EPIC AIRWAY SYSTEMS

Solving the airway management challenge with simplicity

- Novel
- Patented
- Disruptive

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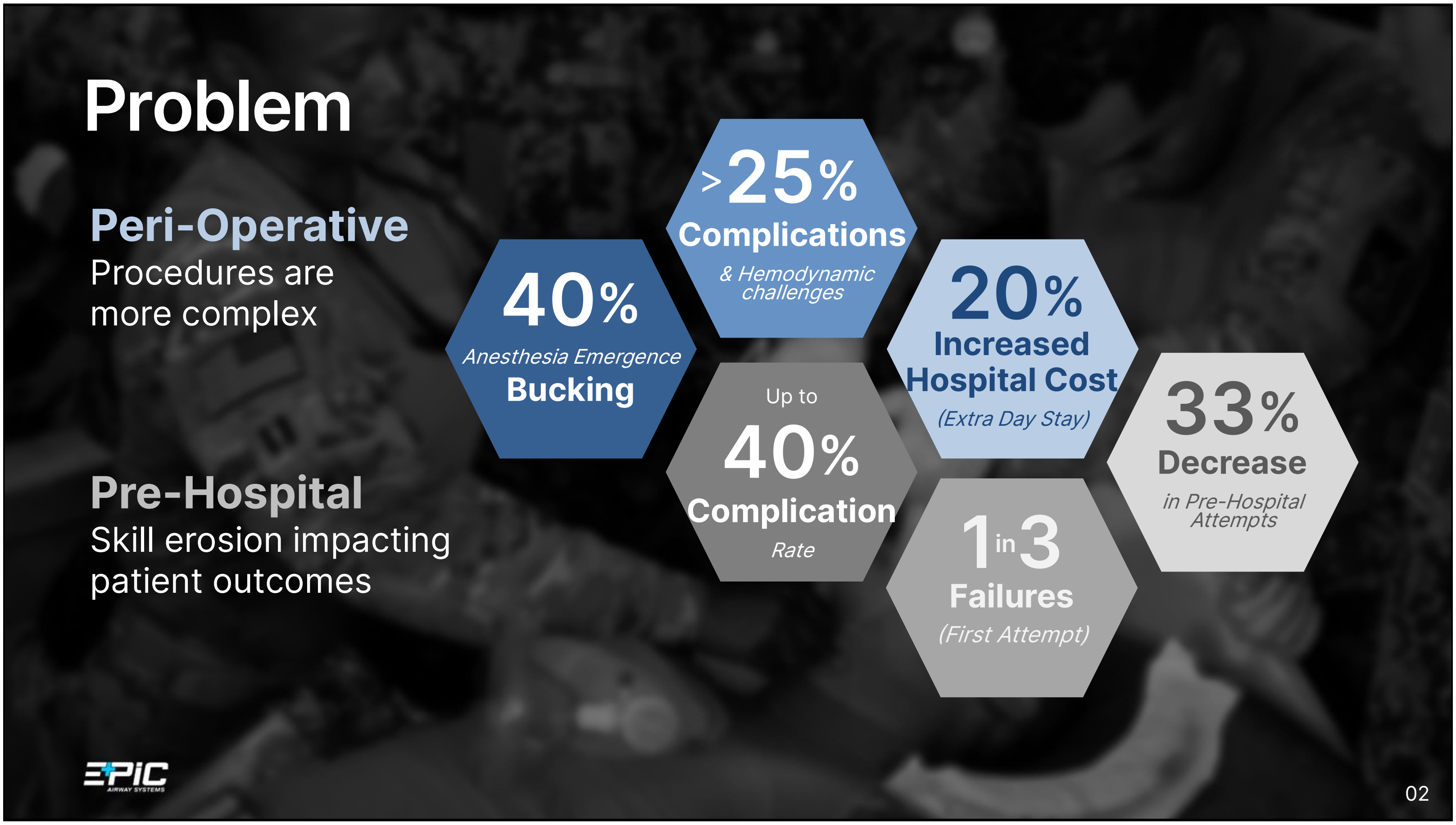
01

We are Epic Airway Systems. Founded by two doctors of anesthesiology in 2021, we are on a mission to develop innovative airway management solutions for clinicians and emergency providers committed to improving patient care and addressing an alarming trend in adverse patient outcomes driven by a stagnant industry.

There are 26 million airway management procedures performed every year in the US to either administer anesthesia during surgeries or to secure the flow of patient air during emergencies.

There are currently two primary devices used to do this:

- The endotracheal tube, which was developed in the early 1900's which is inserted through the vocal cords for definitive airway control, but requires skill and an array of other devices to properly insert , is very invasive to the patient leading to the use of significant pharmaceuticals, takes procedural time (and cost) to intubate, extubate and recover and leads to bucking during emergence from anesthesia
- The Supraglottic Airway, developed in the 1990's, which is inserted in the oral cavity covering the tracheal airway opening and requires less skill, is less invasive but also less secure.



