

REPROGRAMMING IMMUNITY TO DEFEAT CANCER



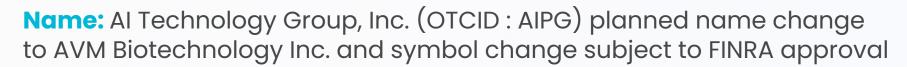
FORWARD LOOKING STATEMENT

This contains certain statements that constitute "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. These statements do not relate strictly to historical or current facts and they may be accompanied by words such as "could," "would," "may," "potentially," "suggest," "believes," "expects," "should," and similar words or expressions. These forward-looking statements reflect our current views as of the date this is published, and are subject to risks, uncertainties, assumptions, changes in circumstances, and other factors; drug development and commercialization are highly risky and early clinical results in animals or humans may not reflect the full results from later stage or larger scale clinical trials. These forward-looking statements are subject to risks and uncertainties that could cause our actual results, performance, and expectations to differ materially from those expressed or implied by these statements, including statements about: future and ongoing drug development and timing; the applications of drugs to specific diseases; the potential for ongoing preclinical or clinical trial results; FDA or other regulatory findings and approvals; potential market opportunities; and the occurrence of future events or circumstances. There are risks and uncertainties involving and not limited to our ability to progress in our research and development efforts, complete clinical testing, achieve our expected results, commercialize our products, avoid infringement of patents, trademarks and other proprietary rights of third parties, protect products from competition, navigate the political environment, maintain sufficient capital and funding, avoid problems with our manufacturing processes, maintain our operations, and obtain regulatory approval to sell and market the drugs in the United States and elsewhere. The reader should not place any undue reliance on such forward-looking statements. We have no obligation to release publicly the results of any revisions to any of our forward-looking statements to reflect events or circumstances after the date these statements are made or to reflect the occurrence of unanticipated events, except as may be required by law.

CORPORATE SNAPSHOT

AVM Biotechnology, Inc. (NV) merging with AI Technology Group, Inc. (OTCID: AIPG) and has entered into a Definitive Agreement to merge with AVM Biotechnology, Inc. (WA)

Filing Form 10 and Audited financials for fully reporting status



Focus: Reprogramming immune function to treat cancer, infectious disease, and inflammation

Flagship Therapy: AVM0703 — a novel formulation targeting AVM-NKT cell activation

Stage: FDA IND-cleared; active in late-stage oncology & early-stage immunology pipelines

IP Position: Strong patent estate; protected formulation & mechanism

Scientific Founder: Dr. Theresa Deisher, PhD — global expert in stem cell biology & immunology





CURRENT FINANCING & STRUCTURE

Signed Definitive Merger Agreement with AI Technology Group (OTCID: AIPG) on July 31, 2025

Financing: Up to US\$30.0 million priced at US\$2.50/Unit – Minimum US\$14.0M

Post Money Share Capital

	Restricted (Min. \$14M)	Restricted (Max. \$30M)	Free	Total	Funds	Price/Share	% (Min. \$14M)	% (Max. \$30M)
Current Issued and Outstanding	29,562,108	29,562,108	41,305	29,603,413			35.5%	32.9%
AVM Biotechnology Merger Shares	48,300,000	48,300,000		48,300,000			57.9%	53.7%
Minimum of \$14.0M Private Placement	5,600,000			5,600,000		\$2.50	6.7%	
Fully Subscribed \$30.0M Private Placement		12,000,000		12,000,000		\$2.50		13.4%
Total (Min. \$14M)	83,462,108		41,305		\$14,000,000		100%	
Total (Max. \$30M)		89,862,108	41,305		\$30,000,000			100%



THE ONCOLOGY CHALLENGE

Why today's treatments aren't enough.

Immune depletion remains a critical barrier in treating relapsed and refractory cancers.

Conventional therapies suppress the immune system, limiting long-term effectiveness. Current
immunotherapies
benefit only a
subset of patients,
often with high
toxicity



T-cell exhaustion and off-target effects remain unsolved problems. There is a need for therapies that restore immune surveillance while minimizing damage to healthy cells.

A GAME-CHANGER IN CANCER TREATMENT

Introducing a next-generation cancer therapy showing remarkable safety and effectiveness in some of the toughest cancers — including relapsed/refractory non-Hodgkin's lymphoma, glioblastoma, pancreatic, and more.



Mobilizes the body's own immune system

– not chemotherapy, not radiation.



Works across
24+ cancer types,
including solid
tumors with no good
options today.



Well tolerated even by frail patients; minimal side effects, no hair loss or nausea.

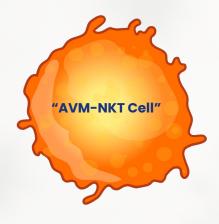


Simple I-hour outpatient infusion.



MECHANISM OF ACTION: SELECTIVE IMMUNE REPROGRAMMING

Traditional cancer drugs target specific mutations — this one **activates** a unique immune response not used by any other drug on the market.



Engages rare supercharged immune cells your body already has.



Restarts the immune system, making patients eligible again for therapies that previously failed.



No toxic payloads, no immune system burnout.



SEEING IS BELIEVING...

