
satellos
REGENERATING MUSCLE FROM WITHIN™

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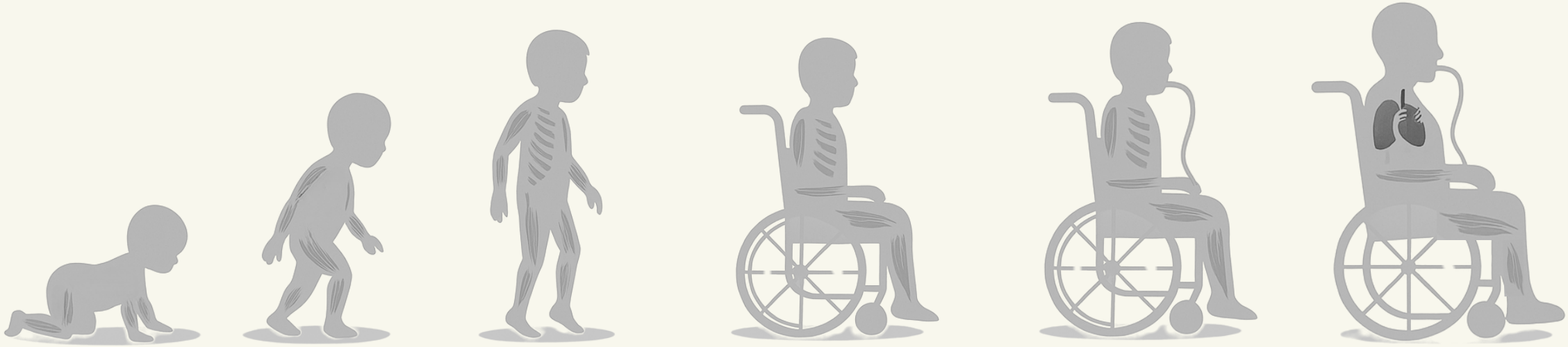
Satellos: Who We Are

- Scientific pioneers with a **disruptive** therapeutic approach to treating Duchenne muscular dystrophy (DMD)
- Novel drug candidate **SAT-3247** has been designed to repair and regenerate muscle damaged by disease
- Potential to become the 1st truly disease modifying treatment for DMD and other degenerative conditions

Investment Highlights:

✓ 1.	✓ 2.	✓ 3.	✓ 4.	✓ 5.
Blockbuster drug potential	**Start of Ph 2 trial imminent**	**Data catalysts over next 4 quarters**	**Well funded; elite investors**	**Accomplished team**

