GMTPCI-MEDI TOKEN

An Asset Backed Medical Crypto Token.

GMTUSA

Whitepaper

Dr Danilo Fernandez
GMTUSA Founder-Inventor

TITLE:

GMTUSA Medical Crypto Currency Token

GMTUSA Medical Crypto Currency Token is dedicated to solving the world's catastrophic pathogenic disease outbreaks. GMTUSA Crypto Medi Token is a one-of-a-kind Medical-Token backed fully by company assets. The future GMTPCI Medi-Token goal is to become the industry number-one stable, valued Medical Crypto Currency on the market.

Whitepaper Name:	GMTPCI-Crypto Medi-Token
Amendment Number:	VERSION 1.0
Asset Backed:	Tested Product GMTUSA PCI-1 Hemoirradiator
Indication:	PCI Therapy as a treatment for SARS-CoV-2, HIV/AIDS, Leishmaniasis, Laminitis, EBOLA, and other catastrophic pathogenic diseases
Development:	GMTPCI-Crypto Medi-Token
Sponsor:	GlobalMed Technologies USA
Effective date:	31 May 2022

Introduction:

GMTUSA has set out several benchmarks to be met within the first six months of having sold 100 million *GMT Medi-Tokens*. Within six to twelve months, *GMTUSA PCI Therapy* will demonstrate it has a definitive cure for ***SARS-CoV-2*.**

Simultaneously ***Phase II HIV/AIDS***, ***Phase I Leishmaniasis***, and the completion of our ***Veterinary trial for Laminitis/Founders*** disease, the second leading cause of death in Cattle and Horses, will be conducted. Other catastrophic pathogenic diseases such as Hepatitis, Herpes, EBOLA, Zika, Malaria, Dengue and others are also in consideration for future clinical trials.

It is stipulated that demonstrating a definitive cure for **SARS-CoV-2** will cause the Token Value to soar and become, within twelve to twenty-four months (12-24), the number one Asset-backed Medical Crypto Token in the Industry.

All founding mint-token holders (the buyers of the first 100 million tokens) shall benefit from company benefits offered to staff and mentioned herein. Financial analysts speculate that upon completion of the SARS CoV2 Trial, the value of the Medi-Token could rise to one hundred to three hundred dollars ($100-$300) per Token.

The company is guaranteeing the initial investment of all buyers that purchase the first one hundred million Tokens, that the company will not have access those funds. Each buyer is always guaranteed their initial investment and may cash out at any time for the value invested. Apart from this, the company is also assuring all buyers of the initial one hundred million Tokens; that after they have sold their Tokens for a profit, *they will be Gifted the same number of Tokens previously purchased*. In other words, the company is setting aside an additional one hundred million Tokens as a special Gift to those buyers purchasing the initial one hundred million Tokens. No other Token on the market offers this type of guarantee.

Length of time for the project:

All listed benchmarks are set to six to twelve months from the launch of the first Clinical Trial in ***SARS CoV2***. The ***SARS-CoV-2*** trial will only take ninety days to complete. The company will demonstrate within forty-eight hours of therapy in the initial ten participants, a definitive cure for ***SARS-CoV-2***. The trial will last approximately ninety days and there will be between one hundred to two hundred participants at all stages of the disease, from ambulatory to admitted patients to those in Intensive care and on artificial ventilation. Within these twelve months we will also have **commenced a Phase II trial in HIV/AIDS, a Phase I trial in Leishmaniasis, and will be completing the Veterinary trial for Laminitis/Founders disease (which will only take six months to complete.) HIV/AIDS and Leishmaniasis will take twelve months to complete.**

Rationale:

The current Pandemic and the fact that no definitive cure yet exists, presents a situation where it's imperative to utilize other therapies that could bring resolution to the current state. Even with the current roll-out of vaccines, it still appears to not be enough to manage the current outbreak. After 33.4 million have been afflicted with SARS/CoV-2 and 600,000 deaths have occurred in the US alone, we have to consider the detrimental psychological effects this pandemic is having on society, on our children and the world. We now see lockdowns in China and the needless suffering of millions. Although the pandemic has waned somewhat in the last six months, that is not an indication of an end of the pandemic. The likelihood still exists that there will be a reemergence of a new mutated strain that may rear its ugly head this simmer or in the fall months of the Flu.

We must find a definitive solution for SARS-CoV-2 and PCI Therapy is that solution. The history, efficacy, safety, and documentation that exists in reference to this technology warrants this therapy being afforded the opportunity to be tested in a controlled clinical trial.

Background

Ultraviolet Blood Irradiation (UVBI), also called Phototherapy, Photoluminance, Blood Irradiation and Photonic Corpuscular Irradiation (PCI) is a science onto itself. The earliest published research written, dates to 1820 by Percy and Laurent, "Phosphorescence of Wounds," Dictionaries des science medicals (Paris, 1812-1820). In this dictionary, it describes the effectiveness of light as an effective method for wound healing. This is the true beginning of Light Therapy as we know it.

The science of UVBI stands on the premise that "the exposure of a specific amount of blood to a particular time of exposure, at a precise intensity of irradiation, and at a defined distance will cause an effect on certain molecules of our blood. The said effect is one which allows those molecules in the blood to be somehow capable of destroying viruses, bacterium, fungi, and parasites that cause harm in humans and animals". How this occurs is open to great debate, and volumes of literature exists which claim to answer this question.

