Junaxo

Company overview

- Junaxo is a drug development company incorporated in Toronto, Canada
- Experts in Parkinson's disease
  - Repurpose drugs, with proven human safety, as new treatments for Parkinson's disease
  - Also take compounds discontinued for Parkinson's disease and repurpose them for other, more appropriate, disorders
- Management team experienced in drug development with extensive expertise in translating preclinical findings into clinical efficacy
- Portfolio of clinic-ready programmes
- Financially stable and fiscally responsible
  - Non-dilutive funding raised to progress programs to-date
  - Outsources R&D to CROs to minimise cash-burn
  - No financial liabilities, wholly owned by Founders

Founders

- **Dr Jonathan Brotchie**
- Drug developer with over 25 years' experience in Parkinson's disease research
  - More than 70 drug candidates evaluated in non-human primates
  - 16 candidates progressed into clinical trials
  - Over 200 peer-reviewed publications

- **Dr Patrick Howson**
- Drug developer, prior to Junaxo, was Head of Preclinical Sciences at Phytopharm plc, an LSE-listed, pharmaceutical company
  - Over 15 years' experience of working in drug discovery and development.
  - Experienced project manager from projects in early pre-clinical evaluation through to Phase II clinical studies

- **Mr David Sefton**
- Lawyer specialising in corporate and commercial matters
  - Extensive experience in raising capital for small biotechnology companies
  - Established funds in excess of $250M over the last 3 years

Scientific Advisors

- **Dr Susan Fox** is Professor in the Division of Neurology, University of Toronto and Associate Director of the Movement Disorder Clinic at the Toronto Western Hospital. She is a clinical investigator and her research interests includes the evaluation of novel therapeutics for Parkinson's disease in Phase II and Phase III clinical trials. She is a member of the International Executive Committee of the Movement Disorder Society.

- **Dr Jay Schneider** is Professor of Pathology, Anatomy and Cell Biology and Neurology at Thomas Jefferson University, where he is also Director of the Parkinson's Disease Research Unit. Dr. Schneider has directed or participated in 21 Parkinson's disease-related clinical trials and is the sponsor of two investigator-initiated FDA INDs for Parkinson's disease-related therapeutics.

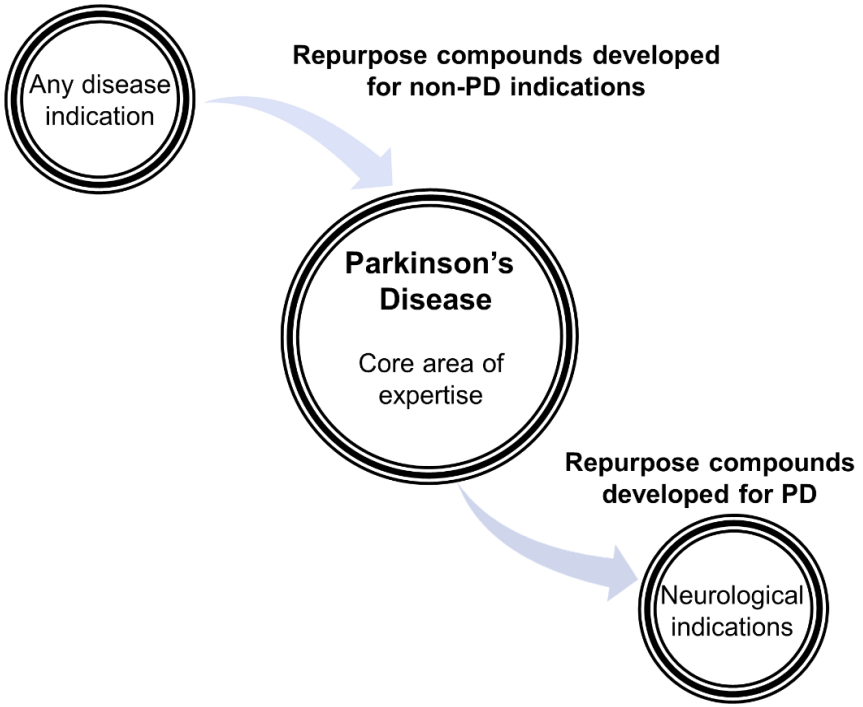
- **Dr Lorne Zinman** is Chair of the Canadian ALS Research Network and Director of the ALS/Neuromuscular clinic at the Sunnybrook Health Sciences Centre. He has designed and led clinical trials in ALS and other neuromuscular diseases.

