



OBIS Financial & Strategic Investment Series – 2027

LPS™ Commercial & Health-Economic Case – 2027

Commercial Reference Scenarios,
Respiratory Burden and System-Level Value

OBIS Innovation & Solutions Inc.

PUBLIC INVESTOR MATERIAL

Executive Commercial Case

The 2027 LPST™ investor case presents a forward-looking commercial and health-economic scenario framework for the international investment cycle, while preserving technical confidentiality and maintaining clear separation among market penetration, clinical eligibility and system-level value.

2027 CASE DEFINITION

LPST™ is presented as an investigational respiratory protection program with a dual value proposition: enterprise-scale commercial potential and potential health-system cost offsets if safety, efficacy and real-world utilization are ultimately demonstrated and regulatory requirements are met. No enabling formulation information is disclosed.

Core 2027 investment logic

- Commercial scenario architecture. The 2027 U.S. model examines 6%, 12% and 24% penetration of the total U.S. population as market-scale scenarios—not the population age 65+ as the denominator.
- Scenario scale. At 6% penetration, the model corresponds to approximately 20.04 million users and approximately US\$3.01B in gross revenue under the stated unit-economics assumptions.
- Priority impact context. Adults age 65+ and other high-risk respiratory populations remain strategically important impact groups, but they are analytically separate from the total-market denominator.
- Unit-economics discipline. The 2027 framework uses a modeled US\$150 unit price, a US\$90 cost/partner allocation per unit (60% of price), 5% administrative cost and 21% modeled tax for scenario analysis; these assumptions remain subject to commercial, contractual, manufacturing and professional validation.
- Health-economic discipline. The 2027 system-value model evaluates potential savings through avoided utilization and treatment burden, with all outputs conditional on validated clinical effect, current cost inputs and overlap controls.

Modeled U.S. population baseline	Priority subgroup	6% scenario users	6% gross revenue
334.0M	Age 65+ / high-risk respiratory populations	20.04M	US\$3.006B

*2027 scenario model; not current sales, audited financial results or guaranteed performance.

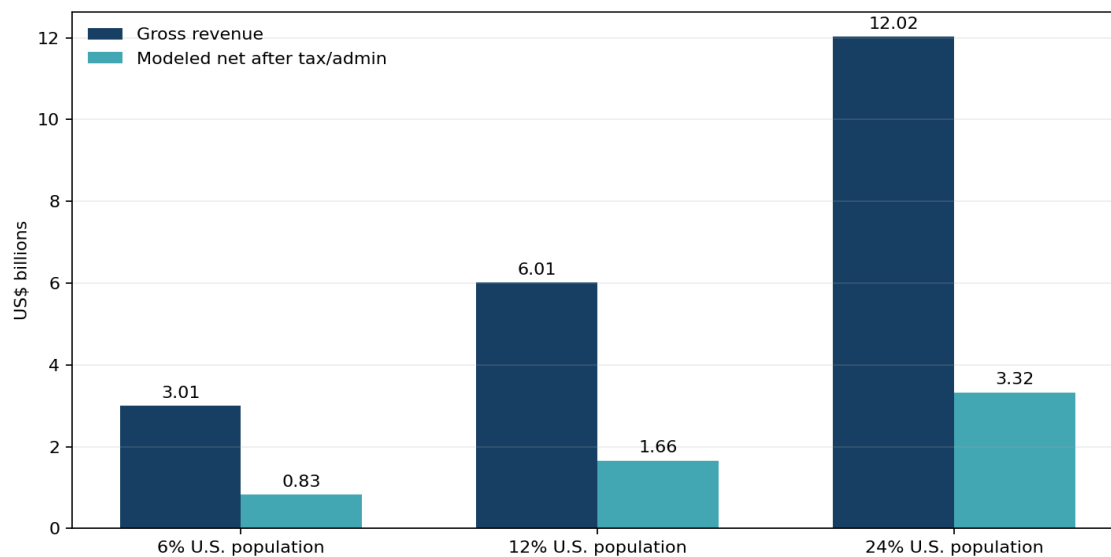
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U.S. Commercial Scenarios – 2027 Framework

Forward-looking market penetration framework using total U.S. population as the commercial denominator.