What is known is this: the blood is exposed to a certain frequency within the UV light spectrum via a closed conduit irradiation chamber known as a "Cuvette" and from there the blood is reinfused to the subject via a closed system blood administration kit.

The known photochemical, biochemical, and physiological effects on the blood have been demonstrated and published in medical and scientific journals worldwide. The use of UVBI demonstrates a destructive effect upon multiple bacterial infections, as well as viral infections such as Acute and Chronic Hepatitis, Poliomyelitis, Encephalitis, Toxemias, Rheumatoid Arthritis and Nephritis (kidney disease). All these studies were performed between 1930 to 1957. This Chronological History continues into the 21st Century with medical publications demonstrating the efficacy and safety of UVBI.

Today we all give credence to the first modern application of UV therapy to the man known as the father of phototherapy Dr. Niels Ryberg Finsen.

Dr. Finsen set the course for the treatment of a destructive disease especially in children known as "Lupus Vulgaris", a very disfiguring disease. Dr. Finsen demonstrated a 98% success rate and for his work was awarded a Nobel prize in Medicine in 1903 for his method of Photochemotherapy. (https://jofnpw.wordpress.com/2013/04/21/).

Finsen's application was not invasive; that method would take an additional twenty-two (22) years before it was developed by a scientist from Portland Oregon in 1928, Emmet Knott.

Knott developed the first UVBI Irradiator that was to be used in hundreds of thousands of treatments in the US and Europe. Knott, together with Dr. Hancock, presented numerous cases to the medical society in Washington. Their first article was published in 1934 and dealt with UVBI as a treatment for different infections.

The Knott technique or method, as it became known, was the most widely utilized irradiator in the US and Europe. From 1928 to the 1960's the Knott irradiator was the method used to treat pathogens. It is calculated that several hundred thousand treatments were administered in these three decades and not one death was attributed to the UVBI method.

Immediately after the blood is exposed to the UV irradiation, it demonstrates an increase in venous oxygen, a resistance to acute and chronic bacterial viral infections, a detoxification and anti-inflammatory effect and some regulatory influence on the autonomic nervous system.

In 1939 Dr. Miley described a rapid increase in Oxygen concentrations in venous blood after a UVBI treatment with the Knott method. From 1941 to 1943, Rebbeck published their initial findings concerning the use of the Knott method in Puerperal Sepsis and Incomplete Septic Abortions. In the case of Incomplete Septic Abortions, it was noted that UVBI also demonstrated to be an effective pre-operative adjunct.

The use of UVBI proved to be a tremendous asset regarding Septic Abortions, which was illegal in those times and women who subjected themselves to back-alley clinics would end up with Septicemia due to massive infection. If it were not for UVBI, many a woman would have

perished, yet they played a big role because tests performed on them also lead physicians to note that UVBI could also be an effective pre-operative adjunct to de crease post-operative infection.

In 1948 Knott, E.K. published his first article on the "Development of Ultraviolet Blood Irradiation" and it was published in none other than the *American Journal of Surgery*, the most followed and prestigious surgical journal in America at the time. It was a homerun for Knott and his followers of UVBI, or so one would think. At about the same time as Knott published his 1948 article; Miley and Christensen presented results on the efficiency of the Knott method in the treatment of "Acute Virus and Virus Like Infections". This publication was a follow up to their 1947 publication on the use of UVBI in *Acute Viral Infections*.

In 1949, the *American Journal of Surgery* published an article "The Knot technique of ultraviolet blood irradiation in acute progeny infections" and at the same time Lewis H.T., utilizes UVBI in "Atypical Viral Pneumonia". While in the same year Miley Y. Dunning, P.M. published an article on the use of the Knott method in *Thrombophlebitis*. Around that same time, Rebbeck presented results on UVBI in *Typhoid Fever*.

In 1950, Wasson, Miley, G.P. and Dunning commenced a preliminary investigation which lasted 18 months, wherein they reported on 67 consecutive cases of Rheumatic Fever in Children who were in acute episode of the disease and who were completely and quickly controlled using UVBI. All signs and symptoms in all 67 children with Rheumatic Fever had disappeared.

In 1987, Edelson published an article on “The Treatment of Cutaneous T-Cell Lymphoma by Extracorporeal Photochemotherapy”, in the *New England Journal of Medicine*. This study and the continuation of additional trials that were conducted, culminated in FDA approval for UVBI as the treatment of choice for T-Cell Lymphoma in 1992. The company that was granted this approval was Johnson and Johnson (J&J), who sponsored Edelson and his company Therakos.

In 1990 Bisaccia E., published an article “Extracorporeal Photopheresis in the Treatment of AIDS-Related Complex: A Pilot Study," in the *Annals of Internal Medicine*. This article presented the results of 7 subjects with HIV/AIDS Related Complex. All seven subjects where in the advanced acute stage of the disease and all had received 5 to 19 treatments of UVBI.

Of the 7 subjects, 3 retired from the study for personal reasons during the first 6 months. The other 4 remaining subjects presented with "*Sero Negative Culture in Blood for HIV virus*" after 19 treatments - the closest we have ever come to a cure for HIV.

