DEVELOPING RMJH-111B:
A NEW CATEGORY OF CARDIOVASCULAR DRUGS

REGARDING FORWARD-LOOKING STATEMENTS

Forward-looking statements in this information are based on current plans and expectations that are subject to uncertainties and risks. The following factors, among others, could cause our actual results to differ materially; our ability to obtain the capital required for research and operations; the inherent risks in drug development including the progress of our clinical trials and demonstrating efficacy; development time/cost and the regulatory approval process. Forward-looking statements here speak only as of February 5, 2020, and we assume no obligation to update forward-looking statements or the reasons why actual results could differ. This information is not a solicitation or offer to sell securities.

CORPORATE STRENGTHS

- Pivotal Phase 3 trial designed for rapid completion and expedited drug approval
- Strong global issued IP with protection for platform and pipeline
- Fast path to monetization… alliances and licensing
- New hypertension category allows value-based payments based on guidelines

NEED, NOVELTY, EVIDENCE, ROADMAP

- Big unmet need for safer, effective blood pressure Rx… initial 25 million+ US
- Novel technology provides threefold enhanced drug bioavailability
- Successful Phase 1 / 2 clinical trial with FDA agreement on approval roadmap
- Pivotal Phase 3 trial designed for rapid completion and expedited NDA
- Seasoned, experienced senior team to successfully achieve drug approval

BIG NEED FOR HYPERTENSION INNOVATION

- ≈46% (≈100 million) US adults hypertensive (2017 guidelines)
- Risks from CVD, stroke & heart attack
  - **CDC**: Hypertension innovation a top health priority
- Essential Hypertension in US accounts for:
  - ≈14% of all cause mortality [>300,000/year]
  - ≈ 6% of all disability (2007)

RMJH-111B's enhanced uptake and engaged retention provides more effective, safer blood pressure lowering while providing essential energy to cells

RMJH-111B UNIQUE OPPORTUNITY

- **1st drug candidate applying inverted micellar nanodroplet technology globally licensed exclusively by RMJH.**
- *Initial* target market **25 million people on thiazide-like diuretics**.
  - **Initially…** as adjunct to chronic use *approved* medication (sooner, easier initial approval). RMJH-111B likely **reduces kidney harm** due to magnesium wasting linked to *all* approved anti-hypertensive medications. RMJH-111B helps open tiniest blood vessels that existing anti-hypertensives do not reach often with uncomfortable side effects.
  - Multiple drug **indications, multi-medication** combos and polypills. This doubles the **peak sales years.**
  - **Pipeline and platform of additional drug indications included**

RMJH-111B DISEASE MODIFYING DRUG INDICATIONS

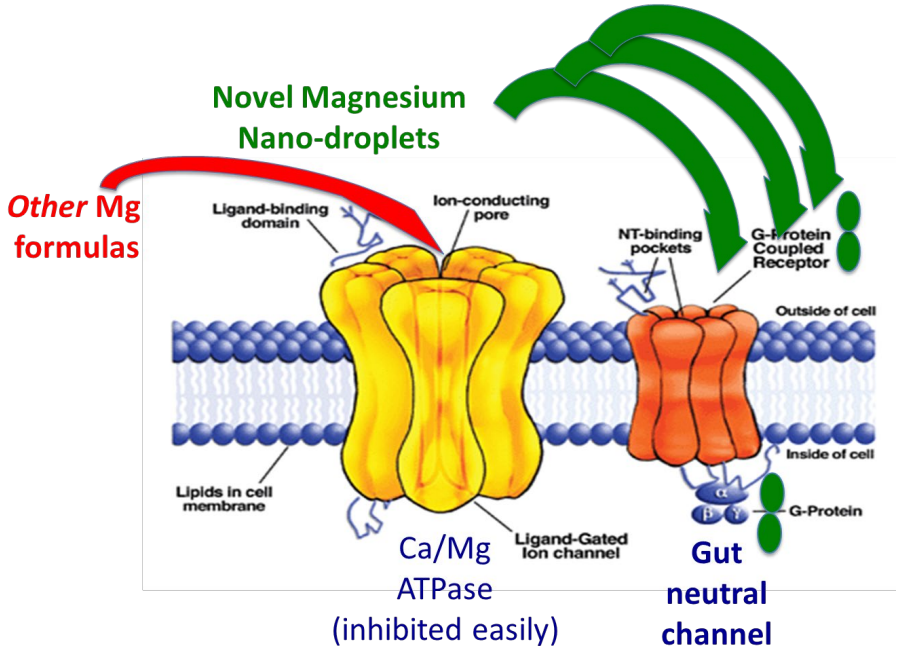
Hypertension	
Atrial Fibrillation (A-Fib)	
Myocardial Infarction (Heart Attack)	
Mitral Valve prolapse	
Congestive heart failure (CHF)	
Atherosclerosis / Stroke	
Restless legs	
Eclampsia of Pregnancy	
Platinum chemotherapy	
Diabetes	
Migraine headaches	
Osteoporosis	
Chronic kidney disease	
Sickle cell anemia	

