PACIFIC EDGE 2019 ANNUAL MEETING

31 JULY 2019

PACIFIC EDGE
CANCER DIAGNOSTICS COMPANY

BOARD OF DIRECTORS

Chris Gallaher	Independent Director, Chairman
David Darling	Executive Director and Chief Executive Officer
John Duncan	Independent Director
David Levison	Independent Director (US-based)
Anatole Masfen	Independent Director
Sarah Park	Independent
Bryan Williams	Independent Director

GOVERNANCE

Board of Directors
Experience in governance, finance, sales management cancer research, biotechnology and life sciences, investment and business advisory.

Subsidiary Board Directors
In-country commercial experience and scientific and/or clinical expertise.

Scientific and Clinical Advisory Boards
Expert advice on global clinical needs and product applications; and scientific progress and clinical opportunities.

MEETING AGENDA

- Presentations:
  - Address from the Chair, Chris Gallaher
  - Address from the Chief Executive Officer, David Darling
- Shareholder Discussion
- Resolutions as per Notice of Meeting:
  - Re-election of Chris Gallaher and David Levison
  - Election of Sarah Park and John Duncan
  - Authorise the Directors to fix the auditor’s remuneration
  - Adoption of new Constitution
- General Business
- Close of Annual Meeting

PACIFIC EDGE
Cancer Diagnostic Company

CHAIRMAN
Chris Gallaher

FIRST MOVER ADVANTAGE IN A GLOBAL OPPORTUNITY IN HAEMATURIA AND BLADDER CANCER

The USA and NZ markets dominate our commercial focus

9th most common cancer in the world; 4th most common in men	79,000+ new bladder cancer cases in USA every year	17 years of R&D and validation
70% recurrence rate leads to many clinical procedures	Approx. 7 million people present with haematuria annually in the USA	Primary focus is the USA; the world's largest healthcare market
Highest medical cost of any cancer; up to US$240k per patient lifetime	Suite of four Cxbladder tests	Commercial partnerships in USA, NZ, Australia and Singapore

"Pacific Edge's annual addressable market in the USA alone has been calculated to be worth up to US$1.2 billion per annum."

EY-Parthenon review 2018*

*EY Parthenon, a leading international consulting firm, has endorsed Pacific Edge's USA market strategy and confirmed the addressable market for Cxbladder in the USA to be more than US$1.2 billion per annum

BOARD REPORT FOR FY19

- Board oversight of strategy implementation following detailed strategic review in February 2018.
- Now starting to realise the revenue potential of our company – in early stages in the USA.
- Key milestones being achieved, although taking longer than anticipated to gain widespread commercial adoption.
- Progress continues to be made with a number of important achievements in FY19.
- Strategic focus going forward:
  - Achieve the third major milestone for national reimbursement (CMS)
  - Targeting of large institutional healthcare providers in all markets
  - Continue to build portfolio of clinical evidence to support reimbursement and adoption decisions.
- Board continues to carefully manage cash resources; achieving a cashflow breakeven position remains front of mind.
- Refreshed the Board with appointment of two new directors with relevant expertise and skills.

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CHIEF EXECUTIVE OFFICER

David Darling

FY19 HIGHLIGHTS AND MILESTONES

- Growth in commercial sales and billable test volumes:
  - Strong growth in NZ and US commercial sales, particularly in Q4 FY19.
- Two of three US reimbursement milestones successfully attained:
  - National price for all Cxbladder tests (US$760 per test)
  - National product specific CPT codes for Cxbladder Detect and Cxbladder Monitor.
- High levels of adoption in NZ and addition to public healthcare provider guidelines.
- Increased focus on institutional healthcare organisations in all markets following the success of the NZ model
- Growing presence in Southeast Asia, commercial sales with Raffles Medical Group
- New sales focus in Australia driven by Pacific Edge.
- Increasing global pool of clinical evidence for Cxbladder facilitating test adoption and reimbursement.
- Increasing investor knowledge base and support.

FY19 FINANCIAL RESULT SNAPSHOT

(NZ$'000)	FY19	FY18	% Change
Operating Revenue[1] (test sales)	3,817	3,400	12%
Other Revenue	1,312	1,602	(18%)
Total Revenue	5,129	5,002	3%
Operating Expenses	23,038	24,646	(7%)
Total Comprehensive Loss	17,921	19,727	(9%)
Net Operating Cash Outflow	17,507	18,100	(3%)
Cash on hand as at 31 March 2019 (cash, cash equivalents and short term deposits)	12,847	16,242	(21%)

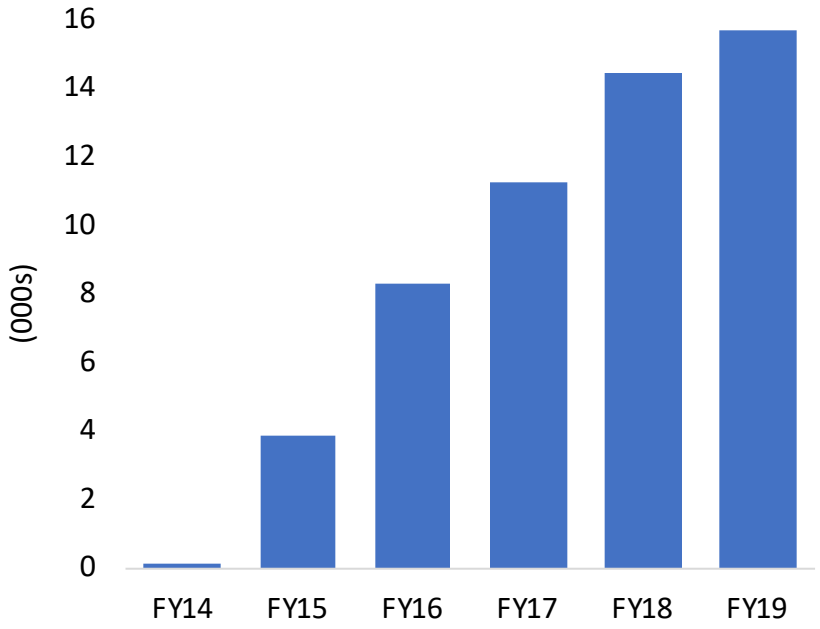
- ✓ Operating revenue from test sales up 12% y/y to $3.8m, with total revenue for the period of $5.1m
- ✓ Total operating expenses reduced to $23.0m for the year, a 7% decrease on FY18
- ✓ Net loss of $17.9m for the year, an improvement of 9% on FY18
- ✓ Net operating cash outflow reduced to $17.5m, in line with expectations
- ✓ $12.8m in cash, cash equivalents and short term deposits as at 31 March 2019