Dr. Danilo Fernandez first became interested in UVBI in 1996. Between 1996 and 2000 he researched and studied every document you see quoted in this manuscript and many others, as well as collaborating with like-minded scientists worldwide. In 2002, Dr. Fernandez and Mr. Alex Major (engineer) developed the first prototype of a machine that would process the blood in such a way that it would deactivate, destroy, or eliminate pathogens from the blood. In 2004 he received a patent for his product, the GMTPCI-1 Hemoirradiator, its ancillary parts (a Disposable Kit) and the process of irradiating the blood via his patented Irradiation Chamber the (GMT-Cuvette)”.

In 2004 in the Dominican Republic, GMTUSA performed government approved, Phase I Controlled Clinical Trials on 36 subjects with acute and

chronic HIV/AIDS. During this study, not one subject was on any retroviral medication. In this study we reduced subject viral loads by 85 to 99%, stabilized the reduction of CD4 cells (T-helper cells) and most importantly, eliminated 100% of opportunistic infections in 100% of the subjects as demonstrated in photos below.

Between 2006 and 2009, GMTUSA performed an additional pilot open label study on 7 subjects, in order to prove and repeat the results achieved in Phase I. We not only surpassed our earlier results, but we also demonstrated that the 7 Chronic HIV subjects (who had been hospitalized between 5 to 7 times a year in the past) did not require hospitalization or any antiretroviral medications, for the duration of this 29-month trial.

During this pilot study, GMTUSA also demonstrated a reduction in costs to keep a person alive with HIV/AIDS by 90%. This reduction in costs is the main reason GMTUSA has international approval to perform the proposed trials.

Description of the GMTPCI-1 Hemoirradiator

The GMT-PCI-1 Features and Specifications

The GMT-PCI-1:

1. Measures and displays the precise time of irradiation in each treatment and records all data for clinical trials.
2. Measures, varies, and displays the intensity of the beam of light. This feature allows different dosages tested and proven efficacious with different intensities to be utilized in various pathogenic diseases.
3. Adjusts and displays the precise amount of UV dosage. This assures that the precise amount of UV is administered, and any deviation would be noted and recorded by the device.
4. Allows for the use and variance of a narrow or wide waveband of light.
5. Measures and displays the precise flow rate for any given Volume of Blood.
6. Computer Interfaces with Print capabilities.

7. Proprietary Software which generates detailed reports of all data acquired.
8. Measures the amount and flow of blood irradiated.
9. Barcode Scanner, which assures single use of GMT-Kit® and Cuvette®.
10. Subject Prescription Memory Chip (PPMC).
11. PPMC stores all subject treatment sessions and dosages.
12. Control of UV needed for each specific virus, fungus, bacteria, or parasite.
13. Internet Software for downloading clinical trials data.

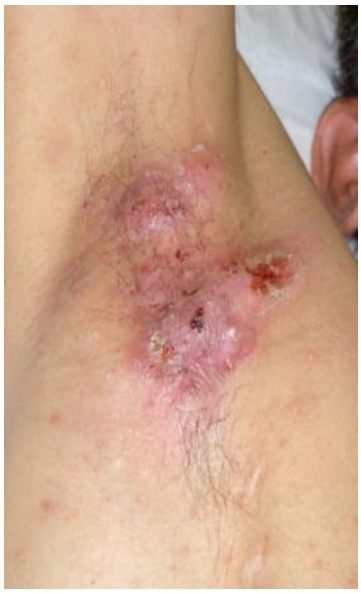
GMT-PCI-1 JUSTIFICATION AS A NON-SIGNIFICANT RISK DEVICE.

- GMTPCI-1 utilizes Ultra-Low UVC Irradiation at 254nm.
- The irradiation levels are non-Ionizing and thereby cannot change the morphology of Blood Corpuscles/elements.
- The Irradiation Dose is between 0.1J/cm2 – 7J/cm2. (Blood irradiation has demonstrated that at 81J/cm2 we see the destruction of Platelets which are the most fragile element in the blood). Therefore, the doses given by GMTPCI is eight thousand times below a normal X-Ray and one million times below the irradiation administered by Johnson & Johnson Hemoirradiator.
- The time of blood exposure to irradiation is only 10 seconds - just enough time to excite the molecules of the blood into a hyperkinetic state.
- The GMTPCI-1 irradiation never comes into direct contact with the technicians or subject since the light is completely covered with a door that when opened deactivates the light, thereby prohibiting exposure externally.
- The GMTPCI-1 is not a Diagnostic machine.
- The Subjects are never tethered nor connected to the machine.
- The GMTPCI-1 therefore meets the FDA criteria as a Class II/Non-Significant Risk (NSR) Device.

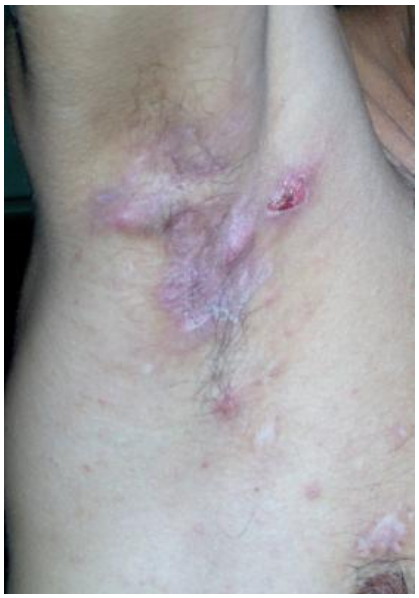
GLOBALMED TECHNOLOGIES USA

GMT-PCI-1 Therapy Pictures of before and after in HIV/AIDS.