- **Dr Lawrence Korngut** is Director of the Calgary ALS and Motor Neuron Disease Clinic and a neurologist who has designed and led clinical trials of new therapies in patients with ALS. He is the National Principal Investigator of the Canadian Neuromuscular Disease Registry (CNDR) and a member of the Executive and Chair of the Advisory Group of the Canadian Clinical Trial Co-ordination Centre, a CIHR SPOR and Rx&D initiative

Junaxo Inc. – Repurposing drugs

We use our expertise in Parkinson's disease to

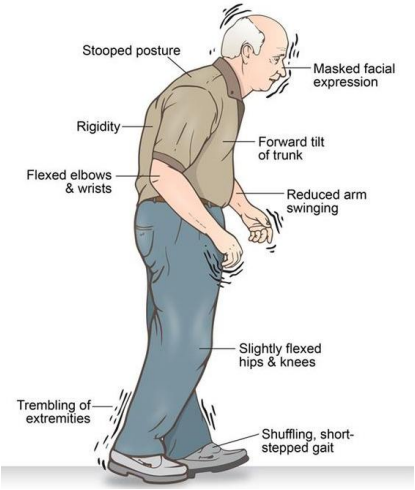
- Identify compounds that can be re-purposed for Parkinson's disease
- Identify new indications for compounds originally developed for Parkinson's disease



- Cheaper, faster, reduced risk of failure for non-efficacy reasons

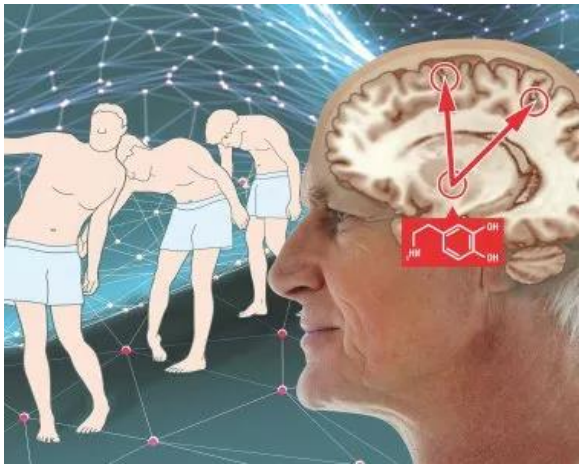
Parkinson's disease and dyskinesia

Parkinson's disease



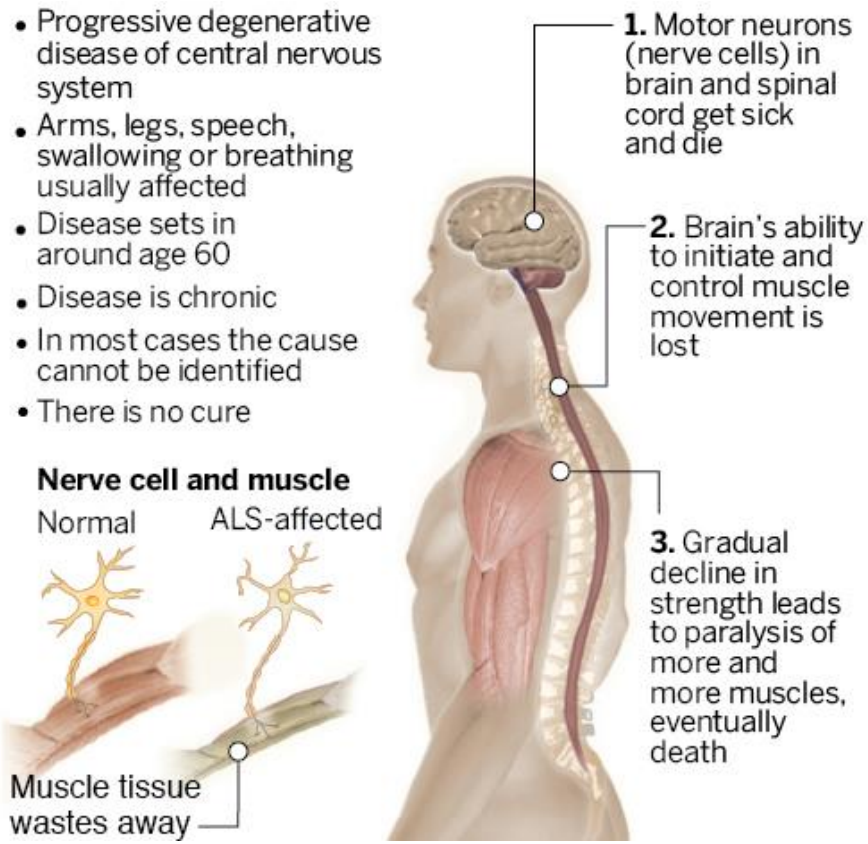
- Progressive, neurodegenerative movement disorder caused by loss of dopamine neurons
- Currently no treatment to slow progression
  - Dopamine replacement therapy is most widely used therapy
- >1 million patients in US alone, incidence increasing