1: Revenue excludes tests sold in the US for which cash payment has yet to be received, as well as tests completed for patients covered by the CMS. CMS tests account for approximately 47% of annual US laboratory throughput and Pacific Edge will seek reimbursement for these when it is included in the CMS' Local Coverage Determination (LCD). As at 31 March 2019, Pacific Edge has completed and invoiced a total of 17,015 tests for CMS patients in the USA, for which the company is yet to be reimbursed.

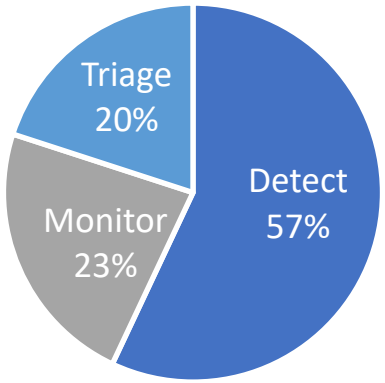
FY19 KEY METRICS – LABORATORY THROUGHPUT

LABORATORY THROUGHPUT
(Commercial tests and User Programmes)

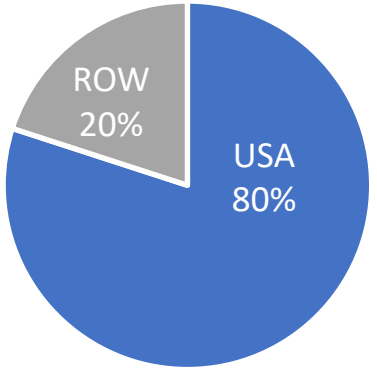
81% of FY19 tests were billable



Total Laboratory Throughput
(by test type)



Total Laboratory Throughput
(by region)

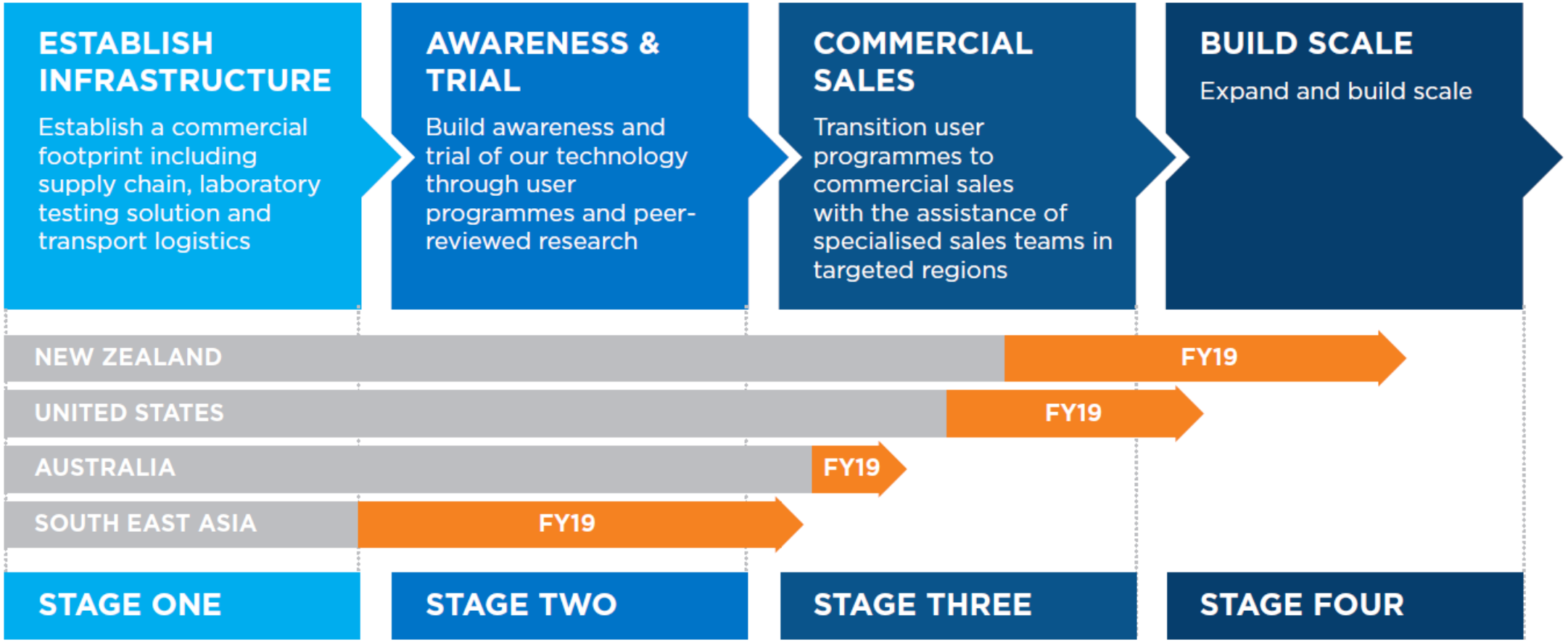


Regional Throughput by Test	USA	NZ
Cxbladder Detect	66%	20%
Cxbladder Monitor	26%	12%
Cxbladder Triage	8%	68%

CMS related tests cumulatively totalled in excess of 17,000 tests as at 31 March 2019.
Will negotiate for payment of these once Cxbladder is included in LCD.