LPS™ U.S. Commercial Scenarios – 2027



Penetration	Users	Gross revenue	Modeled net	Interpretation
6%	20.04M	US\$3.006B	US\$0.831B	Entry-scale scenario
12%	40.08M	US\$6.012B	US\$1.662B	Scaled adoption scenario
24%	80.16M	US\$12.024B	US\$3.325B	High-penetration sensitivity

INTERPRETATION These values are presented as commercial scale scenarios for the 2027 investment cycle. They illustrate market-scale sensitivity under the stated model assumptions and do not constitute a launch-year sales forecast, current sales, audited financial results, clinical eligibility or guaranteed adoption.

Market Denominator & Priority Impact Context

The commercial denominator is total U.S. population; priority subgroups and clinical eligibility are separate analytical layers.



2027 Market-Denominator Logic

TOTAL U.S. POPULATION
Commercial penetration denominator

PRIORITY IMPACT SUBGROUPS
Older adults and high-risk
respiratory populations

CLINICAL ELIGIBILITY
Determined by evidence, indication and regulatory pathway

Market penetration, impact priority and clinical eligibility are separate analytical layers.

WHY THE DISTINCTION MATTERS

The 6% commercial scenario is calculated against total U.S. population.

Adults age 65+ and other high-risk groups are strategically important for impact analysis, but they are not the denominator of the 6% market scenario.

A 20.04M-user commercial scenario therefore does not imply 20.04M older-adult users.

Investor materials should keep market penetration, clinical eligibility and vulnerable-population impact as separate analytical layers.

2027 market logic

- The 6%, 12% and 24% scenarios are population-penetration sensitivities designed to illustrate scale rather than to define clinical eligibility.
- Adults age 65+ remain a strategic priority subgroup because respiratory morbidity and severe outcomes are concentrated disproportionately in older and medically vulnerable populations.
- Clinical eligibility, treatment frequency and adoption must ultimately be determined by indication-specific evidence, regulatory pathways and commercial execution.

Respiratory Market & System-Burden Context

The LPSTTM value thesis is relevant across chronic and acute respiratory burden categories, while disease burden is not treated as equivalent to addressable market.

Condition / category	Burden lens	Selected utilization / outcome	Investor reading
Asthma	Chronic airway disease burden	Exacerbations, ED visits, hospitalizations, treatment burden	Large chronic respiratory opportunity
COPD	Chronic high-risk respiratory burden	Exacerbations, admissions, oxygen/medication burden	High-cost severe-disease segment
Cystic fibrosis	Chronic high-burden respiratory disease	Exacerbations, hospitalizations, intensive treatment burden	High-cost specialized-care segment
Influenza	Seasonal and pandemic respiratory burden	Illness, hospitalization, mortality, productivity loss	Recurring population-scale burden
COVID / long COVID	Persistent viral and post-viral burden	Acute care, hospitalization, chronic follow-up	Ongoing system-level impact
Respiratory infections / pneumonia	Age- and risk-concentrated burden	Emergency care, hospitalization, severe respiratory outcomes	Priority vulnerable populations

NON-ADDITIVITY RULE

Disease categories, utilization events and patient groups can overlap. Burden indicators must not be added mechanically or converted directly into LPSTTM users. The health-economic model requires overlap controls and indication-specific validation.