L-DOPA induced dyskinesia



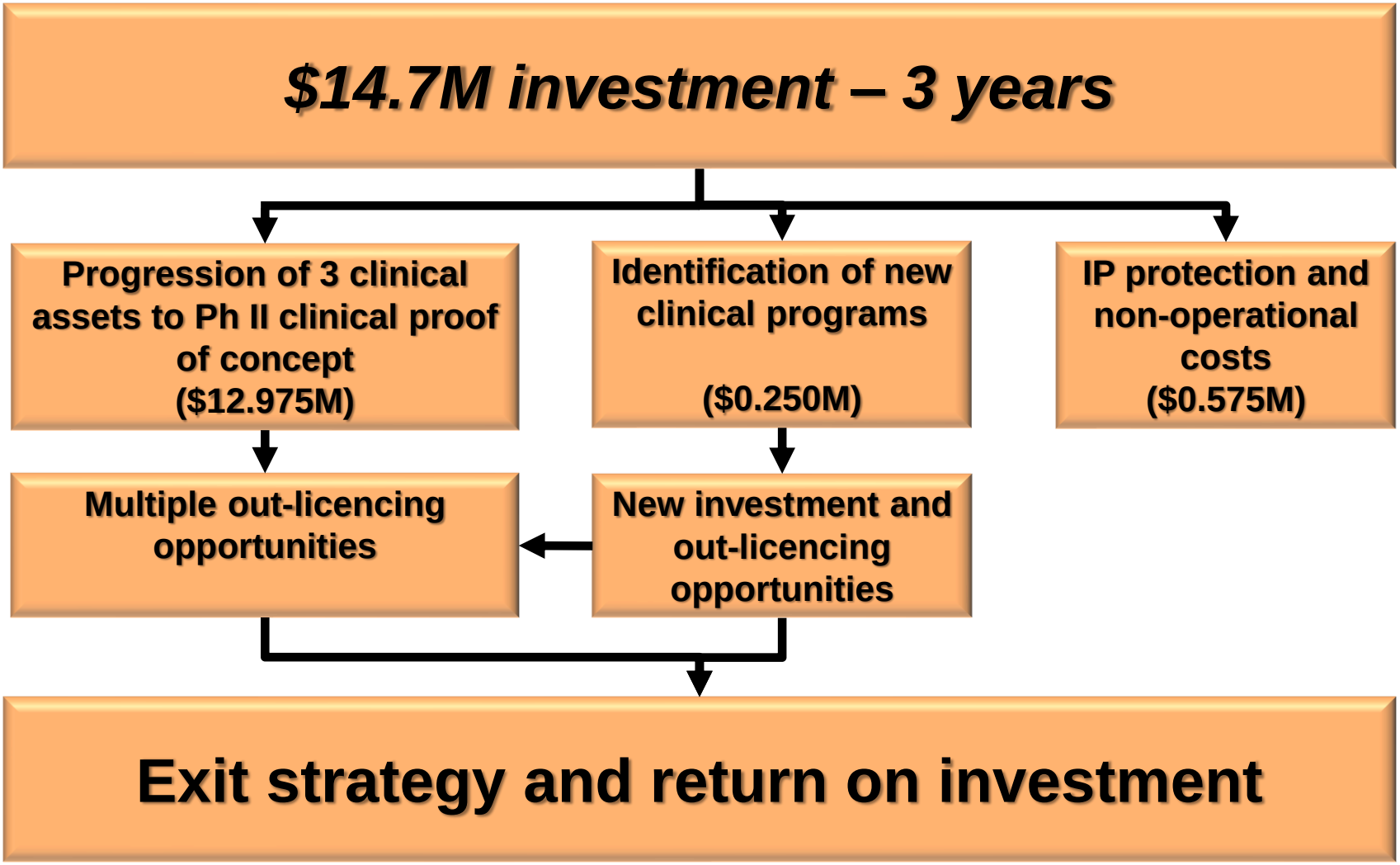
- Dopamine-replacement therapies provide good symptomatic benefit early in disease
- Long-term use causes L-DOPA-induced dyskinesia
  - Abnormal, uncontrollable, involuntary movements
  - 50% develop it within 5 years
- ~160K patients in US alone (Orphan disease)