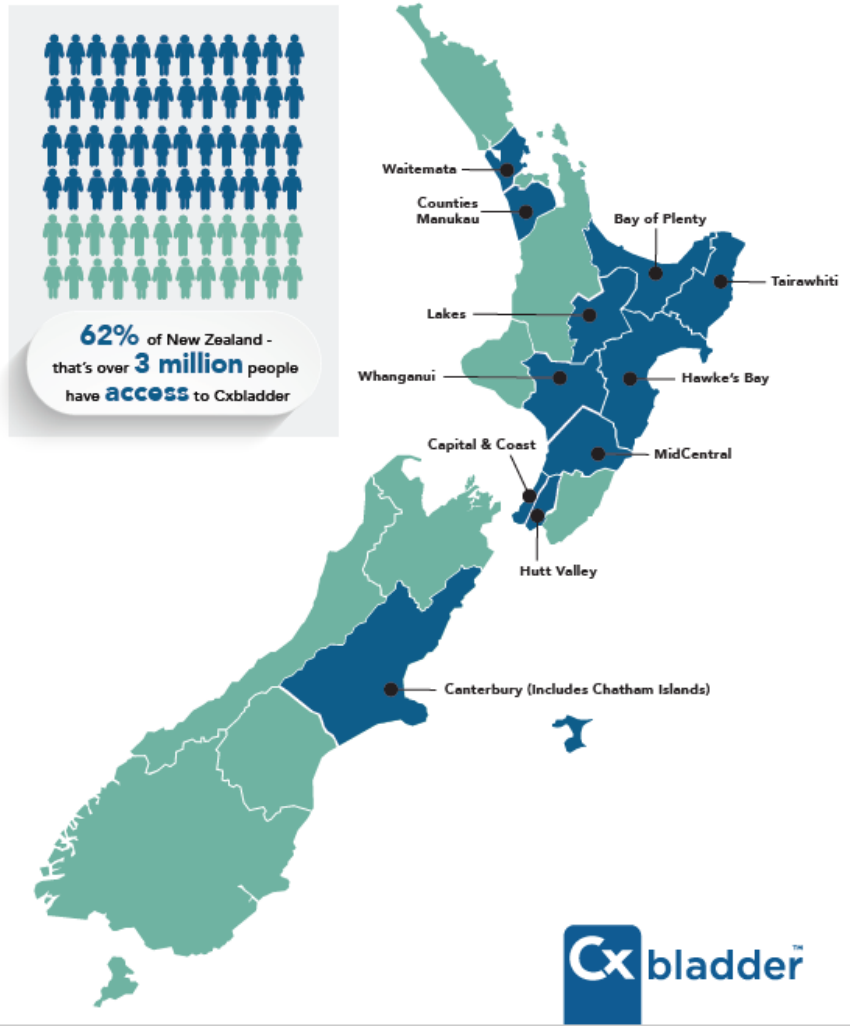
Test usage determined by length of time in market for each product.

COMMERCIAL PROGRESS BY REGION IN FY19



GROWING COMMERCIAL ADOPTION IN HOME MARKET (NEW ZEALAND)

- New Zealand's public healthcare providers are leading the global adoption of Cxbladder.
- Majority have now adopted Cxbladder into their standard of care and, in some cases, their clinical guidelines, replacing the gold standard cystoscopy
- Demand from NZ public healthcare providers exceeded expectations with strong growth from new and existing customers, particularly in Q419.
- Counties Manukau, Tairāwhiti, Capital & Coast and Hawkes Bay District Health Boards all signed commercial agreements in FY19 bringing total contract coverage of New Zealand's population to more than 60%.
- Canterbury DHB's comprehensive commercial look-back over Cxbladder use on 570 patients published providing compelling support to change guidelines
- Demand from New Zealand's public healthcare providers is continuing its growth in FY20.



CONTINUED REIMBURSEMENT PROGRESS IN THE US

Two of three milestones required for national public reimbursement in the US were completed in FY19:

- Receipt of **Product Specific CPT codes** for Cxbladder Detect and Cxbladder Monitor (January 2019)

- Notification of a **National Price** for all Cxbladder tests of $760 per test in (October 2018)

- Progress being made with the third and final milestone, to have Cxbladder included in a **Local Coverage Determination (LCD)**, which will allow for reimbursement by CMS

Allows Pacific Edge to move into contract negotiations with private payers

FOCUS ON INSTITUTIONAL HEALTHCARE ORGANISATIONS IN ALL MARKETS

- Building on success achieved with large public healthcare providers in New Zealand.
- Ongoing commercial negotiations and start up processes with multiple targeted institutional customers in the USA.
- FY19 commenced commercial evaluation with John Hopkins Medicine, a US$8 billion integrated global health enterprise and one of the leading health care systems in the USA.

While these customers can take longer to bring to completion, once commercial agreement is reached they can provide significant volume, require lower sales maintenance and deliver more sustainable, longer term growth opportunities.