Rewriting the Duchenne Story



Muscle growth occurs
Muscle has functional capacity

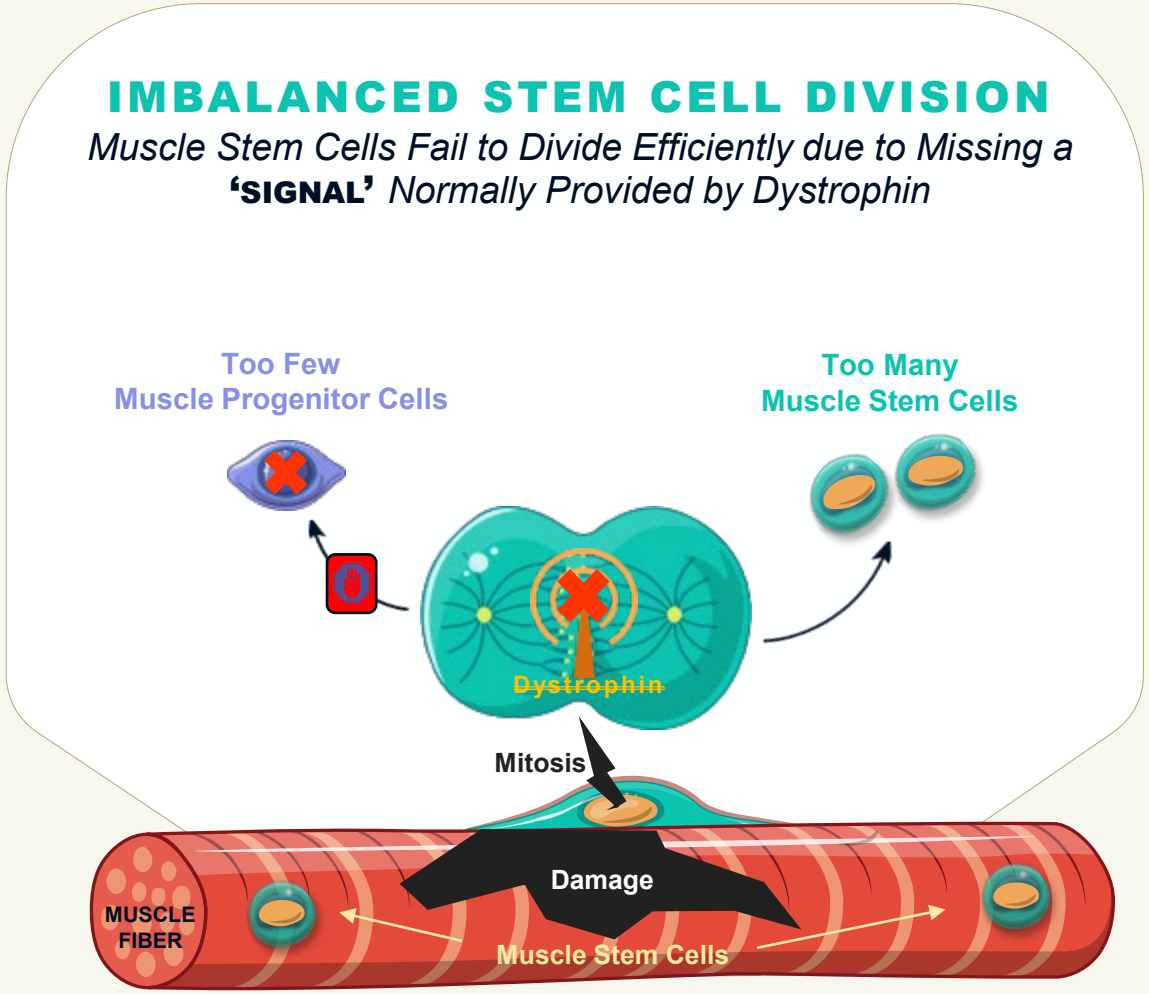
Tipping Point
Muscle loss > gains

Regeneration Fails
Muscle Progressively and Continuously Lost

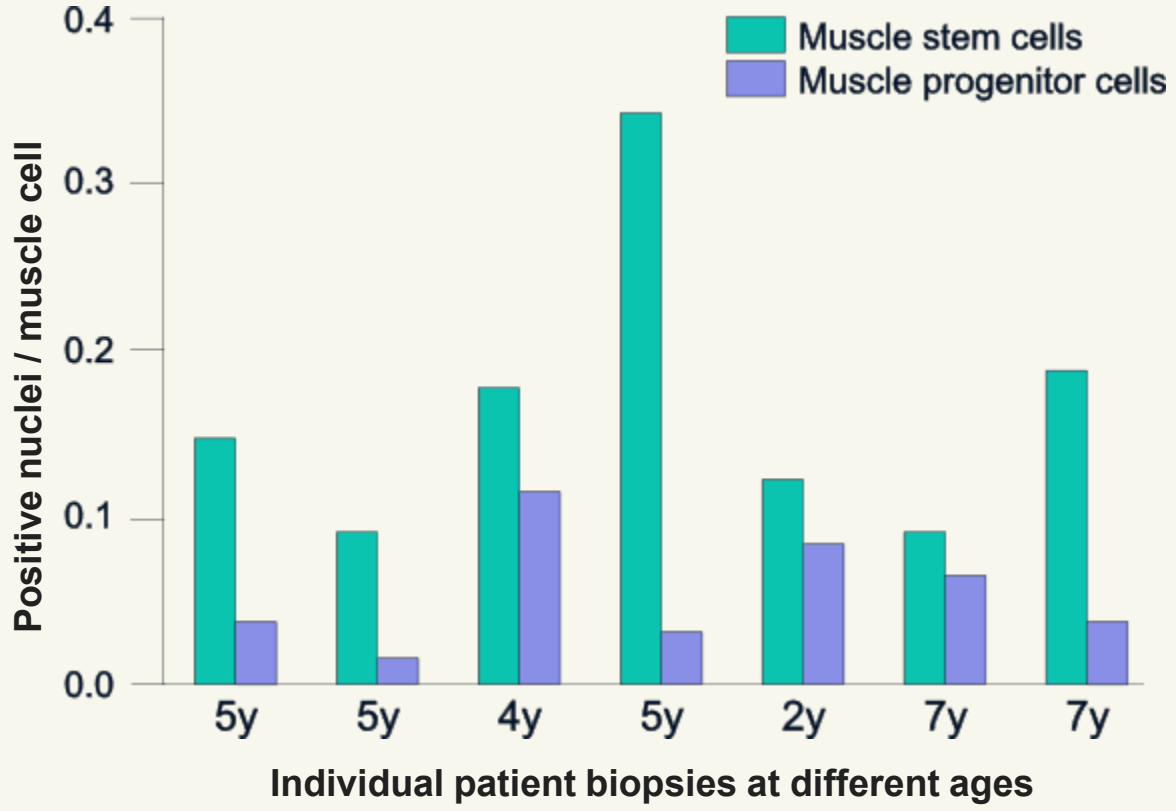
Satellos difference: We discovered why regeneration fails and how to reboot the natural process with an oral therapy, **SAT-3247**

