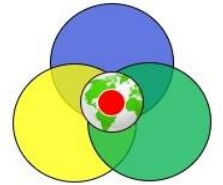


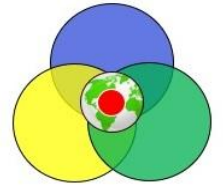
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Overview

- Intro – what does it solve
- The Solution
- Revenue
- Timeline
- Program, current progress
- Factsheet – How it's going
- Conclusion

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Intro

What is it

- **A Healthcare Platform** – bringing together Renewable Energy, Health and IT

What does it do

- Creates a secure, agnostic, accurate and scalable database – recording population **Metabolic Health**

What for

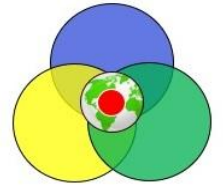
- Provides a high-level management tool to inform those seeking practical solutions to **Healthcare**

Why – to reverse the current health stats trajectory, both personal and planet

- Personal/Planet health cannot be separated – they are indivisible – solutions **must** reflect this reality

3-venn – Fix the People and you Fix the Planet

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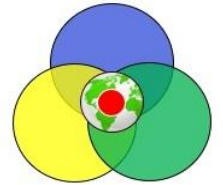


The Solution – establishing a base-line

- Separate the **‘Evidence-based’** from the **‘Opinion-based’** components of the healthcare debate
 - Build on what we’ve got – ie measure accurately the current population **Metabolic Health** status
 - Take a snapshot of individual health, hash the data and store it in the **3-venn** blockchain ledger
- **Administer, oversee, supervise, curate, manage – collate, market and commercialise this database**
 - The individual retains control over the record – a unique **verifiable credential** and digital asset
 - An agnostic, decentralised user platform – harnessing the inherent value of each individual’s **MHID**
- **In parallel – identify, evaluate and understand** the impact of **anthropogenic** behaviour on planet environmental health – scope out a clear route-map to securing an optimal co-existence policy
 - Monitor and record air/water/soil/temperature/food quality – **ubiquitously** – to create an evidence-based pool of data that accurately references the current state of planet health
 - To this end, the user-base can be optionally recruited to assist in the **geo-located data-gathering** – using passive/active technology – and uploaded to a dedicated database

3-venn – ‘Driven by Fact, not Fiction’

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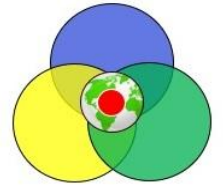


Revenue streams – PPP, B2B, B2C – transactions in Fiat and/or DeFi

- **Private-sector driven** – delivering consumer value/commercial viability across the spectrum – individuals will always be part of any commercial arrangement where access to their data is sought
 - **Upstream** – policy-makers can use it as a **PayAsYouGo** tool to better inform healthcare action
 - **Downstream** – individuals found to have sub-par **MHID's** can be treated/supported/counselled/ advised – both within the **NHS** and in the Private Health sector – **at a standard fee**
 - **NHS Hospitals** at onboarding sites will be taken ex-grid – **MWh-scale tri-gen biomass energy supplied at competitive rates** – with Milton Keynes UH the initial launch-site
 - **RCT's/DCT's** drive the agenda in healthcare – **3-venn** offers a comprehensive datapool here – **AI compiled templates with 'RCT-ready' datapoints** to reduce costs and time-to-market metrics
 - **Climate-change monitors** can access an evidence-based/verifiable source to identify areas of concern, **mobilise local support** and underpin/validate/motivate proposed solutions

3-venn – Pre-emption, the Route to Success

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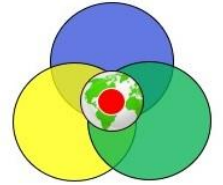


Timeline horizon – immediate through to long-term

- **Renewable Energy, Health and IT teams** are all currently active in their fields – **ie strapped in and shovel-ready to commence ops** – time-to-market will be measured in weeks, we're already in a post-startup configuration
- **The Triple E challenge** – Energy, Environment, Efficiency – sets **Energy** as the 1st among equalswithout this crucial input, no modern society/economy can function sustainably – and enjoy superior levels of health
 - **Health teams are 85% women-led**, embedded in their communities and will drive the verification process – onboarding the 18+ user base and recording their **MHID's (54m in the UK initially, EU/USA 700m to follow)** – promoting a long-term generation-level initiative – a meaningful solution to societal/national health challenges
 - **The Biomass Power team** is ready to build out the decentralized, secure energy platform for the cloud-based ecosystem underpinning **3-venn** – **ie datacentres** – while supplying adjoining enterprise zones to support local economies..... along with **tri-gen energy to NHS hospitals** where the onboarding sites will be located
 - **The IT team** is primed to build the web-portal component of the platform – web3 functionality with AI integrated user interfaces/apps, along with the establishment of the primary Testnet – **positioning the brand optimally** is viewed as a vital first-step in the roll-out of the model and a core component of the strategy

'Health-span beats Life-span' – our belief at **3-venn** – **Metabolic Health** is where it starts and ends

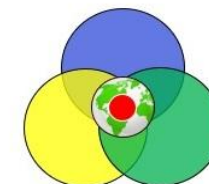
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Program, current progress

