

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.
1019 GAYLEY AVENUE
LOS ANGELES, CA 90024

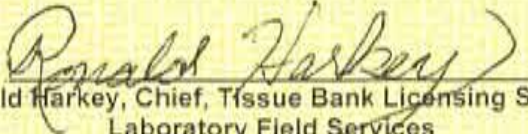
Owner(s) Name: CALIFORNIA CRYOBANK, INC.
Address: 1019 GAYLEY AVENUE
City, State, Zip: LOS ANGELES CA 90024

TISSUE BANK ID NUMBER: **CNC 80007**

Issuance Date: **JUNE 22, 2010**

Expiration Date: **JUNE 21, 2011**

Tissue Bank Director
CHARLES A. SMS, M.D.


Ronald Harkey, Chief, Tissue Bank Licensing Section
Laboratory Field Services