- ☑ Oral tablet
- ☑ Once Daily
- ☑ Well tolerated
- ☑ Non-Invasive

Satellos Discovery: Regeneration Fails in DMD



Nicolas A. Dumont et al., Nature Medicine. 2015



Michael Kottlors et al., Cell Tissue Research. 2010

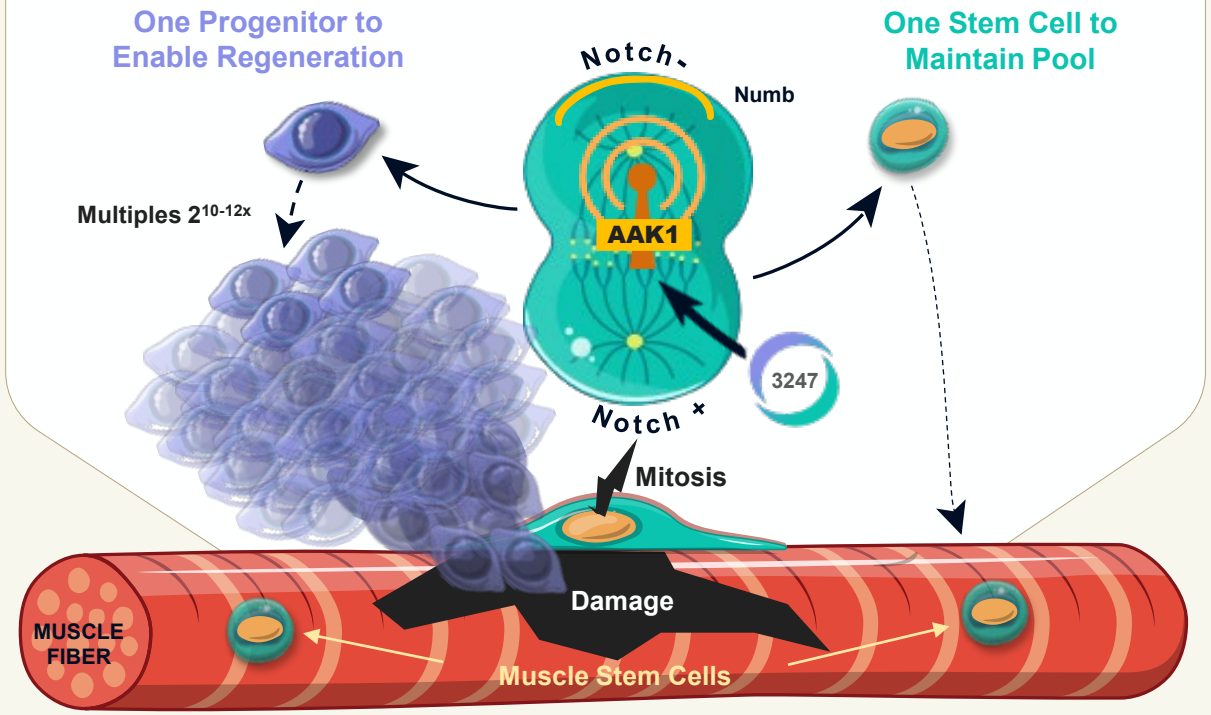
Satellos Solution: Restore Regeneration

SAT-3247 designed to safely restore process of regeneration in DMD

SAT-3247 is currently in a Ph 1 clinical trial in AUS and not approved for use in USA or elsewhere.

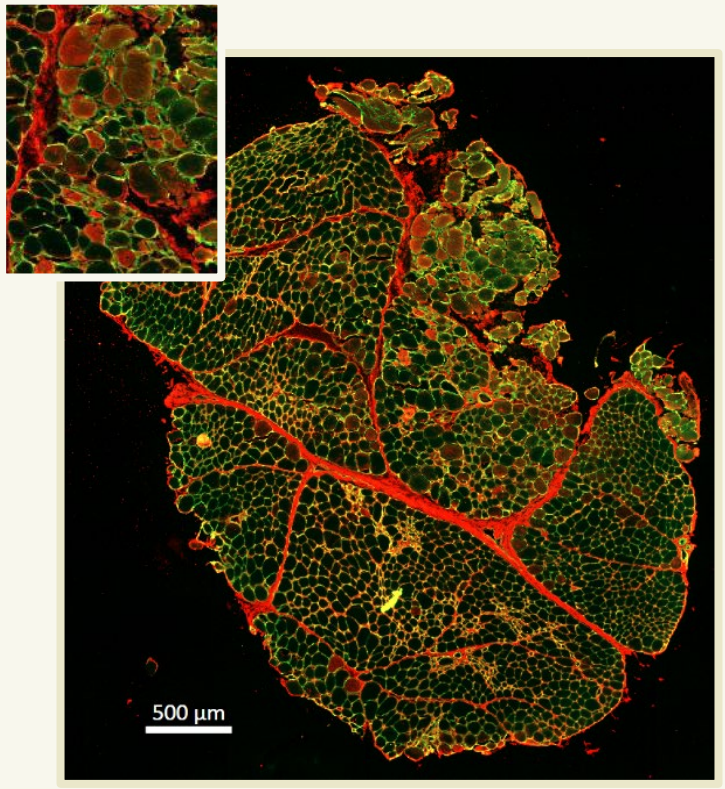
Restoring Muscle Regeneration with SAT-3247

SAT-3247 designed to replace the missing dystrophin **'SIGNAL'** *and reset balanced muscle stem cell divisions by inhibition of AAK1*