FROM ADJUNCT TO ALL CARDIOVASCULAR+

- **Successful Phase 1 / 2** study resulted in FDA agreement on…
  - **Single Phase 3 pivotal** trial of 1000 completed cases.
  - **Pivotal trial** can be completed within one year from first subject enrolled.
  - Expedited **NDA** through available 505(b)(2) pathway
- Supplemental **NDAs** are planned for additional indications, special populations and other applications of the core technologies in Phase 4, post market surveillance (slide 17).

RMJH-111B 'REINVENTS' MAGNESIUM

Company has exclusive rights to 'nano-droplet' technology through composition of matter patent (US Patent #8,017,160). Claims include enhanced uptake and chaperoned delivery of oral magnesium to cells hungry for this essential mineral. (see below).



http://en.wikipedia.org/wiki/Endomembrane_system

Softgel novel trade secrets

- Charge-neutral stable nano-droplets (micelles, **tiny drops**) are formed taken up by neutral cell channel pores
- **Enhances** magnesium uptake *even* when the usual calcium/magnesium ATPase uptake ion channel is saturated
- **Stable softgel** with long shelf-life
- **Safety, tolerability & efficacy** data from Phase 1 / 2 clinical outcome trial support company's approval roadmap

INTELLECTUAL PROPERTY, ISSUED GLOBALLY

United States Patent	**Granted 9/13/2011** **Additional patents**	**#8017160 Expires 8/15/2023** **to be filed in 2020**

Claim: Magnesium complex consisting of a magnesium salt; a phosphatide a di-carboxylic acid/or tri-carboxylic acid; and a water and glycerol solution

Issued	Granted	Patent No.
Canada	11/27/12	#2535932
Europe	12/26/18	#1660103
Switzerland	12/26/18	#1660103CH
Czech Republic	12/26/18	#1660103CZ
Germany	12/26/18	#602004053583.0DE
Denmark	12/26/18	#1660103DK
France	12/26/18	#1660103FR
United Kingdom	12/26/18	#1660103GB

Issued	Granted	Patent No.
Ireland	12/26/18	#1660103IE
Netherlands	12/26/18	#1660103NL
Poland	12/26/18	#1660103PL
Sweden	12/26/18	#1660103SE
Hong Kong	01/10/20	#1089975
Mexico	11/15/11	#292147
Australia	03/14/13	#2011201073
Israel	05/31/15	#173754

PHASE 1 / 2 TRIAL RESULTS

- Initial study (N=15 on active; 6 on placebo) confirmed strong trend with correlation between improvement in serum magnesium and blood pressure reduction.
- No adverse events; well tolerated
- Benefits observed across the active group
- On analysis, statistical significance (necessary for New Drug Approval) would have been achieved if 80-100 people had been studied
- FDA agrees results suffice to proceed to a single Phase 3 trial addressing all essentials for new drug approval (NDA)

RMJH-111B PHASE 1 / 2 STUDY CONCLUSIONS

- *Substantial* blood pressure improvements over a short treatment period along with the demonstrated safety and tolerability plus other documentation satisfied FDA that Phase 2 is complete.
- *Initial* indication is as an adjunct to an approved chronic use medication where better outcomes and lower risks are anticipated and documented in the final, pivotal Phase 3 trial.
- Forward plans include supplemental new drug applications for essential high blood pressure (eHBP) and other cardiovascular indications during Phase 4 (post market surveillance). A pipeline of other drug indications / disease states will be pursued as market conditions and capacity permit.