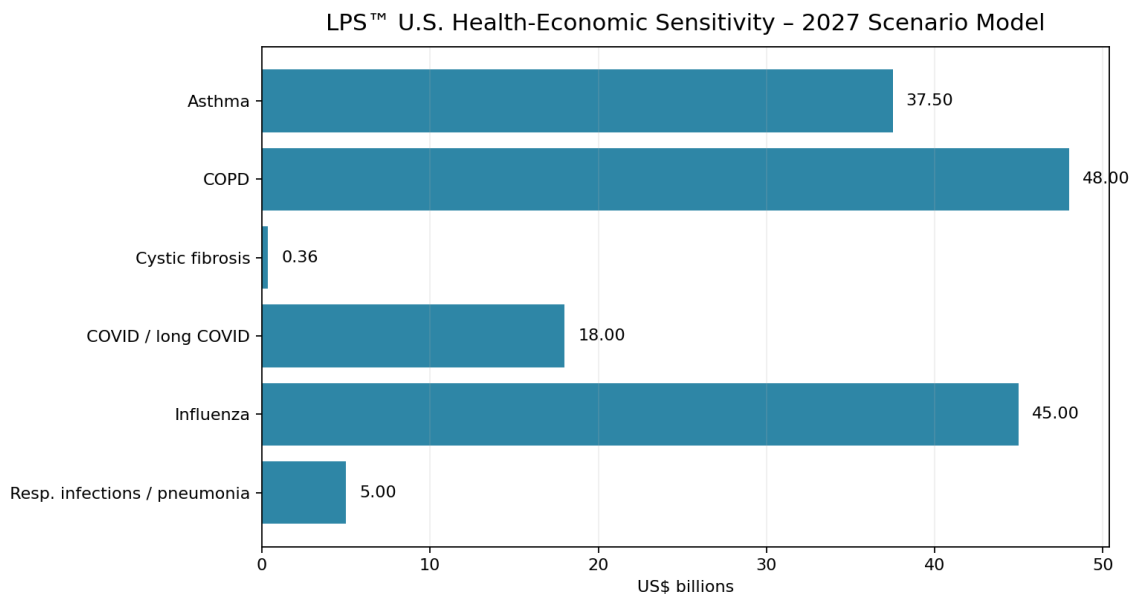
Strategic burden categories

- Asthma, COPD, cystic fibrosis, influenza, COVID/long COVID, respiratory infections and pneumonia are evaluated as distinct health-system burden categories within the 2027 economic framework.
- The analytical purpose is to identify where validated reductions in exacerbations, emergency visits, hospitalizations, treatment burden or length of stay could create measurable system-level value.

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2027 Health-Economic Sensitivity Model

The 2027 scenario model quantifies a potential U.S. system-value opportunity across six respiratory burden categories. The values are sensitivity outputs for investor analysis, not realized savings or guaranteed future outcomes.



2027 scenario category	Modeled system-value sensitivity	Scenario basis
Asthma	US\$37.50B	US\$1,500 × 25M modeled patient-events
COPD	US\$48.00B	US\$3,000 × 16M modeled patient-events
Cystic fibrosis	US\$0.36B	US\$12,000 × 30k modeled patient-events
COVID / long COVID	US\$18.00B	US\$1,800 × 10M modeled patient-events
Influenza	US\$45.00B	US\$1,000 × 45M modeled patient-events
Resp. infections / pneumonia	US\$5.00B	US\$2,500 × 2M modeled patient-events

2027 SCENARIO AGGREGATE: US\$153.86B

The arithmetic total of the six modeled sensitivity categories is US\$153.86B. This is a forward-looking scenario output for investment analysis, not realized savings. The definitive health-economic case must validate disease burden, clinical effect size, utilization assumptions, event costs and population overlap.

2027 Health-Economic Validation Architecture

A defensible savings case converts clinical effect into avoided utilization and monetized system value through independently reviewable assumptions.



Population	Baseline events	LPS™ effect	Avoided events	Cost/event	Net savings
Eligible patient-years	ED / hospitalization / outpatient / days lost	Evidence-based relative or absolute reduction	By event type and subgroup	Payer / provider / societal	Gross offsets minus program costs

Minimum 2027 evidence architecture

- Define the target population by indication, age, risk and route—separately from broad market penetration scenarios.
- Use current baseline utilization: outpatient visits, emergency visits, hospitalizations, length of stay, medication burden and relevant productivity losses.
- Apply only experimentally supported effect sizes; use sensitivity bands until controlled evidence exists.
- Use current payer/provider cost inputs and avoid mixing charges, payments and societal costs.
- Adjust for overlap across asthma, COPD, viral infection and pneumonia populations to prevent double counting.
- Present gross savings, program costs and net savings separately, with scenario ranges and explicit uncertainty.

INVESTOR SIGNIFICANCE

The strongest health-economic case is not a large headline number. It is a transparent chain from clinical effect to avoided utilization to monetized system value, with every step traceable and independently reviewable.

Development-to-Commercial Value Pathway

Commercial scale is contingent on sequential scientific, regulatory, manufacturing and financing milestones.