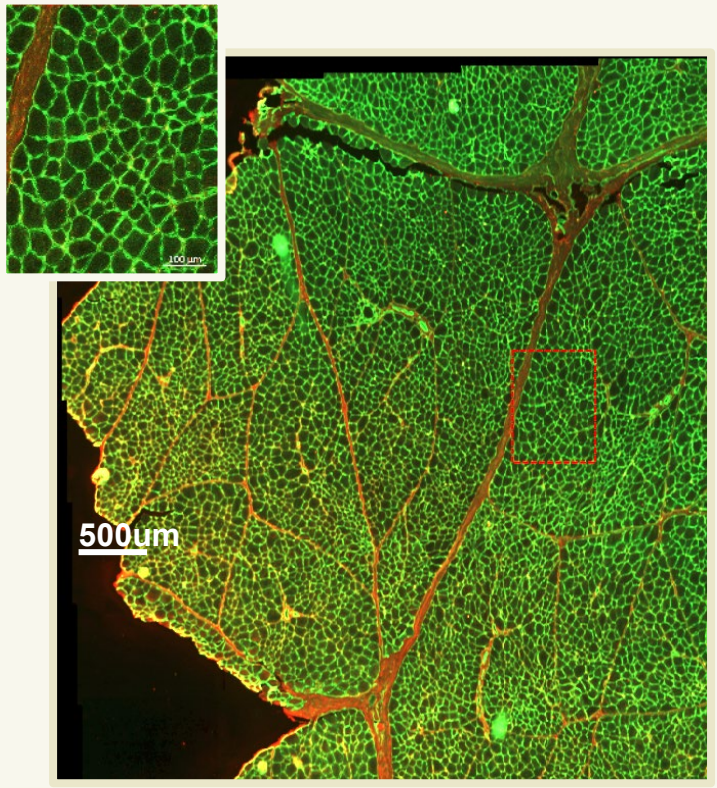


1. Notch signaling is a conserved pathway that regulates cell proliferation, cell fate, and differentiation.
2. Inhibiting AAK1 leads to inhibition of Numb at the apical pole, establishing a notch gradient across the satellite cell and restoring balanced stem cell divisions

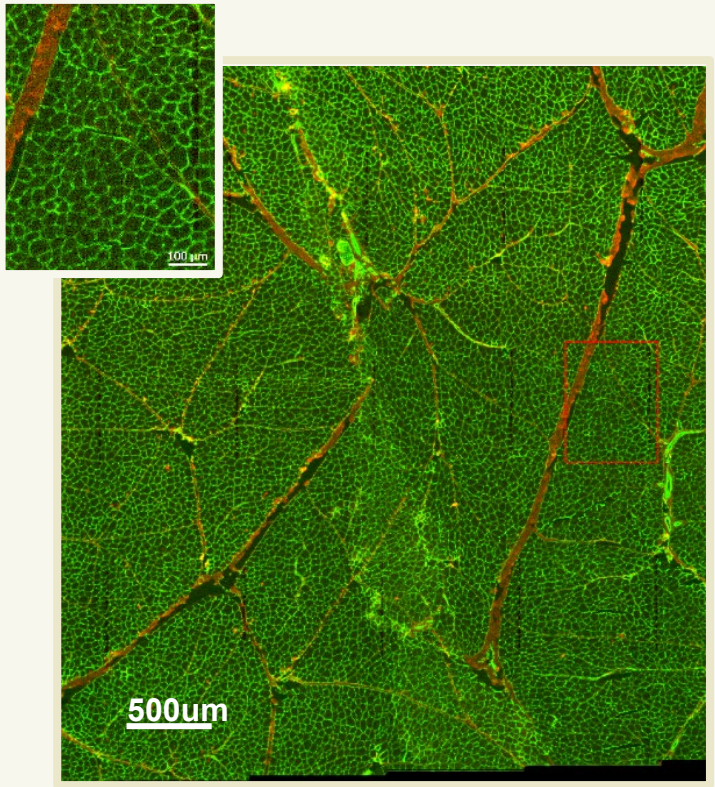
SAT-3247 Treatment Shows Muscle Regeneration in Canine Model of DMD



SAT-3247 Study
DMD Animal / Pre-Treatment
Bicep Femoris



SAT-3247 Study
DMD Animal / Post-Treatment
Bicep Femoris



Healthy Age-Matched
Non-DMD Comparator
Bicep Femoris

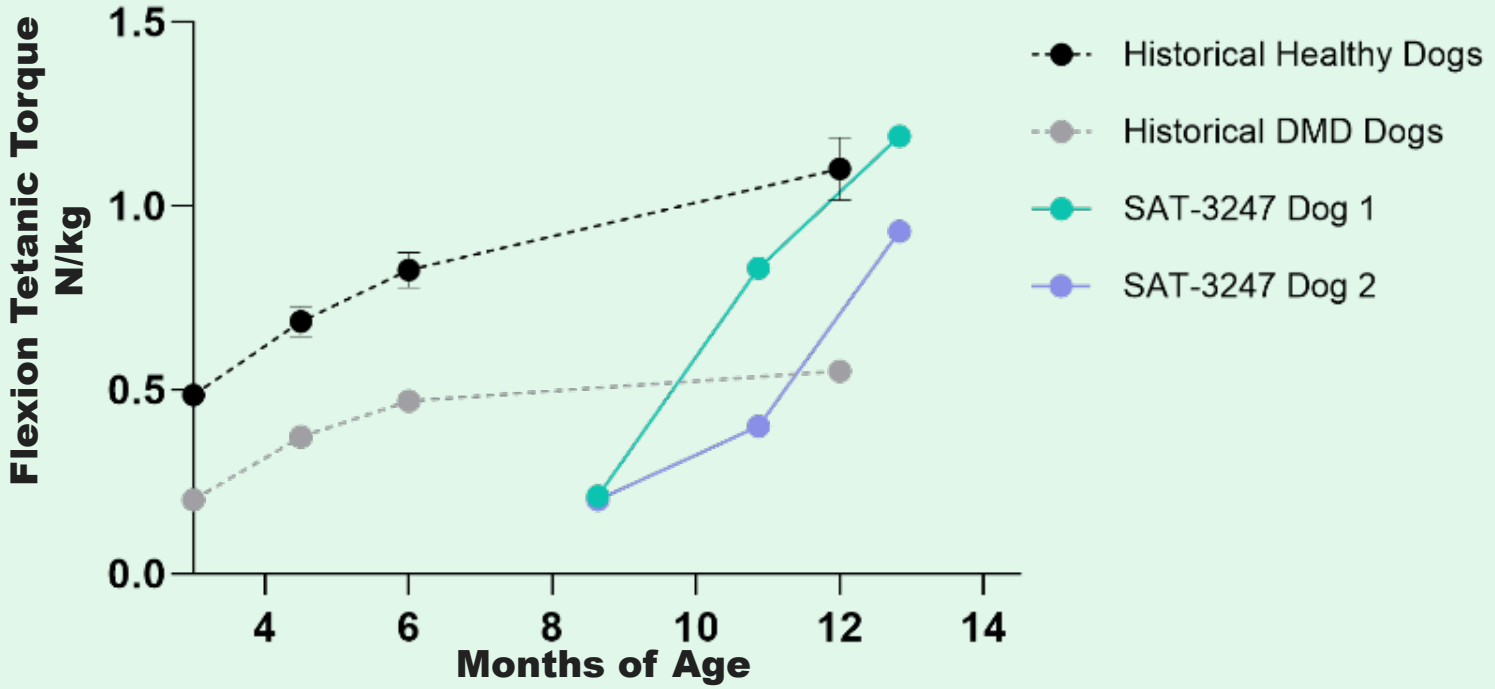
60 mg oral dose | 4x/wk | 4 months of treatment | ~9 – 13 months of age