PHASE 3 PIVOTAL STUDY DESIGN

- Parallel, double-blind study, N=1,000 finished cases (1050 enrolled)
  - 3:1 randomization, 750 on RMJH-111b + 250 on placebo
  - 10 weeks double blind treatment
  - 10 weeks open-label extension
  - 8 weeks randomized withdrawal of responders
  - 42 weeks to exit trial
- **Clinic sSBP** as primary end point; other objectives to address clinical, payor, and consumer needs
- **Serum magnesium** confirms need, efficacy and safety
- Enhanced **arteriolar Magnesium** helps *both* **BP & kidneys**

PHASE 3 PIVOTAL STUDY DESIGN (DERISKED)

- Clinical risk minimized with substantial increase in number of participants warranted by literature and real-world experience with magnesium
  - Careful planning and design addresses all aspects needed for NDA.
  - Strategic design supported by end of Phase 1 / 2 FDA meeting minutes.
  - WCT (Worldwide Clinical Trials under Dr Neal Cutler) can serve as CRO with trial designed to commence early in the 2nd quarter 2020.
  - RMJ's team includes members who have successful drug approvals with other hypertension drugs such as beta-blockers and ACE inhibitors.
  - Other members of RMJ's team edit the hypertension clinical management guidelines used by payors and policy experts.
- The most recent guidelines (2017) call for earlier treatment of high blood starting now at 120/80 rather than 130/90.

DERISKED PHASE 3 STUDY AND NDA ROADMAP

- Statistical design for the Phase 3 trial includes 300 additional patients which results in overpowered study designed to achieve significance ‘once and done’. The initial 300 participants to complete the protocol will be re-randomized to assess adaptation (technically tachyphylaxis) over an additional eight weeks. Participants will return two weeks after completing the study for safety and final assessments. This once and done design reduces costs and time.
- FDA agrees that RMJ has built a 505(b)(2) bridge to the approved IV magnesium for this innovative, oral administration.

RMJH-111B NDA APPROVAL MILESTONES

- Fundamental, proprietary advance in magnesium uptake and retention
- 1st in and out of clinic for new drug category; Phase 2 complete
- Single dose, single study enough for 505(b)(2) NDA
- Phase 3 design: 'Once and done'
  - Quality cases rapidly enrolled, analyzed and reported
- Chemistry, clinical, non-clinical, statistics and toxicology clarified with Cardio-Renal division of FDA

FDA NDA APPROVAL REQUIREMENTS

Company's Phase 3 protocol and roadmap includes agency's guidance regarding what is required to de-risk the five key areas for drug approval.

Chemistry / CMC: Validated methods (stress tested), GMP, GLP √

Clinical (Phase 3 trial; 505(b)2 path) √

Safety, tolerability, efficacy, adaptation, and anticipatory assessments

Non-clinical: Literature, global, in FDA preferred format √

Statistics: Designed to achieve 0.00125 significance; over powered √

Toxicology: Nothing additional needed √

RMJH-111B PLATFORM AND PIPELINE, EACH WITH DISTINCT LOOK, FEEL, DOSAGE AND FORM

Cardiovascular drug Platform:

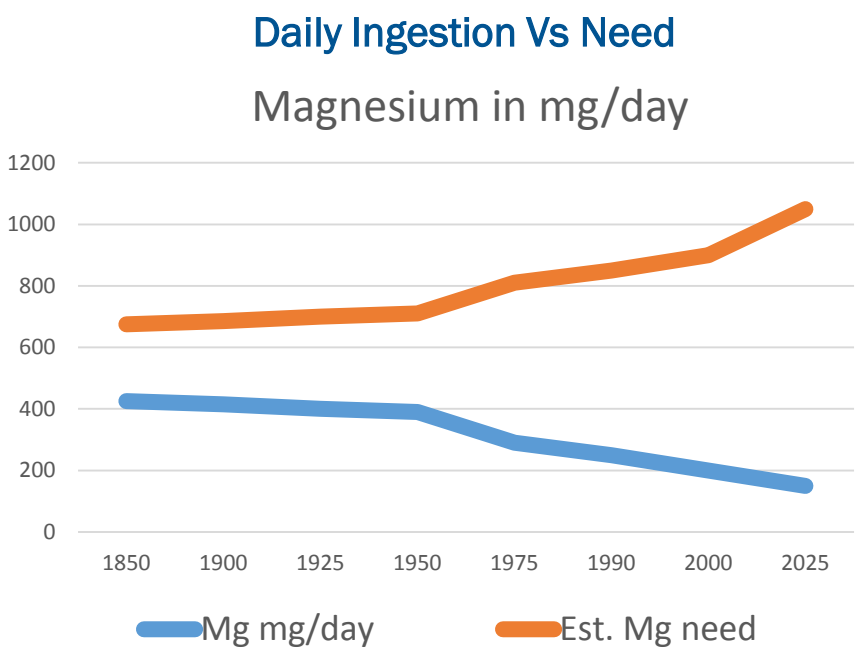
- Essential hypertension starting with thiazides [Rx sooner & easier]
- Better blood lipids
- Atrial Fibrillation
- Congestive Heart Failure (CHF)

