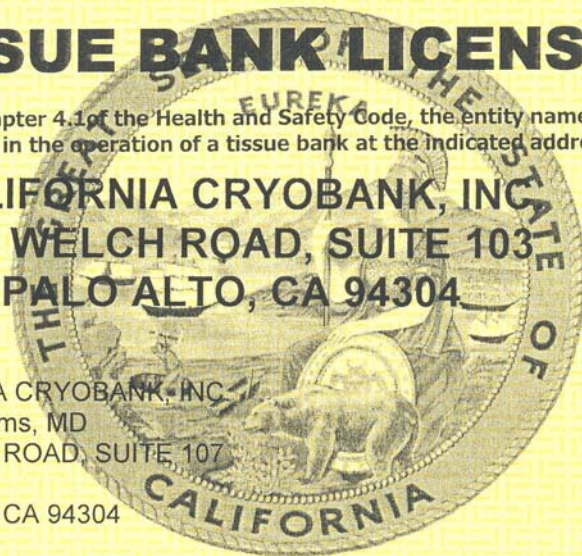


STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
TISSUE BANK LICENSE

In accordance with Division 2, Chapter 4.1 of the Health and Safety Code, the entity named below is hereby licensed to engage in the operation of a tissue bank at the indicated address

CALIFORNIA CRYOBANK, INC
700 WELCH ROAD, SUITE 103
PALO ALTO, CA 94304

Owner(s) Name: CALIFORNIA CRYOBANK, INC
Charles A Sims, MD
Address: 700 WELCH ROAD, SUITE 107
City, State, Zip: PALO ALTO CA 94304
TISSUE BANK ID NUMBER: **CNC 80009**
Issuance Date: **JULY 2, 2008**
Expiration Date: **JULY 1, 2009**



A handwritten signature in black ink, reading "Karen L Nickel".

Karen L Nickel, Ph.D, Chief
Laboratory Field Services