SAT-3247 Treatment Restores Muscle Strength in Canine Model of DMD

Study Overview

- 2 DMD dogs: each ~9 mos. of age at start of study
- Oral dosing with **SAT-3247:**
  - 1x per day, 60 mg
  - 4 days on, 3 days off
  - 4 months of treatment
- Multiple measurements throughout
- Study terminated at 4 months

SAT-3247 treated vs. historical controls[1]



1. Kornegay, J.N., et. al., Journal of Neurological Sciences, 1999

Phase 1 Clinical Data

SAT-3247 Phase 1 First-in-Human Clinical Trial

Ph 1a: Healthy Volunteers (n=72)			Ph 1b: DMD Adults
SAD* Study	MAD* Study	Food Effect Study	28-day, Open-Label Study
▪ 10 - 400 mg ▪ 5 cohorts of 8 ▪ Single dose / 1 day	▪ 60 - 240 mg ▪ 4 cohorts of 8 ▪ Single dose / 7 days	▪ 150 mg ▪ 1 cohort of 8 ▪ Single dose / 1 day	▪ 60 mg daily dose, weekdays only for 4 weeks ▪ 5 patients enrolled and completed ▪ Age range 20 – 27, all on steroids

SAT-3247 was safe and well tolerated across Ph 1a & 1b studies

Endpoints

Primary (Ph 1a & 1b): Safety & tolerability [labs, vitals, ECG, physical exam]

Secondary (Ph 1a & 1b): Pharmacokinetic exposure (PK)

Exploratory (Ph 1b only): Grip/pinch strength, upper body effort, lung function (FVC), serum markers

**SAD: single ascending dose; *MAD: multiple ascending dose.*

SAT-3247: Safe and Well-Tolerated in Phase 1 with Desired PK Profile

Safety Summary

AE Category	Part A (n=30)	Part B (n=24)	Part C (n=12)	Part D (n=5)
Any TEAE	9	18	4	4
Any related TEAE	1[a]	2[b]	0	2[d]
Any serious TEAE	0	0	0	2
Any related serious TEAE	0	0	0	0
Any TEAE leading to withdrawal	0	1[c]	0	0
Any TEAE leading to death	0	0	0	0

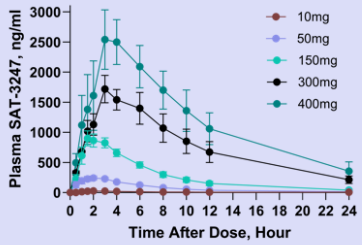
[a] Mild nausea/abdominal pain (resolved)
[b] Mild somnolence (resolved), mild abdominal pain (resolved)
[c] Covid-19 (unrelated, resolved)
[d] Mild nausea (resolved), elevated ALT ((ref range (5, 40) – baseline(29), day 28(47) - resolved))

Key Demographics

Characteristic	Part A/C (n=40)	Part B (n=32)	Part D (n=5)
Age at screening (years)			
Mean	33.2	37.5	23.4
SD	12.7	15.1	2.7
Min, Max	20, 65	18, 64	20, 27
Sex at birth n (%)			
Female	23 (57.5)	7 (21.9)	0
Male	17 (42.5)	25 (78.1)	5 (100)
Weight at screening (kg)			
Mean	74.39	76.98	51.72
SD	15.23	13.89	12.19
Min, Max	47.6, 107.1	50.6, 105.3	36.3, 65.3
Concomitant steroid use n(%)	N/A	N/A	5 (100)
Concomitant exon skipping n(%)	N/A	N/A	0