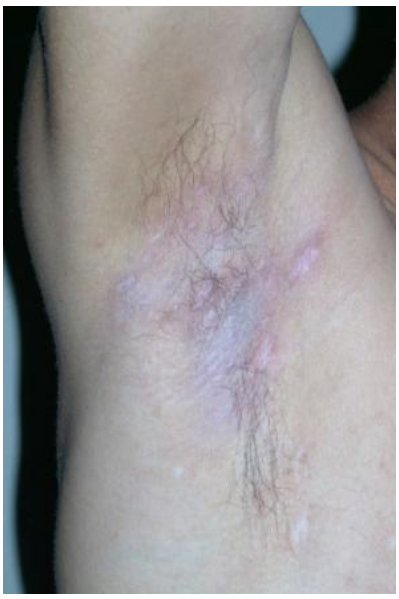
Pre-Therapy
Base Line



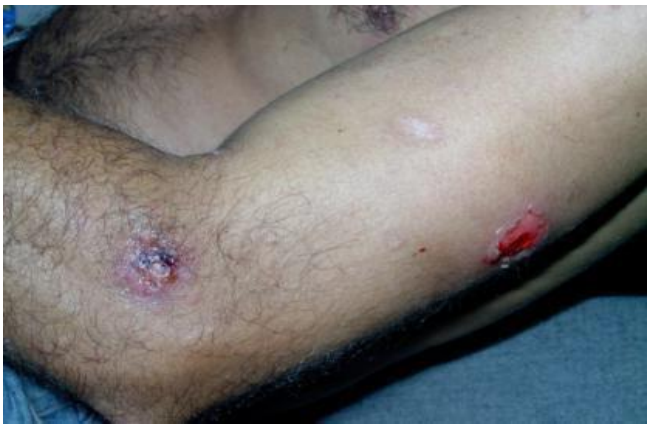
After 2 Therapies
Week 2



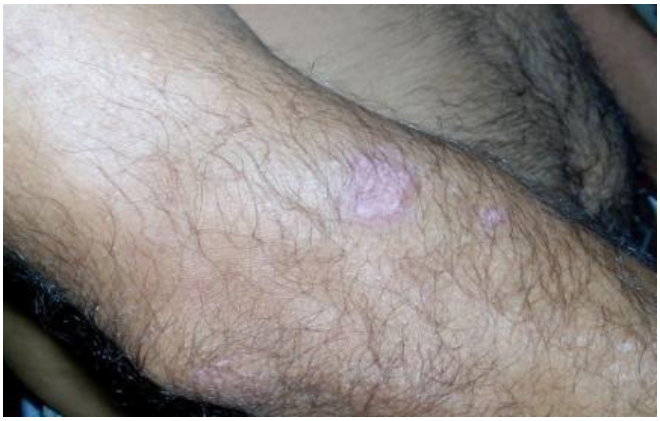
After 4 Therapies
Week 4



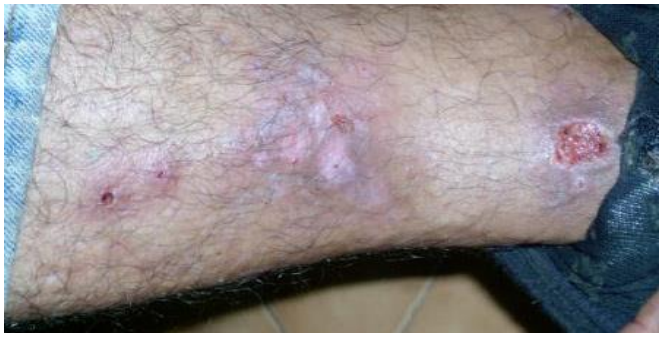
Pre-Treatment (Baseline)



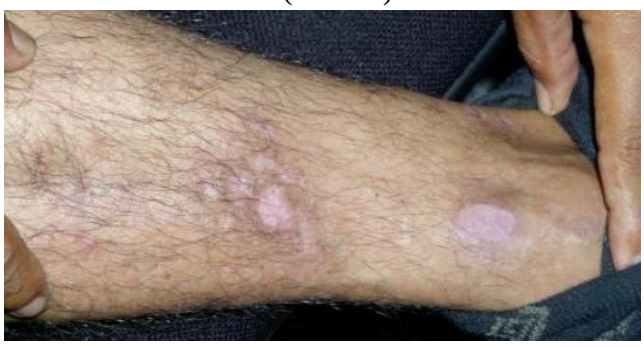
After 2 Treatments (Week 2)



Pre-Treatment (Baseline)



After 2 Treatments (Week 2)



Device History

The device was created by Dr. Danilo Fernandez who is from the United States and is a Medical Graduate in the Dominican Republic; he began his studies and training with UVC in 1997. Dr. Fernandez completed his UVBI training in Oklahoma in an internship sponsored by the American Oxidative Medicine Association. After three years of experiments, calculations, and interviews with several doctors such as Dr. Campbell, Davis, and Dr. Velasquez, the Dean of Physics at Florida International University, Dr. Fernandez decided to build a prototype blood irradiator to apply UVCI Therapy in HIV infected blood. Dr. Fernandez, on April 20, 2000, built the P-2000 model with which he demonstrated that ultraviolet light could lower the viral load in a sample of HIV-infected blood.