COMPASSIONATE USE PROGRAM

Treating Multiple Types of Cancer

CARCINOMA EXAMPLE INFUSION WITH AVM0703

PRIOR TO AVM0703 TREATMENT:

- Patient was inoperable, chemoineligible, no standard of care cancer option
- Patient could not see out of left eye or hear out of left ear

No-option 84-year-old central nervous system squamous cell carcinoma (HNSCC) patient received 2 doses at 18 mg/kg followed by a single pembrolizumab infusion with almost complete response as of April 11, 2022.

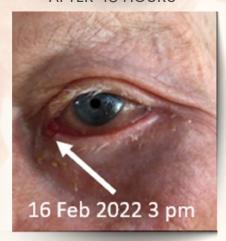
SIGHT AND HEARING BOTH RESTORED AFTER TREATMENT

Rapid response against solid tumors

PRE-INFUSION



AFTER 48 HOURS



AFTER 75 MINUTES



AFTER 7 WEEKS



HNSCC patients have never been reported to have even partial response to Pembrolizumab (KEYTRUDA*), before at least 3 cycles of infusions. (**Bauml J, et . al.** 14, May 10, 2017, J Clin Oncol, Vol. 35, pp. 1542-1549).

PHASE II HUMAN CLINICAL TRIAL UNDERWAY

for treatment of Leukemia and Lymphoma

When a patient is treated with AVM0703, supercharged immune cells (AVM-NKT) are induced and mobilized to seek

out and destroy abnormal cells.



READY FOR THE NEXT STAGE

This therapy is not early-stage science — it's:

1)

In **Phase 2 trials** with strong FDA alignment.

2

Showing offlabel success in over 20 different cancers. 3

Scalable and shelf-stable, with manufacturing already proven by a Big Pharma partner. 4

Protected by a global patent portfolio through 2040.

REVENUE POTENTIAL THAT RIVALS BLOCKBUSTERS

INITIAL TARGET MARKET

Relapsed/Refractory Non-Hodgkin's Lymphoma

~ 109,000 patients annually in the United States

Each receives ~2 infusions at \$20,000 per infusion

TOTAL ADDRESSABLE MARKET/YR (\$USD)

\$4.36B

MARKET PENETRATION

10% Market Share

50% Market Share

90% Market Share

\$436 million

\$2.18 billion

\$3.92 billion

EXPANSION

Addressable market could grow **4x** with use in non-R/R NHL and other cancers

\$10B+

"With FDA-aligned Phase 2 trials and broad off-label relevance, AVM0703 could follow the same blockbuster trajectory — and do so faster, with fewer side effects."



PROVEN ONCOLOGY PATHS TO BILLIONS

Successful cancer drug approvals often lead to multi-billion-dollar acquisitions or market cap surges. AVM0703's profile mirrors several of these breakout stories:

Company	Drug	Target Indication	Peak Sales (\$US)	Exit Valuation / Market Cap	
⊗Seagen [®]	Brentuximab	R/R Lymphomas	~\$1.3B	Acquired by Pfizer for \$43B (2023)	
MERCK	Keytruda	Multiple cancers (PD-1)	\$25B+ (2024)	Added >\$100B in market cap over 5 years	
Spharmacyclics ® An AbbVie Company	Imbruvica	B-cell cancers	~\$9.5B (ABBV)	Acquired by AbbVie for \$21B (2015)	
AVM BIOTECHNOLOGY	AVM0703	R/R NHL + 20+ cancers	\$3-10B (model)	Positioned for major pharma partnership	

Why This Matters for Investors:

- High unmet need + superior safety profile = ideal conditions for rapid adoption
- Small molecule, low-cost platform means scalable global rollout
- Breakout oncology assets routinely command 10x-50x return on pre-approval valuations





MANAGEMENT



Theresa A. Deisher, Ph.D.

Founder, AVM Biotechnology

- Renowned expert in stem cell biology and immunology
- Over 30 years in pharmaceutical R&D (Amgen, Genentech, ZymoGenetics)
- Inventor on over 40 patents
- Pioneer in ethical biologics and immunotherapy innovation
- PhD in Molecular and Cellular Physiology from Stanford University



WHY IS THIS THE MOST RELEVENT CANCER TECHNOLOGY IN THE WORLD TODAY?

Unmatched Therapeutic Promise

- Potentially effective across all cancer types
- ✓ **Enhances,** not replaces, existing standards like chemo and radiation
- ✓ Exceptionally safe with minimal side effects even in frail patients

Strategic Market

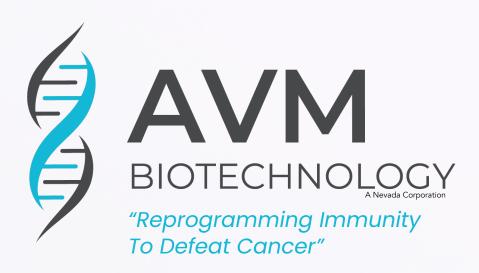
- Addresses a high unmet clinical need
- ✓ Massive addressable market with clear demand signals
- Protected by global patents through 2040

De-risked & Scalable

- ✓ FDA fast-track pathway with strong agency relationship
- ✓ Phase II human trials underway with best-in-class survival in R/R NHL
- Resource-efficient route to commercial sales

Operational Advantages

- Low-cost, fast manufacturing
- ✓ Shelf-stable no cold chain required
- Ready to scale with pharma partnerships



THANK YOU

investor@avmbio.com