Inadequate hypertension control in people on diuretics is 1st indication for faster drug approval.

Follow-on Pipeline of Indications

- Preeclampsia and eclampsia of pregnancy
- Muscle cramps, restless legs, facial tics & twitches
- Diabetes, metabolic syndrome & insulin resistance
- Kidney disease
- Osteopenia / Osteoporosis
- Migraine headache
- Sickle Cell Anemia (Orphan Drug candidate)
- Platinum Chemotherapy (cis-platinum *et al…)*

GROWING MG NEED: DIET INSUFFICIENT & CELL LEVEL DECLINING; SAFETY, & EFFICACY FROM RMJH-111B



Piovesan D *et al*, BMC Bioinformatics, 2012; 13(S14): S10
Sales *et al*. Nutricion Hospitalaria, 2014; 30(1): 200-204
Nielsen FH. Nutrition Rev, 2010; 68: 333-340
Elin RJ, Re-evaluation of the concept of chronic, latent, magnesium deficiency (CLMD). Magnes Res. 2011 Dec;24(4):225-227. doi: 10.1684/mrh.2011.0298

Magnesium multi-tasks in life…

Nature's calcium channel blocker;
Required to activate many enzymes;
Protective of essential fats in transit;
Needed to activate ATP for cell energy;
Needed for mitochondrial proton gradient.

Less today in soil/diet (US & Global)

60-70+% US & Brazil confirmed inadequate daily intake of Mg results in chronic latent **magnesium deficiency, being *in lower half* of serum Mg lab test range (CLMD).**

DRI (adults): 310-400 mg/d may be too low

HYPERTENSION MARKET OPPORTUNITY

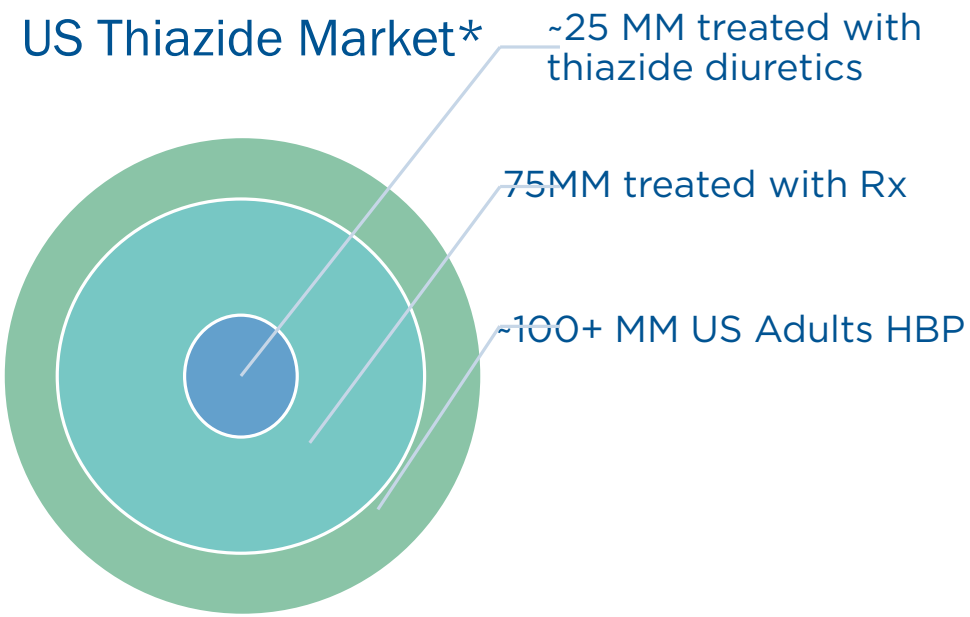
Global push to treat essential high blood pressure (eHBP) earlier, with safer, effective drugs to reduce adverse effects from existing therapies. RMJH-111B to the rescue.