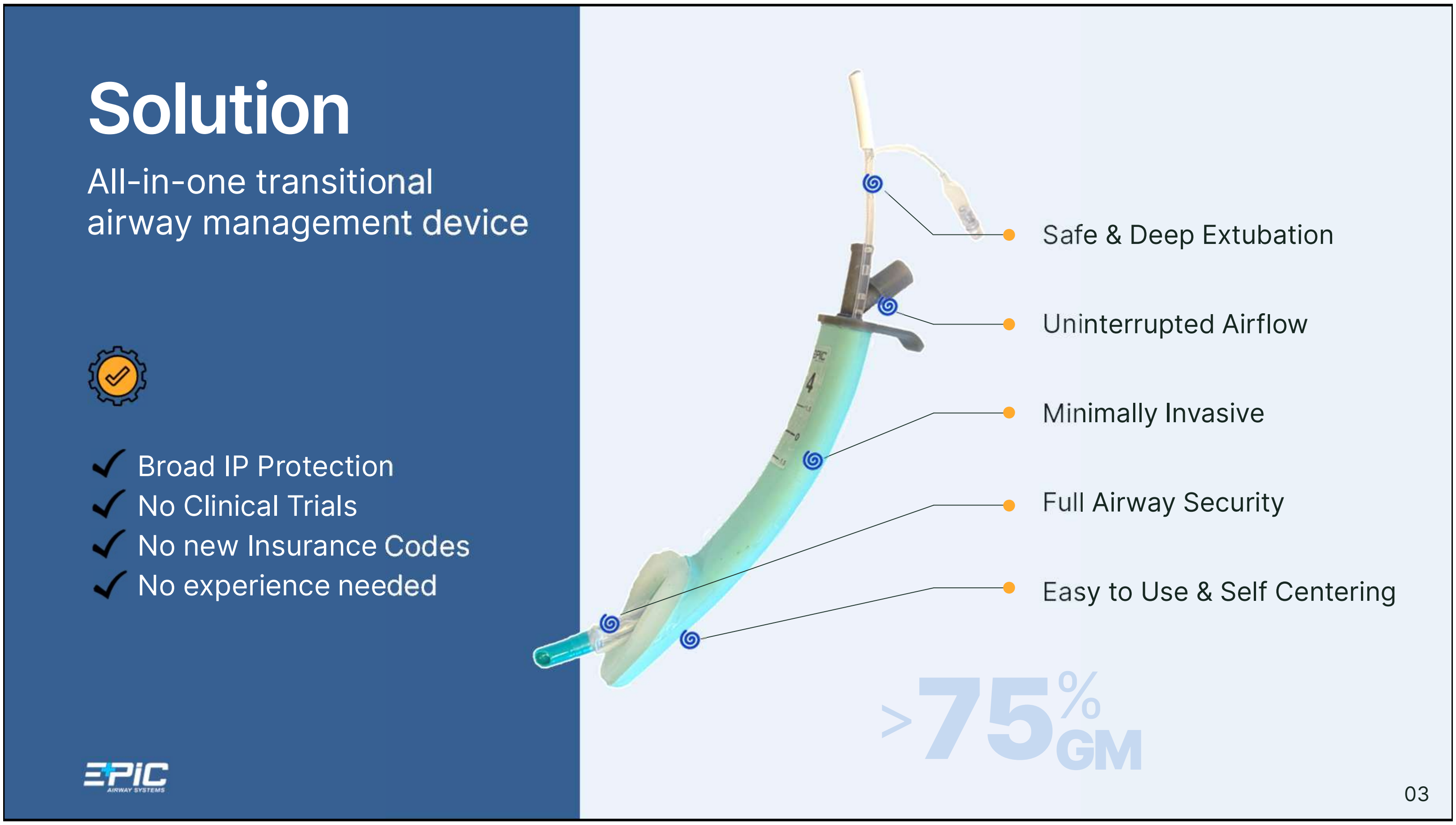
There are two target markets (peri-operative and pre-hospital/emergency services) posing differing challenges that we are committed to serve.

In the perioperative space, today's CRNAs and Anesthesiologists are VERY capable of placing an ETT with the use of available visualization tools. As a result, securing the airway for anesthesia through intubation is usually a smooth takeoff. However, there has been limited focus on supporting the exit from anesthesia, leading 40% of patients experiencing bucking upon awakening, resulting in 25% of patients experiencing hemodynamic swings and harm, with 20% of patients requiring extended hospital stays. To address this anesthesiologists have developed the baily procedure, where they will extubate the patient deep, choosing to complete the recovery from anesthesia with an SGA. But this procedure puts additional stresses on the patient as they experience breaks in their air circuit while the devices are changed.

While in addition, increases in patients with difficult airways are leading to more transitional procedures mid-surgery leading to unplanned switches from one device to another, again inducing the stresses caused by the breaking the air circuit, and adding costs and procedural delays to the institution.