Amyotrophic lateral sclerosis



- ALS is the most common motor neuron disease
- Is fatal – rapid decline, average survival from onset to death 2-4 years
- Only two approved drugs – both have a modest effect on disease progression and survival - 3-6 months where studied
- ~30K patients in US, ~450K worldwide (Orphan disease)

The investment



Overview of the assets

	JNX1001	JNX3001	JNX4022
Preclinical efficacy	Yes	Yes	Yes
Clinical efficacy	No	No	Yes – 2 people
Human Safety	Yes	Yes	Yes
Investment to support Phase II clinical proof-of-concept trials (USD)	$5M	$6.5M	$3M
Time to complete Phase II clinical proof-of-concept trials	2 years	2 years	1 year
Follow on investment to reach Marketing Authorisation (USD)	$12M	None	$10M
Additional time to reach Marketing Authorisation	2 years	None	1.5 years
Peak sales (USD)	$500M/year	$180M/year	$500M/year
NPV (25% discount rate)	$164M	$59M	$297M
NPV (45% discount rate)	$29M	$11M	$76M

The assets – JNX1001

- Small molecule, neurotrophic factor modulator for the treatment of amyotrophic lateral sclerosis (ALS)
- Preclinical efficacy demonstrated in multiple animal models of ALS, including “gold standard” SOD1 mouse
- Numerous clinical studies performed demonstrating excellent safety profile in humans
- IND and orphan disease designation for ALS already obtained by Junaxo
- Peak revenues estimated at $500M/year
- Next step – Phase II Proof-of-Concept trial, 2 years, $5M

The assets – JNX3001

- Small molecule, autophagy enhancer to slow the progression of Parkinson's disease
- Preclinical efficacy demonstrated in animal models, including non-human primates
- GRAS compound – already approved for human use and can be immediately advanced into clinical trials
- PCT patent submitted in Feb 2017
- Can be launched as a Medical Food. Peak revenues estimated at $180M/year
- Next step – Phase II Proof-of-Concept trial, 2 years, $6.5M

The assets – JNX4022

- Small molecule, NMDA partial agonist for the treatment of L-DOPA induced dyskinesia (LID), a major complication in Parkinson's disease
- Preclinical efficacy demonstrated in several animal models of LID including non-human primates
- Beneficial effect seen in 2 people with LID
- FDA-approved compound
- Granted use patent until 2024, Orphan Disease Designation will be sought
- Peak revenues estimated at $500M/year
- Next step – Phase II Proof-of-Concept trial, 1 year, $3M

Return on Investment - Exit Strategy

- We have developed a detailed plan and budget to take our three clinical assets through Phase II Proof-of-Concept clinical trials, success at which represents a significant value inflection points

- Will agree on best exit option for investors and Management, but these could include
  - Acquisition of Junaxo by a third party
  - IPO

- If additional cash, not required to progress the clincl programs, is generated via out-licencing of earlier stage assets, SR&ED rebates or grant payments then it will returned to investors and Founders by a combination of share buy backs and/or dividends