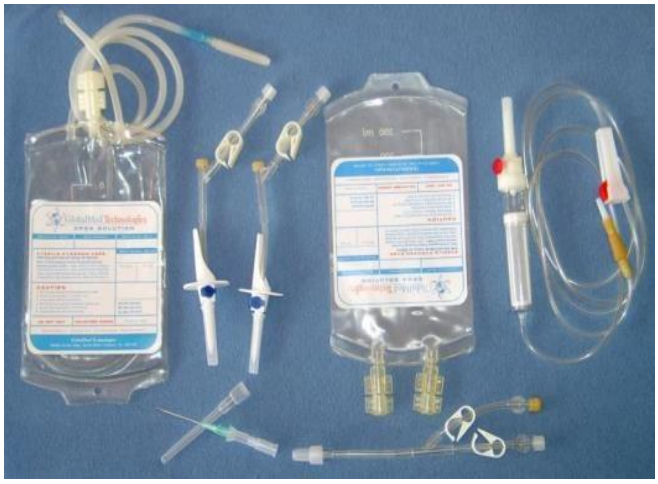
After an exhaustive search in the United States and Europe, to find a machine with which clinical research cases could be carried out, Dr. Fernandez realized that there was no blood irradiator with PCI/UVC that passed the specifications required for testing in humans. An irradiator that automatically and accurately demonstrates electronic control of irradiation intensity, flow, and dosage. Dr. Fernandez reasoned those technological innovations in electronics, UV sources, fiber optics, and lasers, coupled with the development of photo-reactive substances, could take PCI/UVC technology to new levels.

After calculating, designing, and constructing a modern and sophisticated ultraviolet source irradiator, Dr. Fernandez entered into an agreement in the United States with Mr. Major, an engineer committed to participate in the design and construction of an ultraviolet blood irradiator according to Dr. Fernandez's specifications.

The result was the construction of "GMT-PCI-1 Hemoirradiator®". Mr. Major and Dr. Fernandez also collectively designed a blood transfer kit and an irradiation chamber or "Cuvette".

GMTUSA, uses an advanced method of blood irradiation which allows control of the amount of blood drawn, automatic blood flow rate, exact computerized UV wave intensity and exact dosing of irradiation.

GMT-BLOOD COLLECTION AND IRRADIATION KIT
(Disposable Device)



GMT-PCI-1 HEMOIRRADIATOR THERAPY ADMINISTRATION

1. Obtain subject weight to determine the amount of blood to be irradiated, the amount of blood, ranges between 150 cc to 400 cc (1.5 cc of blood per lb. of weight).
2. Position subject and hyperextend the subject's arm (Fig. 1)
3. The Antecubital region is cleansed with Alcohol wipe and a tourniquet is placed.
4. The vein is anchored with a 16-gauge Intravascular Catheter for males and 18 gauge for females (Fig.1).
5. Cover the catheter with a Tegaderm dressing or hypoallergenic tape**.** After securing the catheter, apply a wide strip of sterile, transparent dressing over the IV hub/connection to the tubing (Fig. 1).

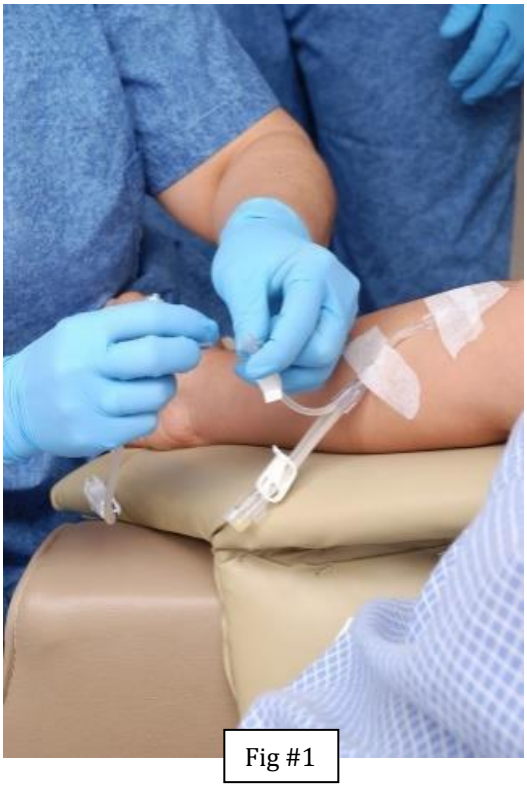


Fig #1

6. Connect and secure in place the GMT- Hep-Lock® (Fig. 1).
7. Connect and secure a 15cm long catheter with three ports. One port is for extraction, the second port is for re-infusion and third one is for line flushing or injectable. This special, 15cm, catheter was designed to be used without needles for the comfort and biosecurity of our subjects. This catheter also eliminates contamination, spills, and collapsed or ruptured veins (Fig.1).
8. The blood collection bag containing 50cc of citrate, to prevent clotting, is connected to the GMT-Hep-Lock® and 1.5cc of blood per lb. of weight is drawn from subject for a maximum of 400cc (Fig. 2).

9. The blood collection bag, with blood collected, is connected to the GMT-PCI-1 Hemoirradiator® Console System and passed through the peristaltic pump and to the irradiation chamber (Cuvette®); which delivers a precise amount of Ultraviolet C (UVC) at 254nm for 10 seconds. The connectors, hoses, and Cuvette® are constructed of a medical grade silicone-based material that reduces friction and blood damage and is airtight. The blood never meets the ambient room air, it is in a completely closed circuit.