However, in the pre-hospital and emergency services space, it is a different challenge. Twenty years ago, when I was an EMT, I was highly skilled at intubation, as were most EMTs. However, with the aging workforce and an uptick in retirements following COVID, the industry is dealing with a significant erosion of intubation skills. Many organizations no longer support field intubations, with the DoD recently stating the only two approved airway solutions pre-hospital are tracheostomy (a terribly stressful task) or nasal intubation.

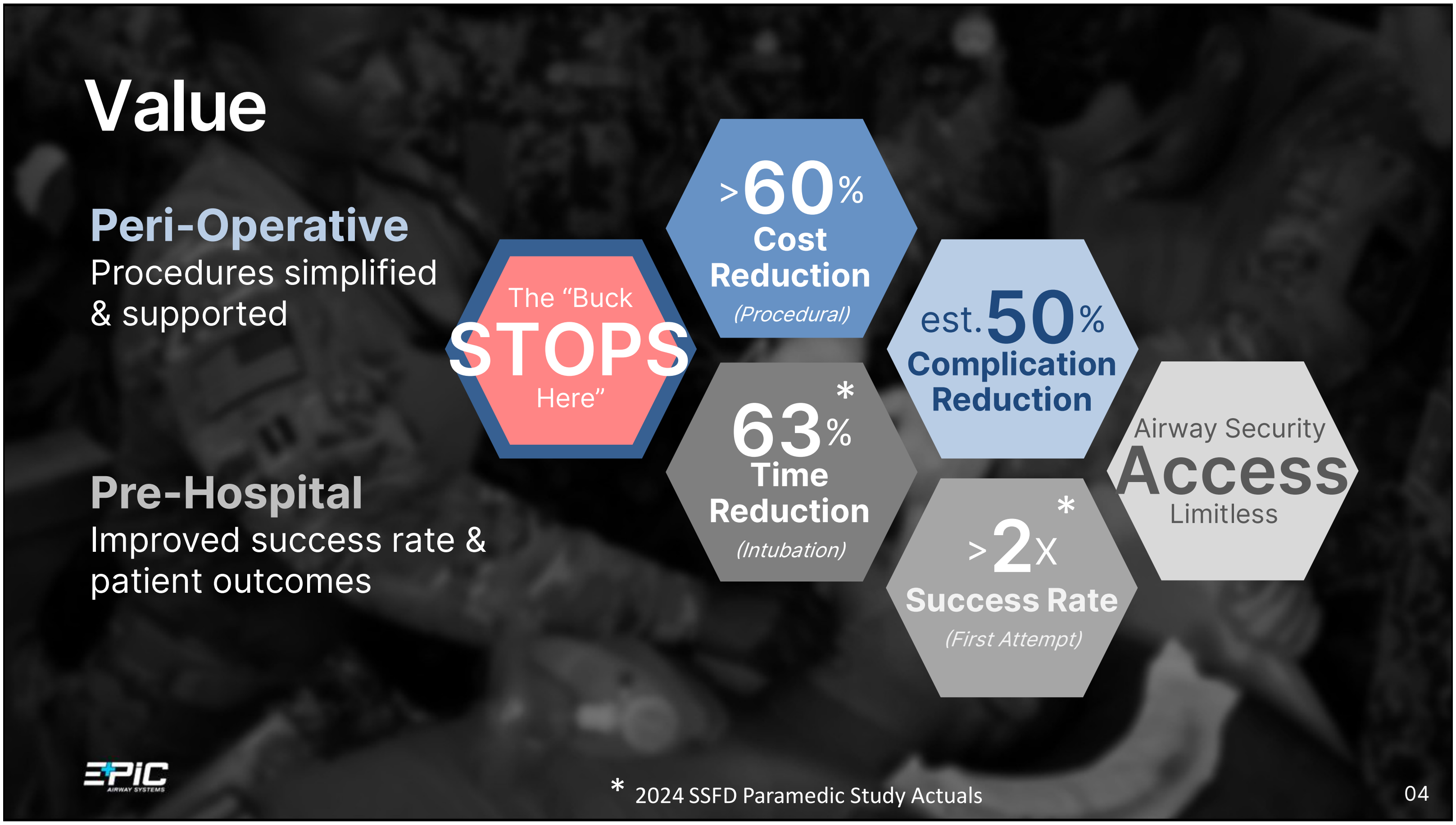
With the skill set degradation comes a 40% complication rate and a 33% first time failure rate. Unfortunately, under the stresses of the pre-hospital environment, mis-placement is not always identified, which will lead to death.



Meet the Epic Airway.
With the input from X subject matter experts gained during our iCorps customer discovery, we have integrated the ETT and the SGA into a single airway device, creating the spork of airway management or as Dr. O'Leary from AMC's difficult airway board calls it "the only device anyone will ever need".
Building around the minimally invasive features of the SGA and the Full Airway Security, the Epic Airway is designed to support:

- deep extubation and transitional procedures without the need for breaking the airway.
- deep intubation reducing the need for pharmaceuticals and the associated delays
- while it's patented mask design positions the ETT properly over the tracheal airway opening supporting the blind intubation capabilities desperately needed in the pre-hospital setting.