INSTITUTIONS IN SOUTHEAST ASIA AND THE USA USING OR EVALUATING CXBLADDER

PACIFIC EDGE LTD
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USA

- Carolina Urologic Research Center
- City of Hope
- Cleveland Clinic
- Cornell
- Fox Chase CC
- Johns Hopkins CC
- MD Anderson
- Moffitt CC
- Ohio State University CC
- Penn State Milton S. Hershey Medical Center
- Rush University
- Thomas Jefferson University
- TriStar Medical Center
- UCLA

USA

- University of California-San Diego
- University of California-San Francisco
- University of Chicago
- University of Colorado
- University of Michigan
- University of Minnesota
- University of Oklahoma
- University of Pennsylvania
- University of Southern California
- UT Southwestern
- VA Accounts
- Wellstar

Singapore

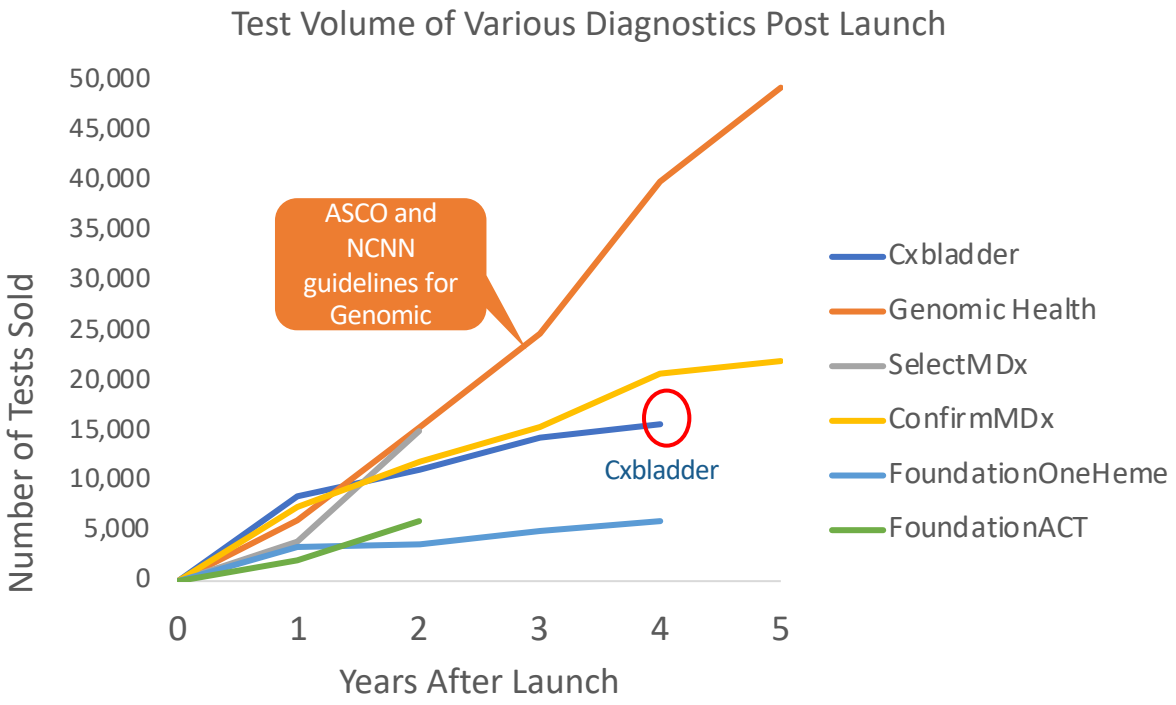
- Singapore General Hospital
- Tan Tock Seng
- Khoo Tech Puat Hospital
- KK Womens and Childrens Hospital
- National University Hospital

GROWING CLINICAL EVIDENCE FOR CXBLADDER

- Publication of peer-reviewed papers is key to gaining coverage and positive reimbursement decisions.
- Library of comprehensive clinical evidence for physicians, healthcare payers (reimbursement) and healthcare providers alike.
- Application to have Cxbladder included in an LCD has been supported by the recent publication of further compelling clinical evidence expanding the clinical utility of Cxbladder.
- Cxbladder already in guidelines for some NZ public healthcare providers.
- On 10 July 2019, Cxbladder Monitor was added to the National Comprehensive Cancer Network guidelines in the USA.

"This is first time urinary urothelial biomarkers have been included in the guidelines…" Dr Sia Daneshmand New York presentation 18 July 2018

COMMERCIAL PROGRESS IN LINE WITH PEERS



Source: EY Parthenon review of Cxbladder strategy in the USA 2018 (Updated by PE)

Cxbladder's commercial progress is currently in line with peers in the diagnostics world; gaining coverage and reimbursement decisions will be key to driving volume.

Cxbladder is tracking in line with Genomic Health and MDx Health:

- Sales of Cxbladder are currently in line with those of Genomic Health's Oncotype Dx and MDx Health's ConfirmMDx at the time of their launch
- Continuing to gain coverage and positive reimbursement decisions will be crucial to help accelerate test volume
- Guideline inclusion has also served as a key catalyst for sales volume and physician adoption

DIAGNOSTIC OUTPERFORMANCE PUBLISHED IN WORLD #1 CLINICAL JOURNAL

PACIFIC EDGE LTD
CANCER DIAGNOSTICS COMPANY

DEMONSTRATES SIGNIFICANT CLINICAL UTILITY OF CXBLADDER

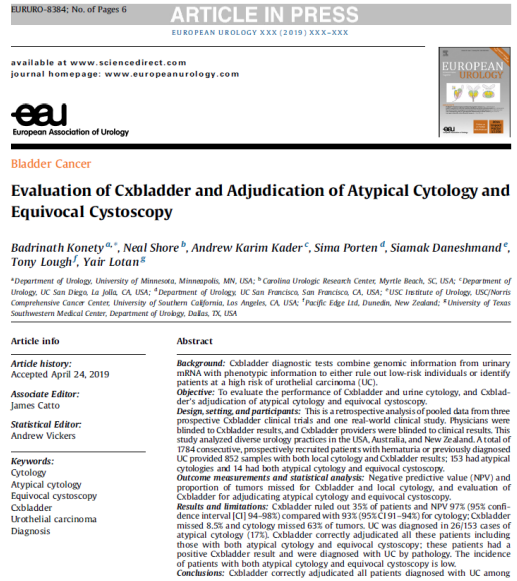
- Diagnostic outperformance published in global number one* ranked urology journal, European Urology, in May 2019.