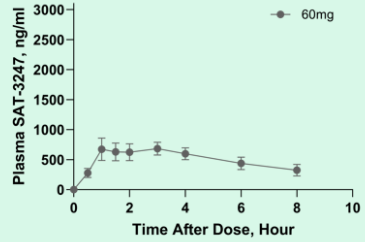
Pharmacokinetic Profiling

Healthy Volunteers



✓ Dose proportional exposure levels
✓ Drug clearance within 24 hours

Adult Duchenne

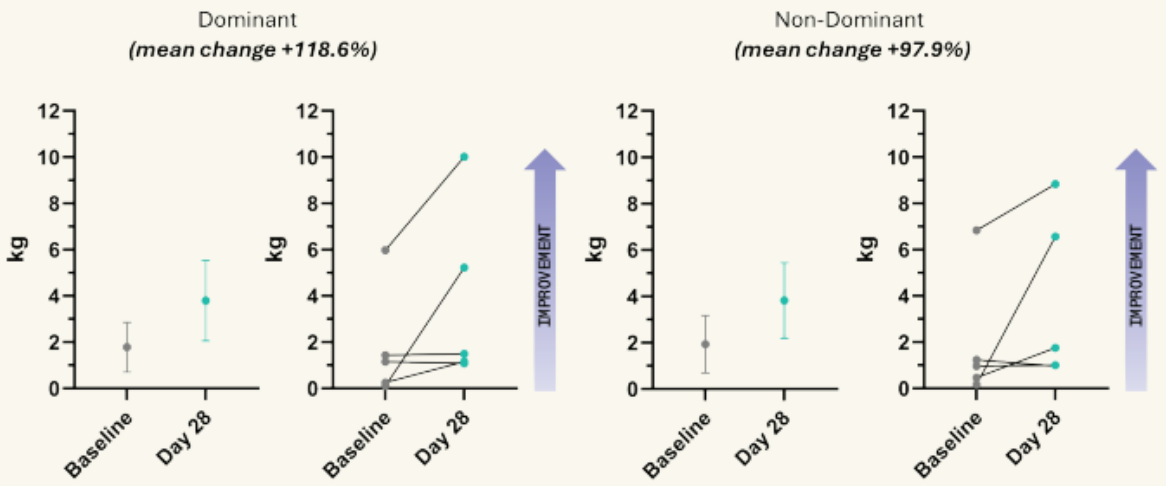


✓ Desired exposure met in patients

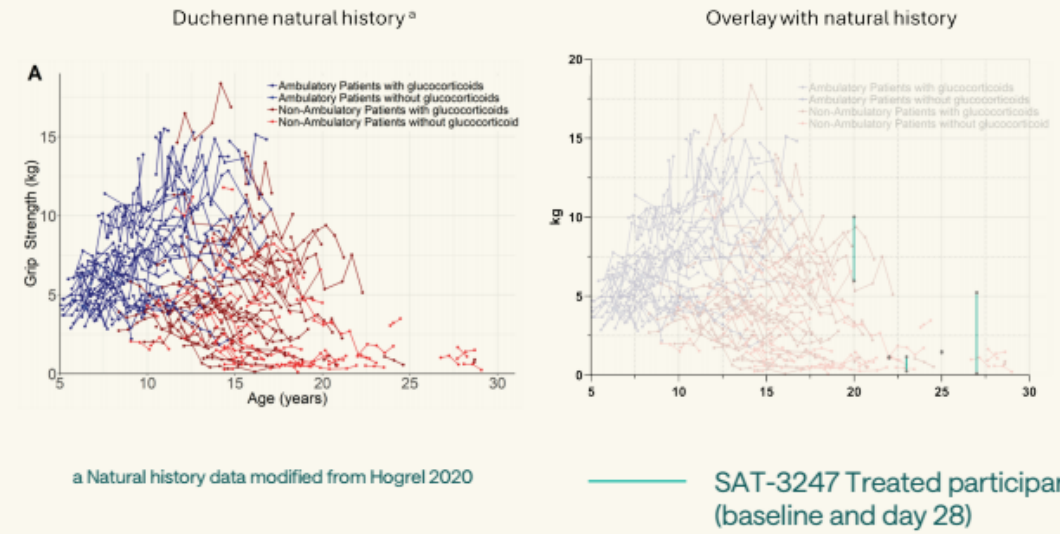
SAT-3247: 118.6% Increase in Grip Strength in DMD Adults

Results exceed natural history comparators

MAXIMUM GRIP STRENGTH



MAXIMUM GRIP STRENGTH VS NATURAL HISTORY



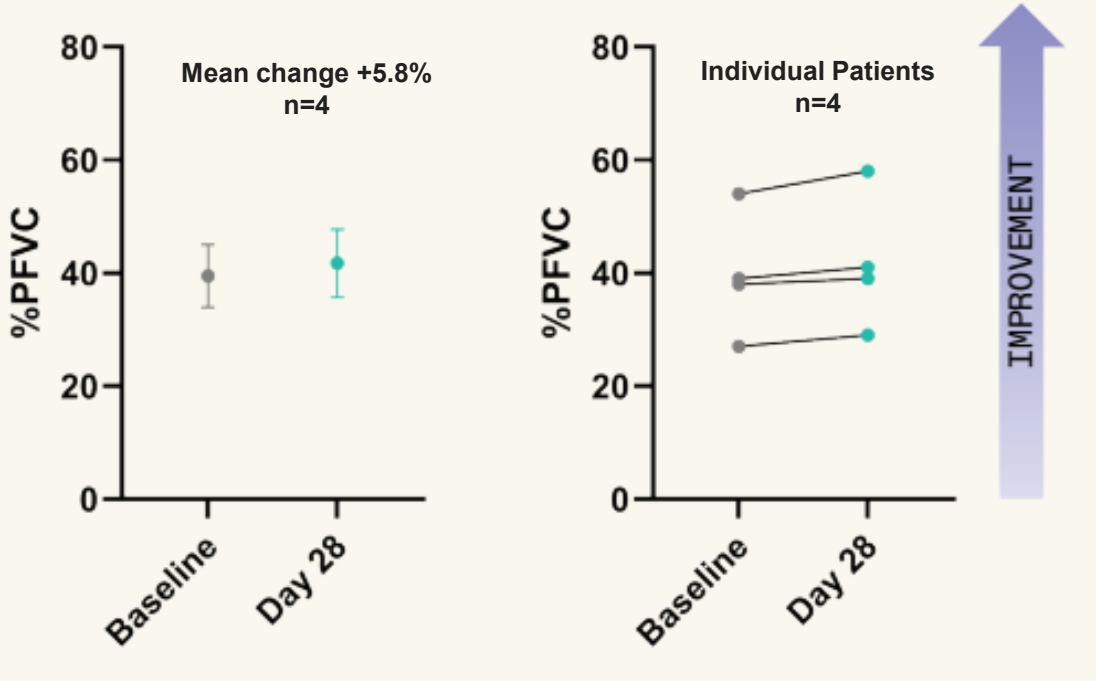
a Natural history data modified from Hogrel 2020