HBP MARKET GROWING 1.5%/YEAR	RMJH-111B INITIAL INDICATION	HBP RX SALES, ANNUAL
≈ **$40+ Billion US, 100+ MM eHBP people**	≈ 20% diuretics *first treatment*	≈ **$ 5 Billion US diuretics only**
≈ $60+ Billion ex-US, 200 MM eHBP people	*~ 28% of all people with eHBP*	$7.5 Billion Ex-US
	≈ 50% combo diuretics + others	≈ **$10 Billion US for combo diuretic therapy**
	≈ 50% take Rx as prescribed	≈ $15 Billion Ex-US for combo diuretic therapy
	Mg replenishment improves outcomes; reduces side-effects	

https://www.prnewswire.com/news-releases/global-hypertension-drugs-market-2016-2020---growing-older-population--patent-expiries-of-major-drugs--increase-in-awareness---research-and-markets-577465241.html
http://www.who.int/gho/ncd/risk_factors/blood_pressure_prevalence_text/en/

MARKET VALUE AND PROJECTIONS

Internal projections, based on an anticipated 15% share of thiazide market plus minimal (~1%) off-label monotherapy use, put peak year sales for *this initial* indication at $1.9 Bn.



PEAK YEAR SALES PROJECTION

Based on low price/high market share strategy; 10% royalty

Annual cost of RMJH-111B = $540 x ~3.75 million treated

= ~$1.9 Billion annual gross (Projected royalty revenue = $190 Million, US annual)

*Trends in Antihypertensive Medication Use and Blood Pressure Control Among United States Adults With Hypertension, Qiuping Gu, Vicki L. Burt, Charles F. Dillon, Sarah Yoon, Circulation. 2012;126:2105-2114, originally published October 22, 2012

RMJ HOLDINGS, LLC, MANAGEMENT

Russell M. Jaffe MD, Ph.D., CCN, Founder and Chief Executive Officer

Dr. Jaffe, an internal medicine physician, clinical pathologist, immunologist, and biochemist, founded RMJH after identifying a need for enhanced uptake and chaperoned delivery of essential minerals, the first of which is Magnesium. He is a Diplomate of the National Board of Medical Examiners and the American Board of Pathology for Clinical and Chemical Pathology. He founded **ELISA/ACT®** Biotechnologies (EAB) the exclusive provider of the lymphocyte response assay (**LRA by ELISA/ACT**) tests – the gold standard in delayed hypersensitivity testing. He also founded **PERQUE®** which develops and sells a new generation of nutritional supplements, available only through doctors and healthcare professionals which have the advanced, mostly proprietary formulas to provide superior, safer results in restoring, maintaining, and enhancing health. His companies are operated and managed by a long serving team. His primary business focus is RMJ Holdings.

David H. Fater, Executive Vice President

David Fater has extensive experience as a Chief Executive Officer with drug discovery companies focused on stroke and traumatic brain injury as well as a medical device company focused on cardiology. He has also been the Chief Financial Officer for three healthcare companies in which he led the Initial Public Offering. Prior to his corporate experience, he was an international partner with Ernst & Young.

Mischelle Hall, Chief Operating Officer

Mischelle Hall has 20 years of pharmaceutical and nutraceutical marketing and operations experience. She has led Marketing for several organizations focused on multiple categories including hypertension, antidepressants, and women's health. Mischelle earned an MBA from Georgia State University.