Results:

- Use of Cxbladder resulted in 35% of patients avoiding cystoscopies.
- Cxbladder correctly adjudicated all atypical cytologies and equivocal cystoscopies

Conclusion:

- Cxbladder providing enhanced diagnostic outcomes not currently available from existing technology.
- Enables physicians to remove the diagnostic dilemma faced, when existing gold standard tests and procedures are not able to determine a clear diagnostic outcome.
- **This real world outcome positions Cxbladder for consideration for inclusion in other international guidelines**



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European Association of Urology

Bladder Cancer

Evaluation of Cxbladder and Adjudication of Atypical Cytology and Equivocal Cystoscopy

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Abstract

Background: Cxbladder diagnostic tests combine genomic information from urinary mRNA with phenotypic information to either rule out low-risk individuals or identify patients at a high risk of urothelial carcinoma (UC).
Objective: To evaluate the performance of Cxbladder and urine cytology, and Cxbladder's adjudication of atypical cytology and equivocal cystoscopy.
Design, setting, and participants: This is a retrospective analysis of pooled data from three prospective Cxbladder clinical trials and one real-world clinical study. Physicians were blinded to Cxbladder results, and Cxbladder providers were blinded to clinical results. This study analyzed diverse urology practices in the USA, Australia, and New Zealand. A total of 1784 consecutive, prospectively recruited patients with hematuria or previously diagnosed UC provided 852 samples with both local cytology and Cxbladder results; 153 had atypical cytologies and 14 had both atypical cytology and equivocal cystoscopy.
Outcome measurements and statistical analysis: Negative predictive value (NPV) and proportion of tumors missed for Cxbladder and local cytology, and evaluation of Cxbladder for adjudicating atypical cytology and equivocal cystoscopy.
Results and limitations: Cxbladder ruled out 35% of patients and NPV 97% (95% confidence interval [CI] 94–98%) compared with 93% (95% CI 91–94%) for cytology; Cxbladder missed 8.5% and cytology missed 63% of tumors. UC was diagnosed in 26/153 cases of atypical cytology (17%). Cxbladder correctly adjudicated all these patients including those with both atypical cytology and equivocal cystoscopy; these patients had a positive Cxbladder result and were diagnosed with UC by pathology. The incidence of patients with both atypical cytology and equivocal cystoscopy is low.
Conclusions: Cxbladder correctly adjudicated all patients diagnosed with UC among

*European Urology - has an Impact Factor Rating of 17.58 and is currently read by more than 20,000 urologists across the globe.

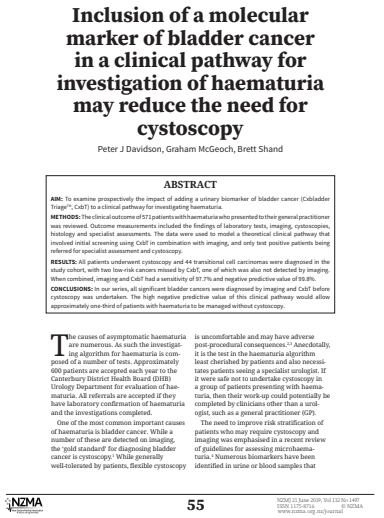
COMPELLING RESULTS FROM CLINICAL LOOK-BACK STUDY

SUPPORTS THE INCLUSION OF CXBLADDER IN A CLINICAL PATHWAY FOR THE INVESTIGATION OF HAEMATURIA

Published by the Canterbury District Health Board (CDHB) in the New Zealand Medical Journal (June 2019) on 571 haematuria patients.

Results:

- Cxbladder Triage had a sensitivity of 95.5% and a negative predictive value (NPV) of 98.6%.
- When combined in the new guidelines, imaging and CxbT had a sensitivity of 97.7% and NPV of 99.8%.
- All bladder cancers of significance were diagnosed by the combined use of imaging and CxbT before cystoscopy was undertaken.



Inclusion of a molecular marker of bladder cancer in a clinical pathway for investigation of haematuria may reduce the need for cystoscopy

Peter J Davidson, Graham McGeoch, Brett Shand

ABSTRACT

AIM: To examine prospectively the impact of adding a urinary biomarker of bladder cancer (Cxbladder Triage™, CxbT) to a clinical pathway for investigating haematuria.

METHODS: The clinical outcome of 571 patients with haematuria who presented to their general practitioner was reviewed. Outcome measurements included the findings of laboratory tests, imaging, cystoscopies, histology and specialist assessments. The data were used to model a theoretical clinical pathway that involved initial screening using CxbT in combination with imaging, and only test positive patients being referred for specialist assessment and cystoscopy.

RESULTS: All patients underwent cystoscopy and 44 transitional cell carcinomas were diagnosed in the study cohort, with two low-risk cancers missed by CxbT, one of which was also not detected by imaging. When combined, imaging and CxbT had a sensitivity of 97.7% and negative predictive value of 99.8%.

CONCLUSIONS: In our series, all significant bladder cancers were diagnosed by imaging and CxbT before cystoscopy was undertaken. The high negative predictive value of this clinical pathway would allow approximately one-third of patients with haematuria to be managed without cystoscopy.

The causes of asymptomatic haematuria are numerous. As such the investigating algorithm for haematuria is composed of a number of tests. Approximately 600 patients are accepted each year to the Canterbury District Health Board (DHB) Urology Department for evaluation of haematuria. All referrals are accepted if they have laboratory confirmation of haematuria and the investigations completed.

One of the most common important causes of haematuria is bladder cancer. While a number of these are detected on imaging, the 'gold standard' for diagnosing bladder cancer is cystoscopy.[1] While generally well-tolerated by patients, flexible cystoscopy is uncomfortable and may have adverse post-procedural consequences.[2,3] Anecdotally, it is the test in the haematuria algorithm least cherished by patients and also necessitates patients seeing a specialist urologist. If it were safe not to undertake cystoscopy in a group of patients presenting with haematuria, then their work-up could potentially be completed by clinicians other than a urologist, such as a general practitioner (GP).