SAT-3247 Treated participants (baseline and day 28)

- **118.6%** increase represents a doubling in grip strength across 5 participants
- Improvement with SAT-3247 beyond what is reported for natural history
  - *consistently below 10 kg after age 20 years and below 5 kg after age 25 years*
- Results with SAT-3247 also beyond what is reported for measurement variability of ~20%
- Grip strength highly correlated between dominant and non-dominant hands

SAT-3247: 5.8% Increase in FVC in DMD Adults

% Predicted Forced Vital Capacity (FVC)



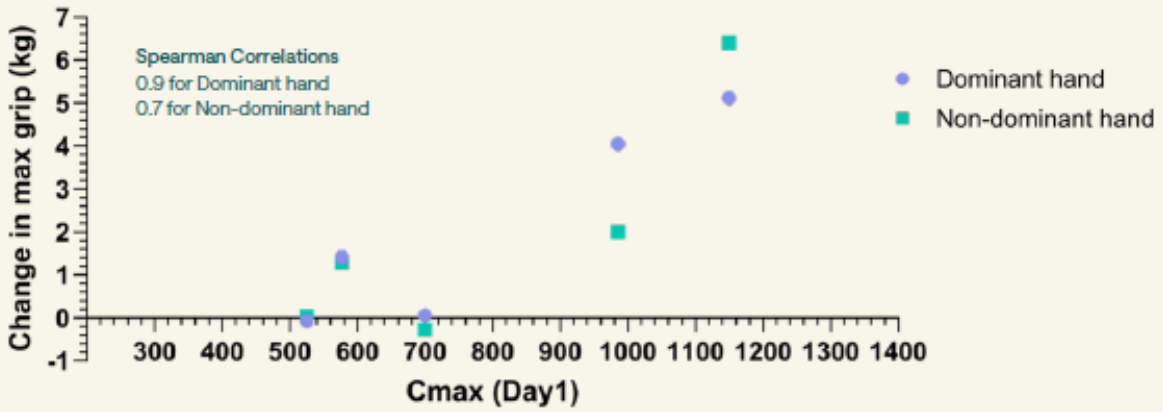
- **5.8%** benefit observed in FVC in 28 days
- Consistent benefit observed across participants (n=4)[1]

- **For context:** The minimum clinically important difference (MCID) in FVC is 4% on an annual basis

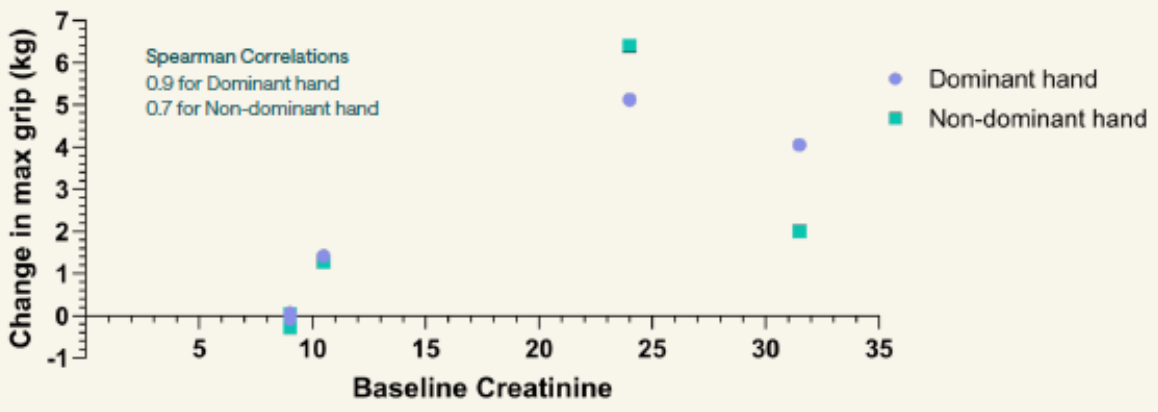
1. One patient unable to attempt FVC testing due to an arising medical issue unrelated to SAT-3247

Grip Strength Improvements Correlate with Cmax and Creatinine Levels

MAXIMUM GRIP STRENGTH VS CMAX



MAXIMUM GRIP STRENGTH VS BASELINE CREATININE



- Greatest improvements in grip strength occurred in participants with:
  - highest Cmax on Day 1; and
  - highest baseline creatinine (surrogate marker for muscle mass)