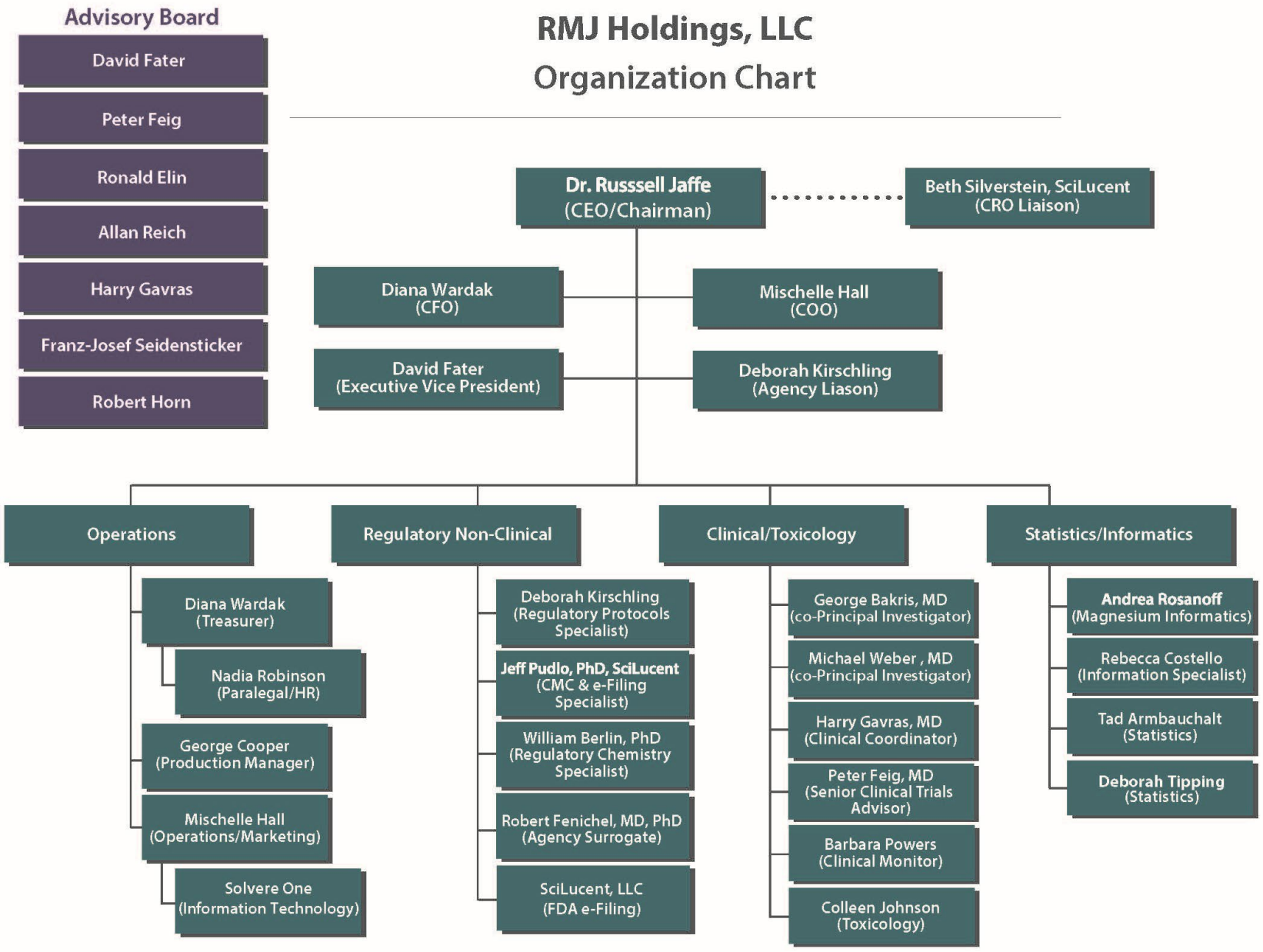
Diana Wardak, Chief Financial Officer

Diana Wardak is a CPA with over 15 years of experience helping organizations in different industries achieve success in revenue growth, compliance and audits. She has both a BA (Law and Political Science) and a BS (Accounting) from Strayer University.

ADVISORY BOARD / CLINICAL STUDY REGULATORY LEADERS

- Ronald Elin: https://louisville.edu/medicine/departments/pathology/faculty/elin
- Peter Feig: https://biography.omicsonline.org/united-states-of-america/sarfez-pharmaceuticals/peter-feig-160736
- Harry Gavras: https://www.bumc.bu.edu/busm/profile/haralambos-gavras/
- Jules Michel: https://www.targethealth.com/team
- George Bakris: https://www.uchicagomedicine.org/find-a-physician/physician/george-bakris
- Michael Weber: https://www.cardiometabolichealth.org/michael-weber.html
- Alan Reich: https://www.seyfarth.com/AllanReich
- Franz-Joseph Seidensticker: https://www.bain.com/our-team/franz-josef-seidensticker/
- Robert Horn: https://www.huschblackwell.com/professionals/robert-horn

RMJ Holdings



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