The need to improve risk stratification of patients who may require cystoscopy and imaging was emphasised in a recent review of guidelines for assessing microhaematuria.[4] Numerous biomarkers have been identified in urine or blood samples that

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Conclusions:

- The high NPV of this new clinical pathway enabled approximately one-third of patients with haematuria to be managed without cystoscopy and other related procedures.
- Importantly, the patient with haematuria would also safely avoid the social disruption and discomfort of a secondary care visit for cystoscopy.
- The new pathway should be applicable in any health system with effective general practice or primary care and the ability to inform GPs of locally recommended assessment and management of haematuria.
- **This real world outcome positions Cxbladder for consideration for inclusion in other international guidelines.**

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THE OPPORTUNITY FOR CXBLADDER

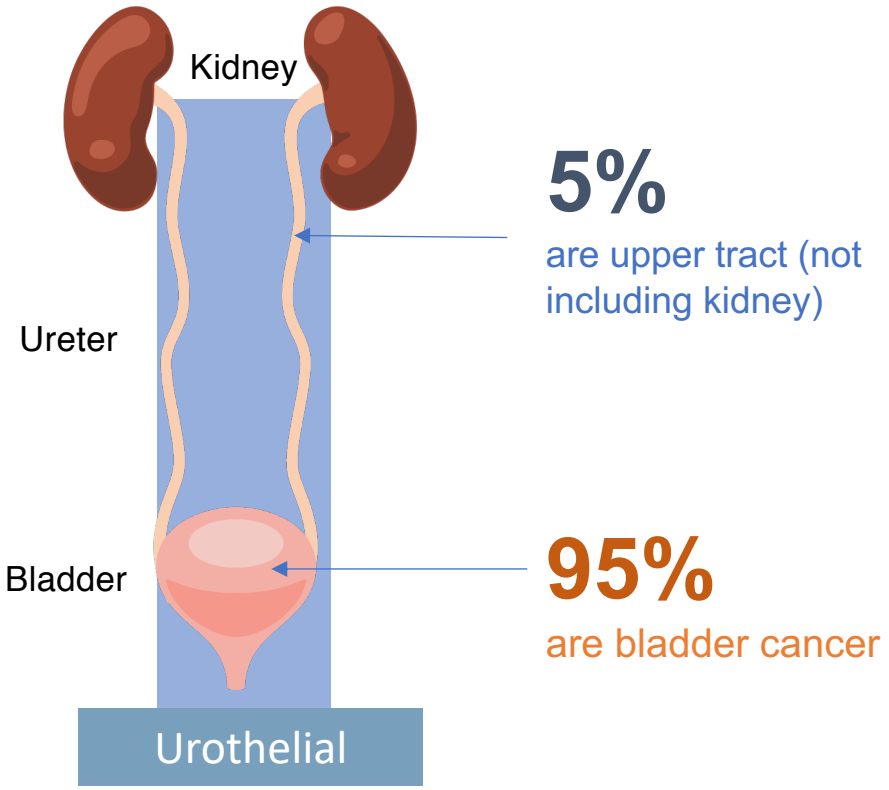
DETECTING AND MANAGING UROTHELIAL CANCER (UC) CREATES A SIGNIFICANT HEALTHCARE CHALLENGE GLOBALLY

UC is a major global health problem:

- 500,000 new cases annually
- 200,000 deaths annually
- 9th most prevalent cancer but 4th in men
- Highest recurrence rates of any cancer

In the USA:

- 10.5 million patients present with hematuria annually and 3.4 million are worked up to look for urothelial cancer
- 81,000 new cases of UC diagnosed each year
- 70% recurrence of the disease following treatment
- More than 800,000 people living with bladder cancer will present annually up to 3 to 4 times a year for evaluation for the recurrence of UC
- Average lifetime costs of over US$240,000 per patient.
- Direct costs for bladder cancer predicted to reach $4.9 billion in 2020



NIH National Cancer Institute, 2016. Bladder Cancer Advocacy Network, 2017.

CLINICAL PATHWAY FOR UC/BLADDER CANCER IN USA

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HISTORICAL TESTING

Historically, diagnosis and monitoring of bladder cancer has involved an arduous regime of invasive and expensive tests over the lifetime of the patient.

In the USA alone, up more than 5 million cystoscopies were performed in 2018

A cystoscopy is a painful, invasive and expensive procedure that requires a tube with a scope to be inserted in to the urethra.

STANDARD OF CARE

EVALUATION BY PRIMARY PHYSICIAN

REFERRAL TO A SPECIALIST

FULL EVALUATION TESTING

DIAGNOSED WITH BLADDER CANCER

CANCER MANAGEMENT

MONITORING

Due to high recurrence of bladder cancer, patients undergo regular testing
Year One: up to six times
Year Two to Five: up to four times/year

CXBLADDER

Cxbladder Triage
Primary evaluation of haematuria

Cxbladder Detect
For use by urologists to rule out UC

Cxbladder Resolve
Segregation of low grade tumours from high grade and late stage tumours

Cxbladder Monitor
Monitoring for recurrence of the disease

MORE THAN 60% REDUCTION IN NEED FOR CYSTOSCOPY

Cxbladder™

PATIENTS DON'T LIKE INVASIVE TESTS

PATIENT FEEDBACK REGARDING CYSTOSCOPY: BCAN SURVEY IN OVER 900 US PATIENTS WITH UC

CYSTOSCOPY PATIENTS REPORTED MODERATE TO SEVERE:

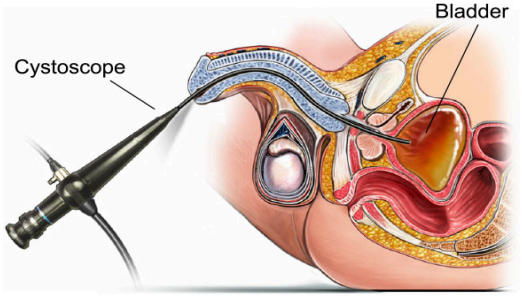
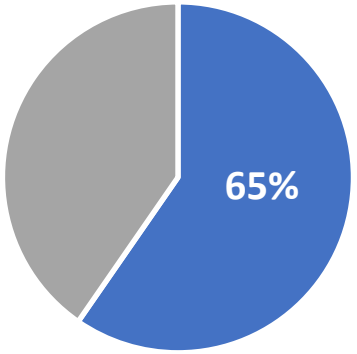
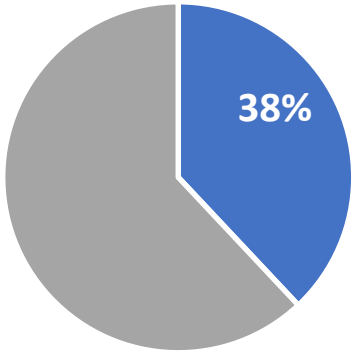


Figure 1
A flexible cystoscopy

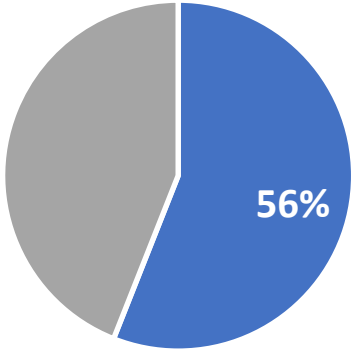
ANXIETY



PAIN



DISCOMFORT



PATIENT COMMENTS

- *"I recommend being put to sleep. Dealing with these while awake was horrible."*
- *"Asked doc for valium to relax, as anxiety is rampant and pain is terrible."*
- *"Avoid office cystoscopy and insist on procedure being done in the operating room under general anesthesia."*
- *"Cystoscopy has to be done under general anesthesia because it is so painful. Urination is extremely painful for two to three days afterwards."*
- *"How clean is the tool? I get a lot of infections post cystoscopy and TURBT."*
- *"Usually ends with an infection."*
- *"Barbaric. Needs to be a better and more comfortable process."*
- *"There has to be a better, non-invasive procedure. My urothelial passage has been destroyed, now have a suprapubic catheter."*

Source: **Daneshmand:** Bladder Cancer Advocacy Network patient survey, 2018, **UROLOGY TIMES, In press.**

CXBLADDER: FILLING AN UNMET CLINICAL NEED

The suite of non-invasive Cxbladder tests represents a paradigm shift in performance offering physicians, patients and payers significant increases in utility and outcomes

PROBLEM:

- Existing detection and management of UC involves expensive and invasive tests.
- Performance of the existing tests and procedures fall short of physicians' expectations.
- Lack of confidence in most widely used urine-based tests (eg, cytology, FISH).
- Some patients are unable to undergo standard work-up procedures.
- Less than 40% compliance in surveillance patients.

CXBLADDER:

- Accurate Objective Detection
- Reduces Invasiveness
- Confirms absence of UC with high NPV
- Effectively triages patients
- Replaces need for further adjunct urine-based tests in primary workup
- Clarifies atypical or equivocal results from other tests
- Changes Clinical Practice
- Promotes Efficient Health Care Delivery

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FY20 OUTLOOK

KEY OBJECTIVES GOWING FORWARD

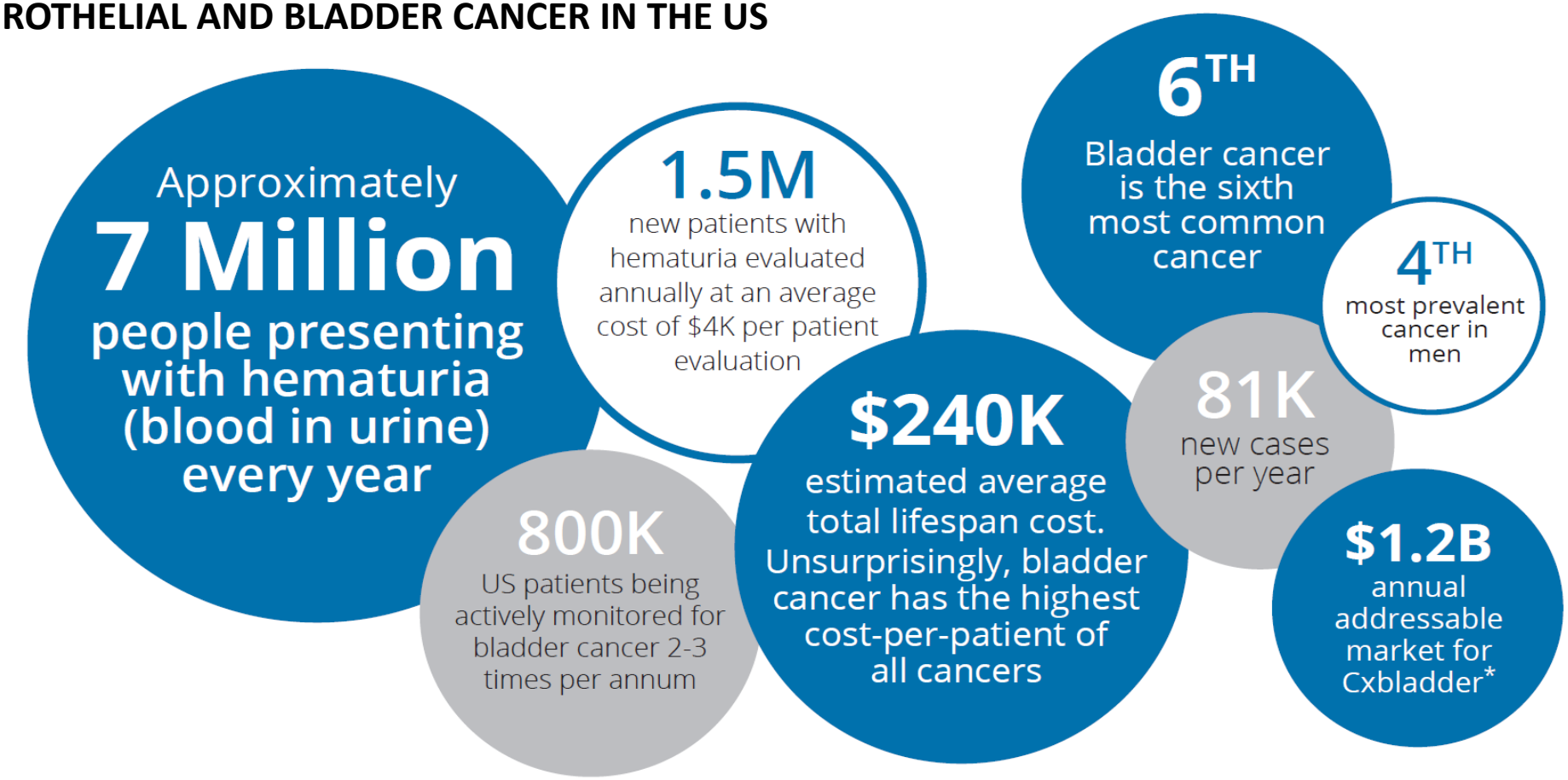
SUCCESS WITH THESE OBJECTIVES WILL ADD SIGNIFICANT GROWTH TO OUR BUSINESS:

- **GLOBAL REACH**: Grow the number of large institutional healthcare customers globally and build on initial sales to these organisations.
- **USA**: Successfully achieve the third and final USA reimbursement milestone to gain inclusion in the LCD, upsell additional Cxbladder tests to contracted customers, and build on initial sales to the VA and other organisations.
- **NEW ZEALAND**: Further accelerate the roll out of Cxbladder in New Zealand to obtain widespread contract coverage with public health care providers (DHBs), upsell additional Cxbladder tests to each of the contracted DHBs.
- **AUSTRALIA**: Replicate the successful NZ sales and marketing model in Australia to drive sales.
- **SE ASIA**: transition User Programmes in Singapore into commercial customers, and progress discussions with potential strategic partners in South East Asia.
- **TEST ADOPTION**: Increase the commercial adoption of Cxbladder in the USA, Australia and South East Asia markets by leveraging the clinical validation and commercial success of Cxbladder in New Zealand.
- **CLINICAL EVIDENCE**: Continue to build out the evidence portfolio to drive further positive reimbursement decisions and addition to international guidelines.

OUR PRIMARY FOCUS REMAINS THE USA MARKET

A SCALE OPPORTUNITY IN BOTH THE EVALUATION OF HAEMATURIA AND MONITORING FOR RECURRENCE

UROTHELIAL AND BLADDER CANCER IN THE US



*EY-Parthenon business review of the US market opportunity

POSITIVE GROWTH OUTLOOK FOR PACIFIC EDGE

FY20 expectations are for:

- Continued growth in commercial sales from new and existing customers.
- Demand from public healthcare providers in New Zealand to grow strongly and positively impact on laboratory throughput volumes.
- New Zealand business to be cashflow positive in FY20.
- Total operating expenses to remain in line with FY19.
- USA demand to be positively impacted from having national product specific CPT codes for Cxbladder and a national CMS reimbursement price in place.
- Compelling clinical evidence published in top tier international journals to facilitate test adoption, coverage and reimbursement in FY20.

Cxbladder is now covered in NCCN guidelines as an approved clinical intervention for high risk patients being monitored for recurrence with an expected pivotal impact on US commercial sales.

SHAREHOLDER DISCUSSION

BUSINESS OF THE MEETING

RESOLUTIONS

Resolution 1: That Chris Gallaher, who retires by rotation and is eligible for re-election, be re-elected as a Director of the Company.

Resolution 2: That David Levison, who retires by rotation and is eligible for re-election, be re-elected as a Director of the Company.

Resolution 3: That Sarah Park, who was appointed as a Director by the Board during the year, be elected as a Director of the Company.

Resolution 4: That John Duncan, who was appointed as a Director by the Board during the year, be elected as a Director of the Company.

Resolution 5: To record the re-appointment of PricewaterhouseCoopers as auditor of the Company and to authorise the Directors to fix the auditors' remuneration for the ensuing year.

Resolution 6: That the Company revoke its existing Constitution and adopt a new Constitution in the form and manner described in the Explanatory Notes, with effect from the close of the Annual Meeting.

PROXIES AND VOTING

We have received the following valid votes and proxies:

PROXIES AND POSTAL VOTES

		FOR	AGAINST	DISCRETIONARY	VALID VOTES/PROXIES RECEIVED	% OF TOTAL ISSUED CAPITAL
1	Re-election of Chris Gallaher	192,616,683	2,365,098	3,129,581	198,111,362	38.78%
2	Re-election of David Levison	192,758,126	2,223,655	3,129,581	198,111,362	38.78%
3	Election of Sarah Park	192,843,562	2,135,237	3,084,397	198,063,196	38.77%
4	Election of John Duncan	192,671,282	2,307,517	3,084,397	198,063,196	38.77%
5	Authorisation to fix the auditors' remuneration	194,677,638	349,327	3,084,397	198,111,362	38.78%
6	Adopt a new Constitution	194,401,312	23,060	3,129,581	197,553,953	38.67%

Voting instructions for those voting online are available at: http://www.linkissuers.co.nz/VirtualAnnualMeeting/OnlinePortalGuide.pdf

OTHER BUSINESS

CLOSE OF THE MEETING

Presentations are available at www.pacificedgedx.com

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