We believe we have created the AED of airway management devices. So simple and intuitive our solution will eventually be found in the battle-field, emergency service medical bags, on the sidelines of sporting events (we have received a soft endorsement from the Medical Director of the NFL who claims he will put on the sidelines of every NFL game when it is available) or maybe every high school nurse's office.
The opportunity is huge; but we are focused on the US adult perioperative space for launch which is reflected in our business strategy and financials.



Perioperatively, the transitional flexibility of the EA brings immediate impact by enabling deep extubations all but eliminating the consequences of bucking, while also offering SIGNIFICANT total transitional procedural cost savings >60%, modest procedural cost savings >40% to intubations and a significant reduction in the use of fentanyl.

In the pre-hospital arena, the ability for the EA to position the ETT directly over the airway opening will significantly address reduce the time and attempts to successful intubation. A preliminary product trial conducted with intubation certified paramedics at a city fire department reflected a 63% reduction in time to ventilation and >2X success rate on first attempt placements. These numbers are considered conservative, as the paramedics received only verbal instruction (no training attempts) on the use of the EA prior to its use.

While the simplicity of the device truly positions the EA as the EAD for airway security, creating new markets in institutional sectors, like the NFL, lifeguard bags, nurse's offices, etc.

Competition

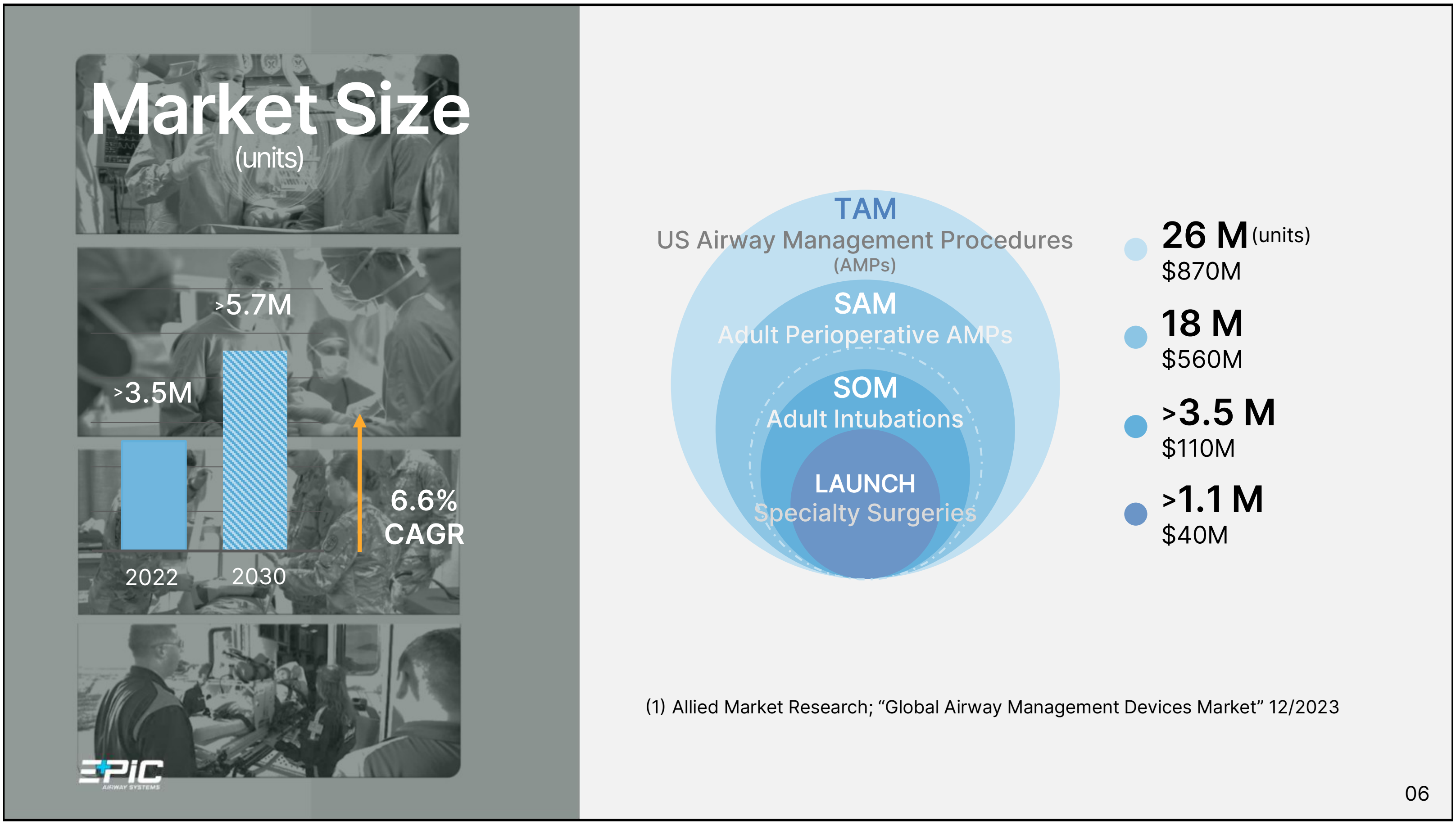
	i-Gel SGA & generic ETT	LMA Fastrach® & ETT *(sold separately)*	Epic Airway®
Device offering simplicity & security	×	×	✓
Transition without breathing interruption	×	×	✓
Staged intubation, extubation & less “bucking”	×	✓	✓
Total “transitional procedure” Cost (LM to ETT) *Includes: device, support devices, pharmaceuticals & labor/OR costs*	**$2150**	**$2000**	**$650**

