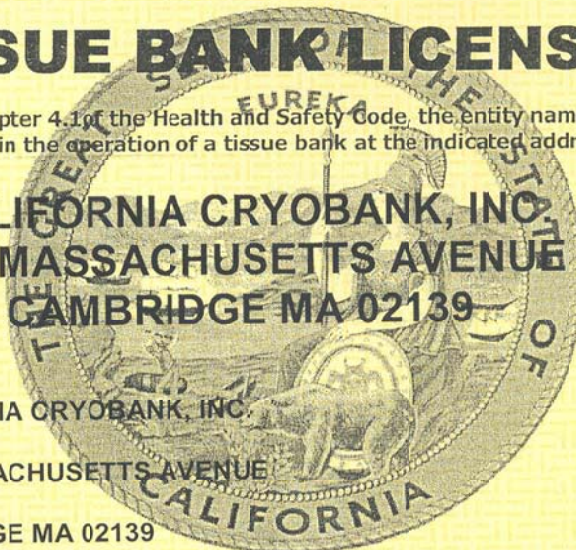


STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
TISSUE BANK LICENSE

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
950 MASSACHUSETTS AVENUE
CAMBRIDGE MA 02139



Owner(s) Name: CALIFORNIA CRYOBANK, INC

Address: 950 MASSACHUSETTS AVENUE

City, State, Zip: CAMBRIDGE MA 02139

TISSUE BANK ID NUMBER: CNC 80305

Issuance Date: MAY 01, 2008

Expiration Date: APRIL 30, 2009

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

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