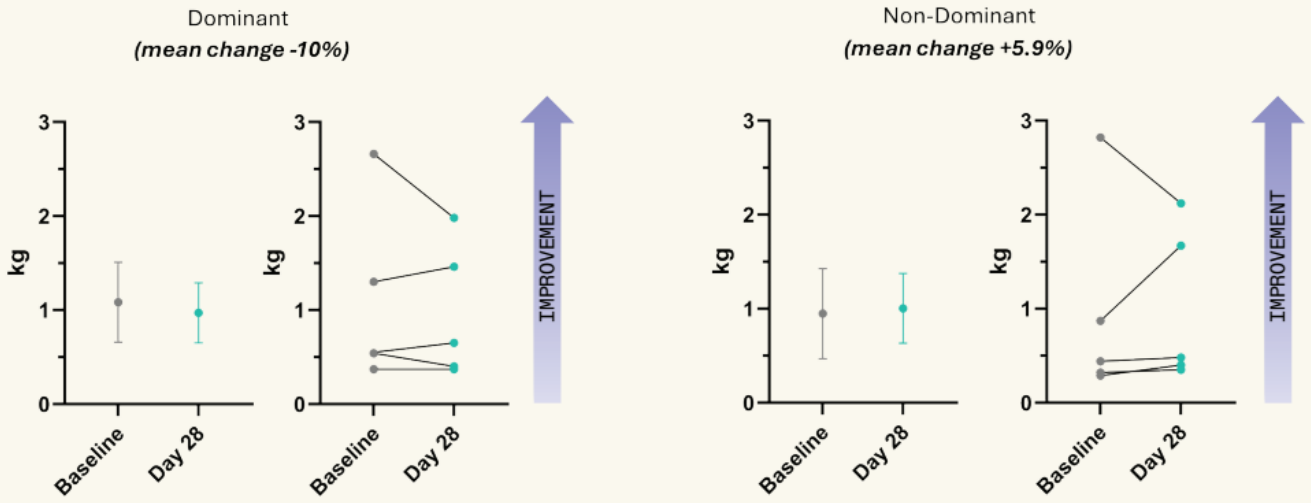
Other Measures in Phase 1b Appeared Stable with No Consistent Trends

SYDE DEVICE DATA AT DAY 28

Participant	Maximum Effort	Mean_norm_gyr_99	Vertical Amplitude	Movement Duration
112-001	-2.11	2.08	2.25	-6.93
112 003	13.98	3.51	-3.18	-3.55
112-008	-10.66	-1.94	-3.58	-5.65
112-009	17.34	1.19	0.49	6.31
112-010	-16.71	0.12	-6.01	-5.13

(% Change from baseline)

MAXIMUM PINCH STRENGTH



- No consistent trend of benefit across participants with Syde or Maximum Pinch Strength

Inside Satellos

Future plans and the team executing them

SAT-3247: Clinical Trial Program Milestones

LT-101
Ph 1b Adults
Up to 20 participants
11-month Study

Q4 2025	Q1 2026	Q2 2026
LT-001 Start-up: • Dose returning patients • Enroll additional patients	**3-month data update:** • Grip strength and FVC • Biomarkers	**6-month data update:** • Muscle MRI • Grip strength and FVC • Biomarkers

CL-201
Ph 2 Pediatrics
Placebo Controlled
51 Participants
~ 25 sites

Q4 2025	Q1 2026	Q2 2026
CL-201 Start-up: • Global approvals • Clinical site initiations • First-patient dosing	**Q1 2026 News Flow:** • Recruitment update • Update on study timing	**Q2 2026 News Flow:** • Recruitment update • Interim data readout

Management Team

Frank Gleeson, MBA
Co-Founder & CEO

Biotech entrepreneur with 20+ company launches, $500M+ in financings and exits, and leadership roles at Verio (sold to Fate), CPDC, FACIT, MDS Proteomics, and MDS Capital Corp.

Liz Williams, CPA, CA
Chief Financial Officer

CPA with 20 years of biotech finance experience. Former CFO of Medicenna (led TSX and Nasdaq uplistings) and senior finance roles at Aptose Biosciences.

Wildon Farwell, MD
Chief Medical Officer

Neuromuscular disease expert with 10+ years in clinical development. Former CMO at Dyne and VP at Biogen, where he led development of SPINRAZA®, the first FDA-approved SMA therapy.

Philip Lambert, PhD
Chief Scientific Officer

Neuroscientist with 25+ years of drug discovery experience. Advanced 20+ therapies into the clinic and co-founded companies acquired by GSK and Charles River.

Courtney Wells
SVP Clinical Development Operations

Clinical operations leader with 20+ years in drug development. Contributed to four approved therapies, including Zolgensma® for SMA and Emflaza® for Duchenne.

Ryan Mitchell, PhD
SVP Scientific and Medical Affairs

Scientist and biotech executive with 13 years' experience. Former consultant at Bloom Burton and group leader at McMaster, with publications in *Nature* and *Cell*.

Desiree Chan
Chief of Staff

16+ years supporting executives and leadership teams. Formerly at Shopify and in philanthropy with Canadian Stage, University of Toronto, and Victoria Symphony.

Michael Rudnicki, PhD, OC, FRS, FRSC
Co-Founder & Chief Discovery Officer

World-renowned authority on muscle stem cells with 25+ years of research. Discovered dystrophin's role in muscle stem cell polarity, redefining Duchenne as a disease of failed regeneration. Fellow of the Royal Society and Officer of the Order of Canada.

Reimagine

how muscle degeneration is treated.

Regenerate

with small molecule medicines.

Realize

the next horizon to improve lives.