Period	Value stage	Illustrative LPS™ outcome
2027	Definition & protection	Corporate/IP readiness, program specification, proof-of-concept plan, 2027 commercial model and seed financing.
2028	Preclinical de-risking	Program-specific safety, delivery, formulation-performance and translational evidence packages.
2029	Regulatory / early clinical readiness	Where supported, regulatory interaction and early human evidence planning or initiation.
2030	Major evidence inflection	Go/no-go decision based on reproducible proof-of-concept and regulatory pathway.
2031–2033	Partnering & scale	Milestone-based licensing, co-development, manufacturing scale-up and institutional expansion.
2034	Portfolio integration	LPS™ positioned within a broader respiratory and platform-development architecture based on accumulated evidence and aligned with the 2027–2034 financial horizon.

Commercialization principle

- Market scenarios quantify scale; they do not determine regulatory timing.
- Value should increase as uncertainty is reduced through IP protection, proof-of-concept evidence, regulatory clarity, manufacturability and partnering.
- Any licensing or commercialization timeline depends on indication-specific evidence and authorization requirements.

Investor Value Thesis

LPST™ combines a focused flagship case with the possibility of enterprise, health-system and platform-level value creation.

ENTERPRISE ECONOMICS

2027 6% U.S. scenario: ~20.04M users, ~US\$3.006B gross revenue and ~US\$0.831B modeled net under the stated assumptions.

STRATEGIC OPTIONALITY

A successful respiratory proof-of-concept can strengthen licensing, co-development and broader platform credibility without assuming automatic transfer across indications.

HEALTH-SYSTEM ECONOMICS

Potential value is tied to avoided exacerbations, ED visits, hospitalizations, length of stay, treatment burden and productivity losses—subject to validated clinical effect.

CAPITAL ASYMMETRY

Seed capital is directed toward de-risking steps that can materially change value perception. The contrast between seed scale and modeled market scale illustrates asymmetry, not a guaranteed investment return.

2027 decision discipline

- Use the 2027 commercial scenarios as the current investor-facing scale framework, with assumptions explicitly labeled and subject to validation.
- Refine price, scope of the cost/partner allocation, manufacturing, adoption and timing inputs as evidence and quotations become available during the 2027 investment cycle.
- Use current respiratory burden to establish need and scale, but do not convert burden counts directly into LPST™ users.
- Tie health-economic savings estimates to measured clinical outcomes and validated cost inputs.
- Maintain formula-level confidentiality throughout investor review.

Disclosure Governance, Sources & 2028 Review

The 2027 case is designed for public investor review and disciplined updating.

NON-DISCLOSURE RULE

This document does not disclose ingredient-level composition, proportions, manufacturing recipes or other replicable/enabling formulation details of LPS™. Scientific discussion is limited to the level required to understand commercial logic, development status, market context and health-economic methodology.

Internal OBIS source base

- OBIS Internal LPS™ Commercial Model: U.S. penetration scenarios, unit economics and health-economic sensitivity framework.
- OBIS Economic Foundations & Integrated Financial Model 2027–2034 — v1.1: unit economics, consolidation and valuation methodology.
- OBIS Financing Standard – 2026 and Institutional Financial Information – 2026: capital structure, allocation and disclosure governance.
- OBIS Executive Financial Overview – 2027: series positioning, financial perimeter and valuation alignment.

External reference categories used for contextual review

1. U.S. Census Bureau: national population and age-structure reference data.
2. Centers for Disease Control and Prevention: asthma and chronic respiratory-disease burden indicators.
3. CDC / NCHS: COPD prevalence and utilization indicators.
4. CDC: influenza, COVID-19 and RSV respiratory-burden surveillance and summary data.
5. Public payer, provider and health-economic cost sources to be incorporated in indication-specific 2027 validation workstreams.

REVIEW CYCLE

Next Comprehensive Review and Update: 2028. The 2028 revision should incorporate 2027 scientific results, regulatory progress, manufacturing inputs, updated epidemiology, pricing/COGS evidence, IP status, partnership milestones and any validated health-economic effect estimates.

OBIS Innovation & Solutions Inc.

One Vision. Three Paradigms. A Shared Future.