Fig #2

10. The PCI blood irradiation last approximately 5 to 7 minutes of irradiation. (Fig. 3) and (Fig. 4). The complete session takes between 20-30 minutes. (Fig 5).

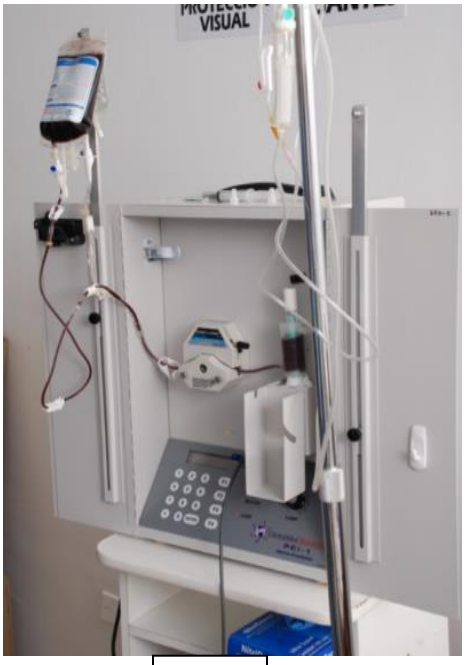


Fig #3

Fig #4

Fig #5

11. The subjects blood pressure, heart rate, respiratory rate and Spo2 are taken prior to commencement of PCI-Therapy, 10 minutes into the therapy and once therapy is completed
12. Once the correct amount of blood is exposed via the GMT-Cuvette (Irradiation Chamber) it passes to a second collection bag whereby a common blood administration kit with a 70-um filter is connected.
13. Once the second bag has reached 100 ml the blood administration kit line can be bled and the GMT Hep-Lok Citrated and then both connected for return of blood to subject.
14. The GMT-Kit is a completely closed system and is disposable.
15. Even if they were to re-sterilize the kit the GMTPCI-1 Hemoirradiator would ask for the encrypted bar code prior to therapy. Since it was used in the last therapy the encrypted bar code has been erased from the system memory once it has been used. Therefore, the same code can never be used twice, they must dispose of the used kit.
16. This safety feature was installed to make sure we adhere to OSHA and FDA Regulations for safety and efficacy.
17. Once reinfusion is complete, the rollerball on the return line of the blood administration kit is closed and disconnected from the GMT Hep-Lok and disposed of in a biohazard container for collection and incineration.
18. Now the nurse removes the tape holding the venous catheter and places a 2x2 gauze over the venipuncture site and removes the GMT Hep-Lok and disposed of in a biohazard container for collection and incineration.
19. Then the original collection bag is taken down from the mobile IV arm and collected with the GMT-Cuvette and GMT Hep-Lok and disposed of in a biohazard container for collection and incineration.

GMTPCI MEDI-TOKEN: HOW IT WORKS.

GMTUSA has developed and created the most innovative and secure Medical Token. The company has created its Token on a DeFi (decentralized finance) Blockchain *Pancake Swap* - a Medical Token that promises to solve many of the catastrophic disease outbreaks in the world.

The company has developed an investment opportunity for Crypto buyers like no other on the market.

I. **The company is guaranteeing the initial investment of all buyers that purchase the first one hundred million Tokens by assuring buyers that the company will not have access those funds.** Each buyer is always guaranteed their initial investment.

II. The company is also assuring all buyers of the initial one hundred million Virgin Mint Tokens; that after they have sold their Tokens for a profit, ***the company will Gift each buyer the same number of Virgin Mint Tokens previously purchased at no cost.*** This means the company is setting aside an additional one hundred million Tokens as a special Gift to those buyers purchasing the initial one hundred million Virgin Mint Tokens.

III. The company will also setup special **VIP Wallets** for groups, communities, and large quantity buyers of ***GMTPCI Medi Tokens***.

IV. The company only raises funds for the project from a ***10% Honorarium*** **being charged only on the sale of *Virgin-Minted Tokens*** (The First Sale of a Token(s) from the company to a buyer). This 10 percent Honorarium is not charged after this initial purchase. So, when a founding buyer resells to another new buyer, they will not pay the Honorarium of 10 percent. The token is simply sold at market value. Or if a prior buyer buys from another buyer on a Wallet-to-Wallet basis, they will not pay the 10 percent Honorarium, but instead they'd pay market value. The company will not extract any funds on these transactions. **There is free trading for all buyers and sellers.**

V. The company has created three billion ***GMTPCI Virgin Mint Tokens*** and plans to introduce them in one hundred million tranches or as per market demand. The company requires only the first hundred million to be sold to be able to perform the clinical trials and demonstrate the claimed cures and viable therapies for different pathogens.

VI. The company will form a community on its website and via several social media platforms to keep every Token holder informed of current company events, to discuss company progress, to review increases in Token Value, to keep holders informed about selling strategies most beneficial to the community, to keep holders informed of the completion of tasks as they occur and so they can join the GMTPCI Discord Group (open *only to Token holders*.)

VII. The company will be streaming a ***Live Documentary*** of the company's progress while completing the delineated benchmarks of which the most important benchmark is the commencement of several clinical trials, specifically the **SARS-CoV-2 and HIV/AIDS** trials.

