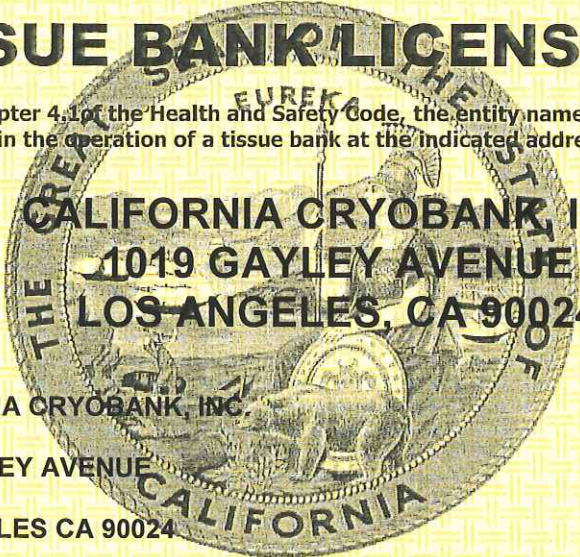


STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

**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.

Tissue Bank Director:

Address: 1019 GAYLEY AVENUE

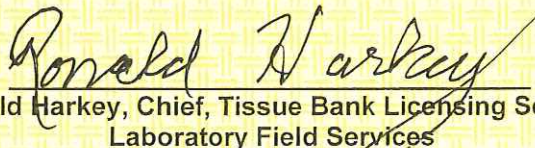
CHARLES A. SIMS, M.D.

City, State, Zip: LOS ANGELES CA 90024

TISSUE BANK ID NUMBER: CNC 80007

Issuance Date: JUNE 22, 2012

Expiration Date: JUNE 21, 2013

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