

**State of California Department of Public Health**  
**CLINICAL LABORATORY LICENSE**

In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a license authorizing operation of a clinical laboratory at the indicated address or other site(s) on file with the department.

**CALIFORNIA CRYOBANK, CALIFORNIA CRYOBANK STEM CELL SERVICES, LLC**  
**11915 LA GRANGE AVE**  
**LOS ANGELES CA 90025**

**OWNER(S):**

CA CRYOBANK, LLC & CA CRYOBANK STEM CELL SERVICES, LLC  
CHARLES SIMS MD  
CAPPY ROTHMAN MD

**DIRECTOR(S):**

JAIME M SHAMONKI MD  
CHARLES A SIMS MD

**Lab ID Number: CLF 00011085**

**Effective Date: December 29, 2016**

**Valid Until: December 28, 2017**

**CLIA Number: 05D0542313**

*Robert J. Thomas*

Robert J. Thomas, Acting Branch Chief  
Laboratory Field Services