

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 listed tissue bank operation(s) at the indicated facility address.

**CALIFORNIA CRYOBANK, LLC**  
**369 LEXINGTON AVENUE, STE. 401**  
**NEW YORK NY 10017**

**OWNER(S):**

CALIFORNIA CRYOBANK, LLC  
CRYOBANK HOLDINGS, LLC  
GI PARTNERS / GI CHILL PARENT, LLC

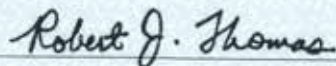
**DIRECTOR(S):**

JAIME SHAMONKI MD

**TISSUE BANK ID Number: CTB 00080927**

**Issuance Date: August 5, 2020**

**Expiration Date: August 4, 2021**



*Robert J. Thomas*

Robert J. Thomas, Acting Branch Chief  
Laboratory Field Services