VIII. The timeline to develop and complete these two trials is six to twelve months as of the launch. During this timeframe, it is calculated that as we meet each benchmark, the value of the Tokens will rise. The company speculates that the value of the Tokens could rise to ten dollars or more during the initial six months, with just the **SARS-CoV-2** trial, which will be completed within ninety days. The company believes by proving success in this initial trial alone, that will cause the value of the Tokens to soar to one hundred dollars or more.

IX. Every holder of one hundred or more Tokens, will qualify for future special company offers, discount purchases, to enter to win Gift Tokens, and to participate in company services.

X. Company services include:

a. Access to future GMTUSA Private and Business Loans from the company Treasury,
b. Qualify for all GMT company services developed to promote and help employees and Token holders to live a prosperous, healthy life as a community of people that wish to simply do good for humanity. Hence the company structure mentioned herein,
c. -Qualify for Group Medical & Life Insurance at affordable prices. The company plans to be able to underwrite their own company insurance policies that guarantee low prices and special needs coverage. As the company grows, the possibility of providing health and life insurance at very affordable prices increases, especially if the company has the cure to the world's most catastrophic diseases.
d. -As the company grows, the company plans to invest heavily in creating a ***Special Needs Services Organization*** to help those in need, such as the homeless, those with disabilities and low-income families, and is hopeful that it will be able to promote special community re-education programs that would develop jobs and social betterment programs.
e. The company plans to develop a special fund for disabled and challenged veterans throughout the world as well a Special fund for missing and exploited children.
f. The company also has the goal of participating and co-promoting social entrepreneurial endeavors and activities worldwide.
g. We also have the goal to provide Company Grants, Group Travel & Hospitality Discounts.
h. Token holders will also qualify for emergency treatments for any applicable disease.
i. Token holders will have first rights on all future company produced Official Coin, Tokens or NFT's.
j. Token holders will also receive a personal VIP link to Clinical Trial Documentary and company information and innovations.

k. GMTPCI has the goal of providing International Travel Air rescue to token holders.

l. Token Holders can also participate in NFT of the Documentary Filming.

No other Token on the market offers these guarantees, perks, or special future services to be developed and implemented for the betterment of the world – and just for our Founding Token Holders that made it all possible.

TOKENS CREATED AND HOW THEY WILL BE ISSUED.

Total, Tokens created	3 Billion
General Wallets for multi-trading buyers.	100 million
Four VIP Wallets with 100 million Tokens each	400 million
Tokens to provide liquidity to guarantee all initial investments	500 million
Tokens to be utilized for promotional purposes	500 million
Tokens that remain in GMTUSA main Wallet and to issued at market demand.	1.5 billion
Total Tokens Created	3 billion

-1.5 Billion Tokens left to be issued in future tranches will remain in GMTUSA main Wallet.
-Company agrees to not tap into Funds on main Blockchain Wallets.
-Company will raise its funds via the 10% Honorarium charge per Token sold.
-Gas charged depends on which exchange one purchases GMTPCI Tokens

BENCHMARKS

The company has established a list of Benchmarks to be complete throughout a twelve-month period after launching and selling the first one hundred million GMTPCI Medi Tokens.

The Benchmark timeline would be as follows and is demonstrated in the chart below.

The company has prepared all the Protocols required to present for Government approval in Colombia. Since the company has a history of performing pilot clinical studies in Colombia in HIV/AIDS and Laminitis/Founders and various cases of other infectious diseases, it enjoys the prior Colombian Government approval to perform a Phase II HIV/AIDS clinical trial. With the current pandemic, the Government of Colombia has petitioned us also perform a Phase I SARS Cov-2 clinical trial as well as Leishmaniasis. When petitioned to be able to also complete a veterinarian trial in Laminitis/Founders disease in Cattle & Horses, they agreed.

The company has calculated a timeline to complete the established Benchmarks.

It will take the company thirty days to present all the Protocols and associated documents for a Phase I SARS-CoV-2 Clinical Trial, Phase II HIV/AIDS Clinical Trial, Phase I Leishmaniasis Clinical Trial and for the completion of a Laminitis/Founder Disease Clinical Trial.

Since all protocols and associated documents have been completed, the only requirement is to present them to the Government of Colombia, their equivalent of US FDA, the INVIMA (which has already approved our HIV/AIDS clinical trial) and the Medical University.

Next it will take the Colombian Government and their associated committees, which have already approved us for the HIV/AIDs, sixty days to approve the presented protocols. One key factor is that the company has a history with the Colombian Government, several Government Hospitals and the Medical University that is currently waiting our arrival to perform the clinical trials.

Once the approvals have been acquired, the medical staff in charge of performing the clinical trials, commences participant recruitment, which in prior studies has taken between one to two months.

Next, we commence clinical trials and their completion, for SARS-CoV-2 clinical trial, 3-4 months. But results will be seen within twenty-four to forty-eight hours after treating the first ten participants. That's the critical moment when the truth becomes apparent and via our live streaming documentary, everyone will be able to witness the definitive cure for SARS-CoV-2 within hours. This is the most important clinical trial at the moment and the one that will produce results within hours not months, like the other trials.

The completion timeline for Leishmaniasis is six to twelve months but once again results will be seen within one week to two weeks. The caveat is the number of soldiers to be treated since this disease affects mainly soldiers in the jungles of the amazon, as well as the natives in the region.

The Colombian Military currently transports over one thousand soldiers a month to Bogota to receive medical and surgical treatment. With our technology, the Colombian Military will be able to perform treatments in the field and thereby save the Government millions in transportation costs per year, not to mention all the other tropical diseases we will be able to test in future initial pilot programs.