05

There is no one solution on the market today addressing these challenges. As a result, clinicians “transition” between devices which consumes additional support tools, pharmaceuticals and time, which still jeopardizing the patient outcome because this approach requires the interruption of the airway. The resulting total cost of these transitions is about $2000 vs $650 with the epic airway.

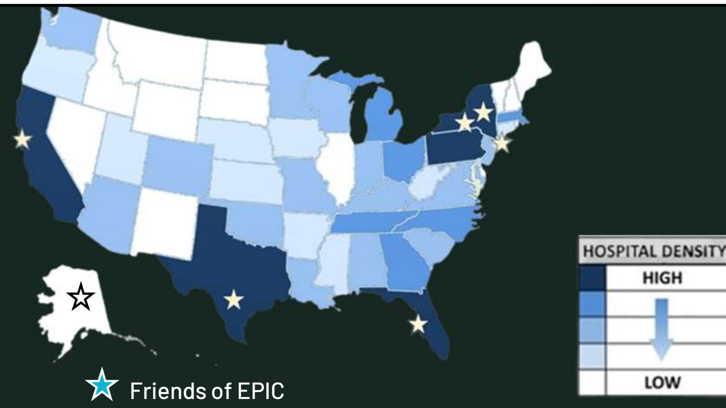
As a data point, the LMA Fastrach was developed with a Fastrach ETT and intended to meet these challenges, however the ETT was sold separately, required assembly during the transition, still resulted in a break in the airway and was recently discontinued.

Finally, from a total cost basis, a typical intubation today costs $1500 when considering the added time, tools and pharmaceuticals, positioning the Epic Airway well to drive adoption within the full set of intubation procedures.



- The Epic Airway (EA) addresses challenges in the serviceable addressable market of adult perioperative airway management sized at 18 million units annually in the US while growing at a 6.6% CAGR.
- The EA offers immediate institutional value and advantages within the serviceable obtainable market of Adult Perioperative Intubation market sized at roughly 4 million units.
- However, we will be launching the EA in the Specialty surgery market, where there is an existing unmet need focused on improving patient care and outcome quality. This market is sized at roughly 1.25 million units (although more recent market analysis is projecting this to be closer to 2 million units).
- As the EA gains market traction and is adopted as the standard of care for all intubation procedures, we expect a modest conversion (see dashed line) of the remaining Serviceable Addressable Market of All Adult Perioperative AMP's, as there is a large financial benefit when transitioning between traditional SGA to ETT solutions.
- Expansion into European markets are targeted for Yr 2-3, while growth into the pre-hospital markets is also planned for Yr 2-3, as clinical data is collected supporting claims of "blind intubation" needed in the EMS space. Neither of these planned opportunities are reflected in this TAM walk and the following financial projections.

Go to Market



Commercialization

Regions
Hospital Dense US States

Segments
Peri-Hospital

Applications
Specialty Surgeries & Adult Intubations

Marketing & Sales

YEAR 1
Launch & clinical "Friends of Epic"

YEAR 2
Scale for broad national adoption (B2B)

YEAR 3
GPO & Distributor Driven

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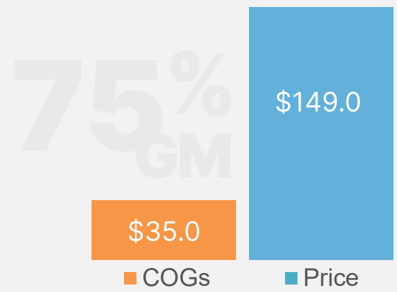
- The FDA prohibits the selling of product pre-clearance, but we are planned to initiate a national marketing campaign including tradeshow appearances, pre-clinical white paper and the solicitation of early adopters we call Friends of Epic, in the fall of 2025.
- With FDA clearance planned for the 3Q26, Year (1) will focus on sales to early adopters and collecting clinical and value data as well as testimonials from our early adopters. A broader marketing campaign will expand to include general anesthesia groups and institutional value review boards who vet the adoption of new devices into the institution.
- We will leverage a small sales force to expand a US presence with B2B sales Year (2)
- And develop a distributor driven model and potential licensing for Year (3) and beyond.
- 4Q25 includes plans to hire a VP of Sales and Marketing to build out the pre-commercialization marketing and post commercialization plans.

