FORM 7

MONTHLY PROGRESS REPORT

Name of Listed Issuer: Canada House Wellness Group Inc.

Trading Symbol: CHV Number of Outstanding Listed Securities: 683,653,630

Date: August 9, 2021

# Report on Business

1. Provide a general overview and discussion of the development of the Issuer’s business and operations over the previous month. Where the Issuer was inactive disclose this fact.

**On July 6, 202, Canada House Wellness Group’s wholly owned subsidiary, Abba Medix Corp. ("Abba") surpassed 1,000 active medical patient registrations. Abba's active medical patient registrations have grown from fewer than 600 in January 2021 to over 1,000 today, representing patient growth of more than 67% this year.**

1. Provide a general overview and discussion of the activities of management.

# See responses to questions #1 and 10.

1. Describe and provide details of any new products or services developed or offered. For resource companies, provide details of new drilling, exploration or production programs and acquisitions of any new properties and attach any mineral or oil and gas or other reports required under Ontario securities law.

# N/A

1. Describe and provide details of any products or services that were discontinued. For resource companies, provide details of any drilling, exploration or production programs that have been amended or abandoned.

# None discontinued

1. Describe any new business relationships entered into between the Issuer, the Issuer’s affiliates or third parties including contracts to supply products or services, joint venture agreements and licensing agreements etc. State whether the relationship is with a Related Person of the Issuer and provide details of the relationship.

# N/A

1. Describe the expiry or termination of any contracts or agreements between the Issuer, the Issuer’s affiliates or third parties or cancellation of any financing arrangements that have been previously announced.

# No expired or terminated contracts or agreements.

1. Describe any acquisitions by the Issuer or dispositions of the Issuer’s assets that occurred during the preceding month. Provide details of the nature of the assets acquired or disposed of and provide details of the consideration paid or payable together with a schedule of payments if applicable, and of any valuation. State how the consideration was determined and whether the acquisition was from or the disposition was to a Related Person of the Issuer and provide details of the relationship.

# The Company’s wholly-owned subsidiary, CHC, received a $700 credit for leasehold improvements, had $7,500 of additions to leasehold improvements on its Edmonton office.

**The Company’s wholly-owned subsidiary, IsoCanMed, had $5,600 of additions to the manufacturing equipment and supplies.**

**The Company’s wholly-owned subsidiary, Abba, had $2,400 of additions to computer equipment and $25,050 of additions to the manufacturing equipment and supplies.**

1. Describe the acquisition of new customers or loss of customers.

# Abba Medix medical patients increased by 10% during the month.

# CHC medical patients increased by 1% during the month.

1. Describe any new developments or effects on intangible products such as brand names, circulation lists, copyrights, franchises, licenses, patents, software, subscription lists and trademarks.

# N/A

1. Report on any employee hiring, terminations or lay-offs with details of anticipated length of lay-offs.

# Four new hires at Abba; One new hire at CHC

1. Report on any labour disputes and resolutions of those disputes if applicable.

# N/A

1. Describe and provide details of legal proceedings to which the Issuer became a party, including the name of the court or agency, the date instituted, the principal parties to the proceedings, the nature of the claim, the amount claimed, if any, if the proceedings are being contested, and the present status of the proceedings.

# No new legal proceedings during the month.

1. Provide details of any indebtedness incurred or repaid by the Issuer together with the terms of such indebtedness.

# N/A

1. Provide details of any securities issued and options or warrants granted.

# N/A

|  |  |  |  |
| --- | --- | --- | --- |
| **Security** | **Number Issued/ (returned to treasury)** | **Details of Issuance** | **Use of Proceeds(1)** |
|  |  |  |  |
|  |  |  |  |

1. Provide details of any loans to or by Related Persons.

|  |  |  |  |
| --- | --- | --- | --- |
| **Nature of loan** | **Receivable** | **Payable** | **Status** |
| **Shareholders or shareholders in common**  **Non-interest bearing, unsecured, and have no specific terms of repayment.** | **-** | **$3,048** |  |
| **Shareholders or shareholders in common**  **Interest is payable annually at a rate of eight percent (8%) per annum. unsecured, and have no specific terms of repayment.** | **-** | **$68,345** |  |
| **Shareholders or shareholders in common**  **Interest is payable annually at a rate of five percent (5%) per annum. The notes are secured by a General Security Agreement over the assets of ICM.** | **-** | **$12,500,000** | **Promissory notes were issued upon closing of the acquisition of the shares of ICM by Canada House on June 12, 2020.** |

1. Provide details of any changes in directors, officers or committee members.

# None

1. Discuss any trends which are likely to impact the Issuer including trends in the Issuer’s market(s) or political/regulatory trends.

# Canada House regularly examines and adjusts its strategy as it pursues a path to profitability, in response to market conditions and new opportunities.

**Certificate Of Compliance**

The undersigned hereby certifies that:

1. The undersigned is a director and/or senior officer of the Issuer and has been duly authorized by a resolution of the board of directors of the Issuer to sign this Certificate of Compliance.
2. As of the date hereof there were is no material information concerning the Issuer which has not been publicly disclosed.
3. The undersigned hereby certifies to the Exchange that the Issuer is in compliance with the requirements of applicable securities legislation (as such term is defined in National Instrument 14-101) and all Exchange Requirements (as defined in CNSX Policy 1).
4. All of the information in this Form 7 Monthly Progress Report is true.

Dated: August 9, 2021

Peili Miao Name of Director or Senior Officer

*Signed Peili Miao*

Signature

Interim Chief Financial Officer Official Capacity

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| --- | --- | --- |
| ***Issuer Details*** | For Month | Date of Report |
| Name of Issuer | Ending |  |
| Canada House Wellness Group Inc. | July 31, | August 9, 2021 |
|  | 2021 |  |
| Issuer Address 1773 Bayly Street | | |
| City/Province/Postal Code | Issuer Fax No. | Issuer Telephone No. |
| Pickering, ON L1W 2Y7 | (905) 492-  8420 | (844) 696-3349 |
| Contact Name Peil Miao | Contact Position Interim CFO | Contact Telephone No. (647) 688-6066 |
| Contact Email Address  peili.miao@canadahouse.ca | Web Site Address [www.canadahouse.ca](http://www.canadahouse.ca/) | |