- **A 4-6 month program** has been drawn up to cover **Phase1** – mobilise and engage/consult with all partners across 4 continents..... EU, USA, Australia and South Africa – **with focus on the UK as the primary launch point**
 - **Build out 80% of the IT platform** – user interfaces/apps, testnet, branding campaign to raise awareness
 - **Define the MHID parameters**– establish an optimal benchmark test, onboard 1st 10,000 users
 - **Scope-out/design/secure** the 1 MWh biomass energy plant for the launch site – **NHS Milton Keynes UH**
 - By month 6 the **MVP** must be clearly defined – a routemap-to-launch via a 12-18 month **Phase2** program
 - **UK roll-out via the 42 ICS regions** across the country in Phase2 – replicating the proof-of-concept model
- **Triggering the UK Phase1 program is contingent on funding – all partners have been engaged**
 - Refining community engagement in the health-related space – both urban and rural locations, with activities underpinned by embedded biomass-energy units – providing a sustainable, viable enterprise platform
 - Resources from all who share our outlook on healthcare values will be welcomed – human, financial, natural or material – this is a zero-sum game we cannot afford to lose **inclusivity is a non-negotiable**
 - All teams have boot-strapped their own activities so far – **Phase1 implementation would require further seed capital to initiate** – a long-term funding partner with complementary skill-sets is the focus now

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Obesity Rates in U.S. States and European Countries

1 West Virginia	37.70%	25 Delaware	30.70%	49 Nevada	25.80%	73 Colorado	22.30%
2 Mississippi	37.30%	26 Pennsylvania	30.30%	50 Andorra	25.60%	74 Germany	22.30%
3 Alabama	35.70%	27 Maine	29.90%	51 New York	25.50%	75 Finland	22.20%
4 Arkansas	35.70%	28 Maryland	29.90%	52 Montana	25.50%	76 Belgium	22.10%
5 Louisiana	35.50%	29 South Dakota	29.60%	53 Utah	25.40%	77 Iceland	21.90%
6 Tennessee	34.80%	30 Arizona	29.00%	54 Ireland	25.30%	78 Cyprus	21.80%
7 Kentucky	34.20%	31 Virginia	29.00%	55 California	25.00%	79 Georgia	21.70%
8 Texas	33.70%	32 Malta	28.90%	56 Bulgaria	25.00%	80 Albania	21.70%
9 Oklahoma	32.80%	33 Oregon	28.70%	57 Greece	24.90%	81 France	21.60%
10 Michigan	32.50%	34 Washington	28.60%	58 Belarus	24.50%	82 Serbia	21.50%
11 Indiana	32.50%	35 New Mexico	28.30%	59 Croatia	24.40%	83 Estonia	21.20%
12 South Carolina	32.30%	36 Minnesota	27.80%	60 Ukraine	24.10%	84 Portugal	20.80%
13 Turkey	32.10%	37 UK	27.80%	61 Hawaii	23.80%	85 Sweden	20.60%
14 Nebraska	32.00%	38 Wyoming	27.70%	62 Spain	23.80%	86 Slovakia	20.50%
15 Iowa	32.00%	39 Florida	27.40%	63 Massachusetts	23.60%	87 Netherlands	20.40%
16 North Dakota	31.90%	40 New Jersey	27.40%	64 Latvia	23.60%	88 Armenia	20.20%
17 North Carolina	31.80%	41 Idaho	27.40%	65 Montenegro	23.30%	89 Slovenia	20.20%
18 Missouri	31.70%	42 Vermont	27.10%	66 Russia	23.10%	90 Austria	20.10%
19 Illinois	31.60%	43 New Hampshire	26.60%	67 Norway	23.10%	91 Azerbaijan	19.90%
20 Ohio	31.50%	44 Rhode Island	26.60%	68 Poland	23.10%	92 Italy	19.90%
21 Georgia	31.40%	45 Hungary	26.40%	69 DC	22.60%	93 Denmark	19.70%
22 Alaska	31.40%	46 Lithuania	26.30%	70 Luxembourg	22.60%	94 Switzerland	19.50%
23 Kansas	31.20%	47 Connecticut	26.00%	71 Romania	22.50%	95 Moldova	18.90%
24 Wisconsin	30.70%	48 Czech Rep.	26.00%	72 Macedonia	22.40%	96 Bosnia & H.	17.90%

How it's going

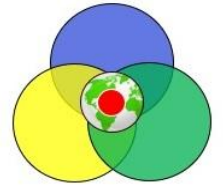
- The 2018 stats recording BMI >30
- USA records a drop in life expectancy – to lowest levels seen since 1996
- In the UK, top 7 causes of death are lifestyle-related – NHS digital
- **3-venn** seeks to reverse this trajectory – a 'bottom-up' approach

*Contact email mike@3-venn.health

*See [3-venn - Home](#)

for further info and partner information

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Conclusion - competition

- The healthcare agenda is presently driven by Gov/Big Corp/Institutional entities – a **‘top-down approach’**
- Though many organisations/individuals seek to promote healthcare at local level, there are none with the range of co-ordinated population-wide solutions this sector demands – **urgently and everywhere**
- We are not aware of any commercial initiative offering a similar solution to **3-venn** – harnessing the agnostic scalability of the blockchain – in a sustainable **‘bottom-up model’**, focused on communities
- Any competitor will need to pursue a similar route to **3-venn** – with 1st mover advantage we are well positioned to consolidate the market and establish/secure the brand/model in the healthcare space
- The co-op type, flat-management style of the **3-venn** model makes it easily replicated – **globally** – via an iteration of the brand/franchising model, delivering a clearly defined metric to evaluate **any** nation’s health
- **Quis Custodiet Ipsos Custodes** – Who Will Care for the Carers? (to modify the quotation) – we expect the skilled personnel now in the front-line at hospitals everywhere to be onboarded initially as matter of urgency – and among the early beneficiaries of the **3-venn** platform as it drives positive health outcomes

Mike Clark, Founder and CEO

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Q4 2025 mike@3-venn.health