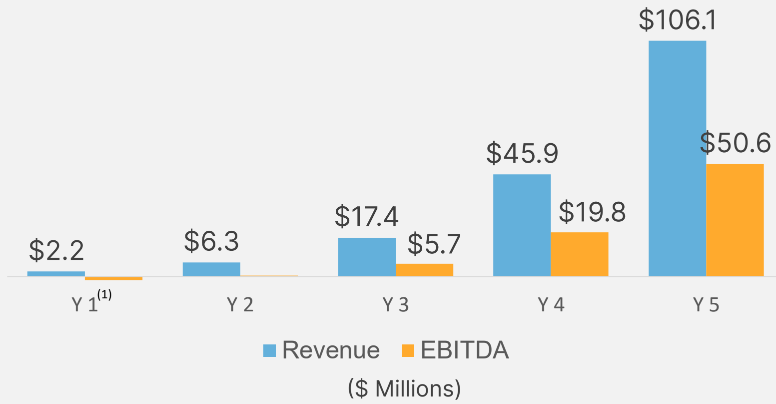
Financials

$10M
Post Money Valuation

$500M
5-Year Valuation
Post- Commercialization

3Q2026
Projected Commercial Launch





(1) Y1 thru Y5 represent the five 365-day periods, post commercial launch

08

With our contract manufacturer development MOU in place, we have driven our COGs down to $35, which represents a 75% gross margin off the selling price of $149.
Using industry accepted market adoption tools, we project year one sales of $2.2M on 16,000 units; positive cash flow in year 3 of commercialization; and revenue greater than $100 million on EBITDA of ~$60m.
Y5 projections are believed conservative as they are based on a modest Y5 “Launch” market conversion of ~23% [where there is no incumbent product to compete with] and ~10% SOM market conversion.
Finally, using an industry accepted 10X EBITDA multiplier, this investment represents >50X Y5 ROI potential to investors in this $4M ($10M post-money) common stock fixed equity round.

We have based our current and all pre-commercialization valuations on ET View.

ET View was one of many recent exits in the airway space that was producing a disruptive airway solution to address challenges of intubation. The VivaSight is an ETT with an inbuilt visioning capability. Upon FDA release of the VivaSight in early 2016 they were acquired by Ambu for $16M, which when adjusted for YoY M&A trends represents $22M in current dollars.

Exits:

Y1- Valuation is based on ET View with compounded 3% inflation. Believed to be conservative because the VivaSight is limited to intubations in the perioperative space which is a subset of our total market. Based on $8M post money valuation, this is ~3X ROI potential. Not a preferred exit.

> Acquisition Value: Commonly, larger medical device companies de-risk their product development initiatives by allowing others to independently develop, validate and obtain FDA product approvals.

Y3- Valuation based on $9.6M EBITDA off $17.4M Revenue, using a 10% multiplier on EBITDA (ranges from 9%-12%). @ Y3, we should have national brand recognition and established clinical successes. This will also be a transition point from B2B to Distribution Channels. Represents a 5X ROI potential.

> Acquisition Value: With proven sales, a business plan that has been validated and profitability achieved, commercialization has been proven, markets verified and financial projections vetted (based on actuals); presenting yet again a further derisking for a strategic acquirer.

Y5- Valuation based on $56M EBITDA off $105M revenue on a modest market conversion of 25%. We consider this as conservative as current financials do not include expansion into EU markets, expansion into the pre-hospital/field markets or additional products that are planned for development.

> Acquisition Value: With national brand recognition, proven YoY organic market growth, established EBITDA/financials and a modest 25% conversion of Target market customers [out of a 75% product life goal (PLG)] and <5% conversion of the SOM market [out of a 15% PLG], continued organic is well understood, offering a final level of commercialization derisking.

Dr. Eric Moses serves as the Chief Executive Officer and Medical Officer. He brings over 25 years of experience in anesthesiology and EMS, complemented by an Executive MBA in Healthcare Management. He is primarily responsible for fundraising, clinical strategy, and representing the company to strategic partners and investors.

Keith McKenna, Chief Operating and Financial Officer, has more than 30 years of experience in operational leadership within both industrial and medical device sectors. His responsibilities include business systems development, operational strategy, product development, quality assurance, regulatory affairs, and preparing the company for FDA approval and commercial launch.

Dr. Sridhar Musuku is the Director of Innovation and co-founder. As Director of Cardiac Anesthesia and Associate Professor at Albany Medical Center, he leads clinical innovation and specification, ensuring that the Epic Airway meets real-world medical requirements.

Chris Wilson Lead QA/RA Engineer, is a serial medtech entrepreneur. Former CEO/Co-founder of EDGe Surgical (went through Keiretsu Forum due diligence in 2020) and former CEO of Nspire, Chris brings a wealth of hands-on medtech start-up experience, including deep expertise in corporate strategy, M&A and QA/RA.

