	
If the person compensated is no	t an individual, prov	ide the j	following inf	ormation.									
Full legal name	of non-individual	Richa	rdson GMF	P Limited									
Fi	rm NRD number	2	1 9	9 7	0			(if	appl	icable)			
Indicate whether the person cor	npensated facilitated	d the dis	tribution thr	ough a fund	ing port	tal or ai	n inter	net-bas	sed p	ortal.	✓ N	lo 🗌	Yes
b) Business contact infor	mation												
If a firm NRD number is not pro	ovided in Item 8 (a),	provide	the business	contact info	rmation	n of the	persor	n being	сот	pensated.			
Street address													
Municipality						F	Provin	ce/Sta	ate				
Country		Postal code/Zip code											
Email address Telephone number													
c) Relationship to issuer	or investment fun	d mana	ager										
Indicate the person's relationshi the Instructions and the meanin Connect with the issu	<i>ig of "control" in sec</i> er or investment fur	tion 1.4 nd mana	of NI 45-106 Iger	o for the pur	poses of	f comple Insider	<i>eting t</i> of the	his sect issuer	<i>tion</i> . ' (oth	ning of "conn er than an in or investment	vestmer	nt fund)	
✓ None of the above													
d) Compensation details													
Provide details of all compensat Canadian dollars. Include cash c incidental to the distribution, su allocation arrangements with th	ommissions, securit ch as clerical, printin e directors, officers o	ies-base g, legal or emplo	d compensat or accountin	ion, gifts, di g services. A	scounts In issuer	or othe r is not	er comp requir	pensati ed to as	on. C	Do not report	oaymen	ts for se	ervices
Cash commissions pa	id 5,5	50.00					Secur	ity code	1	Security code	2 Se	curity co	ode 3
Value of all securitie distributed as compensatio	-			Security co	odes		W	N	Т				
Describe t	erms of warrants, o	ptions o	r other rights		ce of \$0	0.15 p	er sha	are unt	til Ja	into 30,000 anuary 21, 2 es).			
Other compensation	n ⁵		Describe	•									
Total compensation pa	id 5,5	50.00		L									
Check box if the pe	rson will or may rec	eive any	/ deferred co	ompensation	n (descr	ibe the	terms	below)				
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire an ⁵ Do not include deferred comp	er. Indicate the sec dditional securities o	urity cod	des for all se										er

a) Name of person comp	ensated and regis	stration	status							
Indicate whether the person cor	npensated is a regist	rant.		🗌 No	v	🖉 Yes				
If the person compensated is an	individual, provide	the name	e of the indivi	dual.						
Full legal name of indiv	idual									
		Family na	ame		First give	n name		Secondary	given names	
If the person compensated is no	t an individual, prov	ide the f	ollowing infor	mation.						
Full legal name	of non-individual	Echelo	on Wealth P	artners Inc.						
Fi	rm NRD number	3	2 4	2	0		(if app	olicable)		
Indicate whether the person cor	npensated facilitated	l the dist	ribution throu	ıgh a funding	portal or	an inter	net-based	portal.	No 🗌] Yes
b) Business contact infor	mation									
If a firm NRD number is not pro	ovided in Item 8 (a), j	orovide t	he business co	ontact inform	ation of th	ne persor	n being cor	mpensated.		
Street address										
Municipality						Provin	ce/State			
Country		Postal code/Zip code								
Email address Telephone number										
c) Relationship to issuer	or investment fun	d mana	ger							
Indicate the person's relationshi the Instructions and the meanin Connect with the issu Director or officer of th	<i>g of "control" in sec</i> er or investment fur	tion 1.4 c d manag	of NI 45-106 j ger	or the purpos	es of com	<i>pleting ti</i> er of the	his section issuer (ot		tment fund)	
✓ None of the above										
d) Compensation details										
Provide details of all compensation Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with th Cash commissions pa	ommissions, securiti ch as clerical, printin e directors, officers c	es-basea g, legal c	l compensatic or accounting	on, gifts, disco services. An i	unts or oti ssuer is no	her comp ot require d by the	pensation. ed to ask fo issuer.	Do not report pay or details about, o	ments for se r report on,	ervices internal
							ity code 1	Security code 2	Security co	ode 3
Value of all securitie distributed as compensatio			:	Security code	S	W	NT			
Describe to	erms of warrants, or	otions or	other rights		of \$0.15	per sha	are until J	e into 30,000 co lanuary 21, 202 es).		
Other compensation	n ⁵		Describe							
Total compensation pa	id 1,5	00.00								
Check box if the pe	rson will or may rec	eive any	deferred cor	npensation (d	lescribe th	ne terms	below)			
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ad ⁵ Do not include deferred comp	er. Indicate the sec dditional securities d	urity cod	es for all sec							er

ITEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	UER							
If the issuer is an investment fund	l, do not complete	Item 9. Procced to	Item 10.								
Indicate whether the issuer is any o	f the following (seled	t the one that appli	es - if more than one	applies, select onl	y one).						
Reporting issuer in any juris	diction of Canada										
Foreign public issuer											
Wholly owned subsidiary of	a reporting issuer i	n any jurisdiction of	Canada ⁶								
Provide nan	ne of reporting issue	er									
Wholly owned subsidiary of	a foreign public iss	uer ⁶						_			
Provide name of foreign public issuer											
Issuer distributing only eligible foreign securities and the distribution is to permitted clients only ⁷											
If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10.											
⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.											
a) Directors, executive officer	s and promoters	of the issuer									
Provide the following information for territory; otherwise state the country.						tate the	province	or			
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individu resident jurisdictio individu	ual or ail n of		onship to ct all that	to issuer at apply)			
				Province or	country	D	0	Р			
b) Promoter information											
If the promoter listed above is not an within Canada, state the province or											
Organization or company name	Family name	First given name	given name Secondary given names Residential gurisdiction of individual Relationship to provide the second								
				Province or country	D	0)			
c) Residential address of eac	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.	nagin Medical Inc.										
Full legal name	Hutchens	James										
	Family name	First given name		Secondary given names								
Title	Chief Executive Officer											
Telephone number	6175716006	Email address	jhutche	nutchens@imaginmedical.com								
Signature	"J. Hutchens"	Date	2020	0 01	23							
			YYYY	Ύ ΜΜ	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	Larsson	Colette			Title	Securities Paralegal
	Family name	First given name	Secondary	given names		
Name of company	Owen Bird Law Corpora	tion				
Telephone number	6046975606		Email address	clarsson@o	wenbird.	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.