The completion timeline for HIV/AIDS is twelve to eighteen months and although the company has full Phase II approval, the logistic of this trial is much more complicated and lengthier since it's a comparative clinical trial between the efficacy of the current retroviral medications compared to the efficacy of the GMTPCI Therapy.

We can say that in our Phase I HIV/AIDS clinical trial in the Dominican Republic there was absolutely no competition. Our technology destroyed the virus in vivo, something no viral medication or antibiotic can ever accomplish.

Benchmark Timeline Chart

Benchmarks	1st Mo	2nd Mo	3rd Mo	4th Mo	5th Mo	6th Mo	7th Mo	8th Mo	9th Mo	10th Mo	11th Mo	12 Mo
Present Documents for Final Clinical Trial Approval in: **Phase I SARS-CoV-2** **Phase II HIV/AIDS** **Phase I Leishmaniasis** **Laminitis/Founders**	30 Days											
Obtain Full Clinical Trial Approval for: **Phase I SARS-CoV-2** **Phase II HIV/AIDS** **Phase I Leishmaniasis** **Laminitis/Founder Disease**		60 Days										
Sign Contracts with Sponsoring Medical University and Government Hospitals		60 Days										
Commence Clinical Trial Participant Recruitment				60 Days								
Completion of **Phase I SARS-CoV-2**						3-4 Months						
Completion of **Phase I Leishmaniasis**						6-12 Months						
Completion of **Laminitis/Founder Disease**						3-4 Months						
Completion of **Phase II HIV/AIDS**						6-18 Months						

BENEFITS

The benefits provided by the GMTPCI Medi Token is unparalleled in the Crypto Industry, as well as in the BioMedical Industry. GMTUSA's proprietary technology will revolutionize the medical industry and how we treat pathogens in the future. This is project is the most industry disruptive campaign to date, yet there is no project that could provide such great benefits to the world, as this treatment for pathogens.

The company believes that within five years, PCI Therapy will replace 90% of current treatments utilized today to treat pathogens which are viruses, bacterium, fungi, and parasites. The company's main goal is to perform the required clinical trials for the different pathogens to be treated, such as those mentioned here and others on our priority list.

We commence with ***Influenza*** (the common cold), of which billions are infected with this worldwide and hundreds of thousands succumb to this yearly. ***Lyme Disease*** which is a disease that comes from the bite of a Deer Tick and is six times as prevalent as HIV. This is one of the most debilitating diseases on earth. The disease doesn't quite kill you, but it kills everything that makes a person alive. Then we have ***MERSA*** which is the most infectious disease in hospitals, senior care centers and critical care facilities. And then there is ***Flesh Eating Bacteria***, that has maimed and killed thousands and is resistant to almost every antibiotic on the market. We believe that PCI could cure this disease within seventy-two hours. This next disease has now reared its ugly head in a mutated form throughout the world, ***Hepatitis***. Although there are currently only several hundred reported cases worldwide, there is no known treatment or cure. Then we have the other strains of ***Hepatitis A, B, C, D and E***. All would be treatable with PCI. The list continues in severity of disease, for a total of 80 in humans and 62 in animals. The benefits and the lives to be saved with PCI are incalculable.

The most pressing thought to keep in mind is that we will be attacked again by other pandemic outbreaks in the future - even with SARS CoV-2 and its continued mutations. All it would take for another massive lockdown is for there to be one mutation into a more transmittable strain of any of the mutations now in existence (already on its way with Omicron) and then it would become more lethal. We would once again not have any contingency plan in hand to deal with a deadlier strain except lockdowns.

Enters GMTPCI, once proven that we have a cure, we can then present to the different worldwide medical approving authorities, like the FDA, EMA, INVIMA and others, for an Emergency Use Authorization (EUA)

as given to the different pharmaceutical companies. Obtaining these authorizations, as well as the published and peer reviewed articles presented by the Governments and doctors that performed the trial, would qualify GMTUSA for worldwide grants, contracts, and authorization to continue with the other phases of clinical trials to achieve full approval.

Every time the company meets one of its Benchmarks, its speculates that the value of the Token will rise. How much and how volatile is the question. The company is committed to suppling the blockchain with additional funds, as well as to not tap into the main invested funds - thereby guaranteeing the investor their investment.

The company plans to work with its Token members and keep all the communities and groups involved and up to date on all developments and accomplishments by the company, on a daily basis, via its live streaming documentary, newsletter and various social media outlets.

EVALUATION:

All evaluations will be performed by the physician, investigators, university staff and the Government officials conducting the clinical trials. GMTUSA cannot conduct the clinical trials or publish the results because that would place GMTUSA in the role of judge and jury. What gives the project credibility and legitimacy is the fact that others that are not part of the company are the ones that will conduct and publish the results.

Once the first trial of SARS-CoV-2 is completed, the company will make use of the published results, the peer reviewed opinions and acceptance by multiple countries as a viable method of treating SARS-CoV-2 and in doing so will cause the value of the Token to soar to $100-$300 dollars or more and we will be able to continue on to the Phase II SARS-CoV-2 Clinical Trials in multiple countries. The opportunity for investors in the *GMTPCI Medi Token* is incalculable and the company will be available to ensure that all goals are met and thus provide investors with not only economic gains, but also social benefits worldwide.