Robert Sawyer serves as fractional CFO and is a veteran financial and M&A advisor with deep expertise in the medical and industrial manufacturing sectors. He has led financial strategy and executed complex transactions for global businesses, including CSP Technologies, a leader in medical packaging solutions.

Andrew Gano serves as Strategic Advisor and brings over 15 years of experience in executive leadership, M&A, and global market development from roles at Olympus and Medtronic. While serving as Medtronics Airway Divisions' Global Director of Business Development, Strategy & Portfolio Management, Andrew re-invisioned its global strategy and operating plan, brokered acquisitions and sought a solution to "deep extubation". LinkedIn Profile

Dr. Stephen Harper is an Emergency Medicine physician and a U.S. Army veteran, advising the company on pre-hospital deployment and field scenarios. UT Health San Antonio Profile

Dan Mayer is a retired Professor of Emergency Medicine (formerly at Albany Medical College) but remains engaged as a Fellow of the American Academy of Emergency Medicine and the American College of Emergency Physician. He has contributed extensively to clinical scholarship in emergency medicine, including peer-reviewed articles and editorials on evidence-based practice, diagnostic error, and capacity assessment in the ED.

Jim Komsa brings more than 25 years of MedTech executive leadership experience and a record of successes driving exceptional results over time at both small venture-backed MedTech companies and Medtronic (large cap), while also advising on numerous topics including strategy, structure, and execution.

