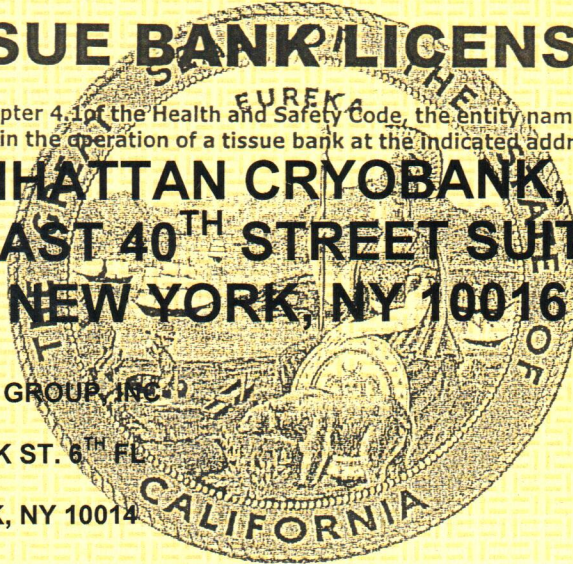


STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

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

**MANHATTAN CRYOBANK, INC**  
**110 EAST 40<sup>TH</sup> STREET SUITE 101**  
**NEW YORK, NY 10016**



Owner(s) Name: **LIFEPRIINT GROUP, INC.**

Tissue Bank Director:

Address: **175 VARICK ST. 6<sup>TH</sup> FL**

**GRACE CENTOLA, MD**

City, State, Zip: **NEW YORK, NY 10014**

TISSUE BANK ID NUMBER: **CNC 81014**

Issuance Date: **JULY 02, 2016**

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

Expiration Date: **JULY 01, 2017**