Progression

- 5 Years of Development
- 27 Design Iterations

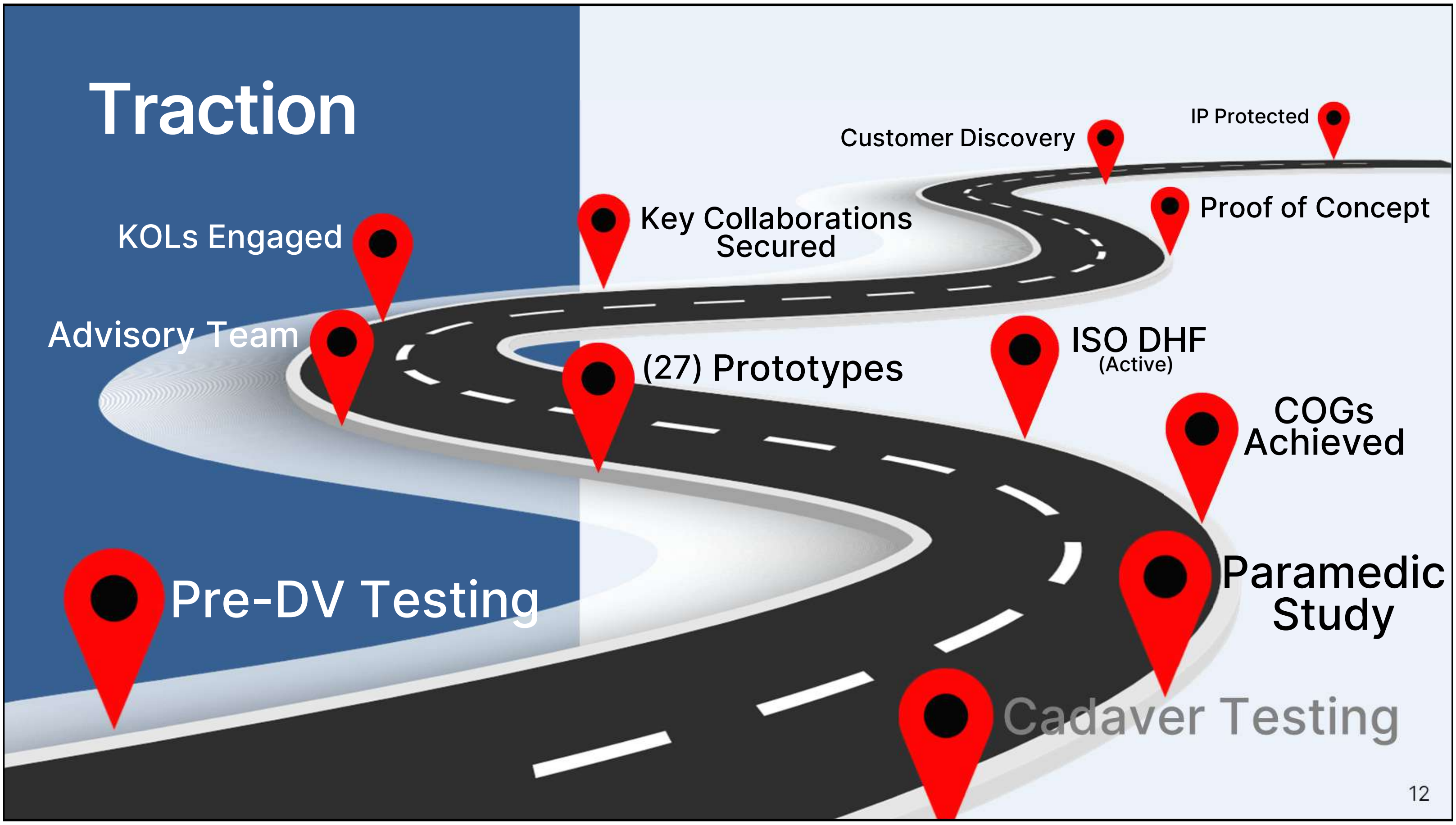
EPIC AIRWAY SYSTEMS

11

The Epic Airway has undergone significant revision over the past 5 years in efforts to develop a successful, reliable and producible solution. Working in collaboration with our manufacturer and engineering contractors we have leveraged 26 prototype builds and test cycles to 1) achieve the functional and reliability requirements of both an ETT & SGA, 2) optimize the ETT deployment angle to achieve a high blind intubation success rate (as verified by testing on our “difficult airway” manakin both in the lab and the field) and 4) deliver a manufacturable design that is scalable and meets our COGs target of $35 (actual is ~$33 at volume).

Our current V27 prototype (MVP) is 100% representative of the manufactured product and is being used as the basis for ongoing pre-DV testing, including a limited paramedic ETT to EA comparative trial and a screening human factor study on fresh cadavers with the Centre for Emergency Health Sciences in San Antonio Texas.

Current design freeze is targeted for 3Q25, which will rapidly transition efforts from design to manufacturing development, tooling purchase and DV&V testing currently planned for a 4Q25 kickoff.



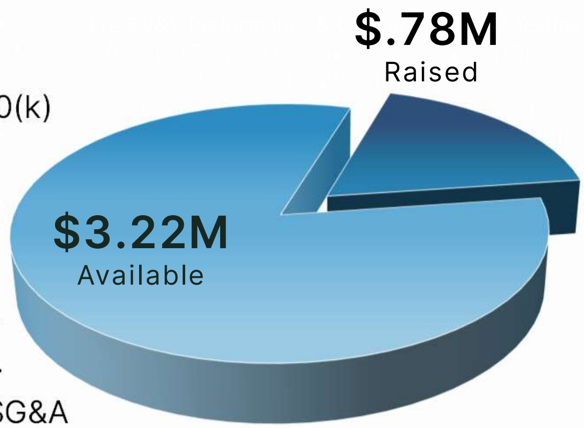
- (4) US, (2) EU [8-12 country recognitions] patents [design, utility and method] issued, with (2) US patents in progress
- iCorp customer discovery informed the design solution, helped focus our go to market and raised attention to an unanticipated need in the pre-hospital space.
- EAS has contracted relationships with (3) key resources supporting our commercialization efforts to include in2being [providing design, regulatory and V&V support with the added benefit of prior successes launching other companies in the airway management space], APTYX [providing design and prototyping support, Aptyx is a contract manufacturer with a long history of manufacturing the ETTs that are an integral portion of the EA solution] and the Centre for Emergency Health Services [recognized as a leader in wet cadaver testing and exclusively used by the Mayo Clinic and US Military, this team regularly supports organizations in their development of airway devices].
- In collaboration with Aptyx and i2b, 27 prototypes have been developed with the last several earmarked to drive product COGs from ~$60 to less than $45, with an actual current COGs projected at less than $33 at volume.
- An initial pre-hospital trial was conduced in the fall of ‘24, using local paramedics certified for field intubations. The results of this testing showed statistically remarkable improvements in time to intubation and first attempt success rates, validating the value of the EA in the pre-hospital setting.
- Pre-DV and wet cadaver [initial human factor] testing has been completed confirming intended clinical performance and design freeze readiness.

Use of Funds & Ask

Product Commercialization

Use of Funds

- ✓ Design V&V Testing | FDA 510(k)
- ✓ Clinical Simulation Testing
- ✓ Detailed Design & Specs
- ✓ IP & Legal
- ✓ Pre-Commercial Market Dev.
- ✓ Tooling & Process Dev. & Val.
- ✓ Operational Infrastructure | SG&A
- ✓ Launch Inventory



$1,235,000
Cumulative Equity Raised
Friends & Family

$4M (Current)
Common Stock Fixed Equity

Q3/2025
Closing Round

13

Our first equity round of funding was through Friends and Family, netted approximately $450k.
Our current round is a $4million fixed equity round, where we have raised approximately $785k to date.

Capital from this funding round will be used to:

- Complete product and specification development through our engineering team in Michigan,
- Purchase molds and tooling currently projected at roughly $350k, and support process development and V&V
- Execution of the Verification and Validation testing necessary to support a 2026 FDA 510(k) submission
- Support the ramp up of a sales and marketing team as we develop and launch a national pre-commercial market development campaign.
- Business system development including but not limited to an ISO based QMS, an ERP (enterprise resource planning) management systems and Sales force CRM.

Creating **innovation** with low-tech airway products

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