(Rev. November 2017) Department of the Treasury Internal Revenue Service

# **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	d Name (as shown as your bases at the setum) Name to see that a third than the set to the	le.				and the second second		-				
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. TISSUE REGENIX WOUND CARE INC.											
Print or type. Specific Instructions on page 3.	2 Business name/disregarded entity name, if different from above											
	TRX BIOSURGERY INC											
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Confoliowing seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):										
	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC	Exempt payee code (if any)										
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partr											
	Note: Check the appropriate box in the line above for the tax classification of the single-member LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sis is disregarded from the owner should check the appropriate box for the tax classification of its owners.	LC is	Exemption from FATCA reporting code (if any)									
	☐ Other (see instructions) ▶		(Applies to accounts maintained outside the U.S.)									
	5 Address (number, street, and apt. or suite no.) See instructions.	name a	and address (optional)									
See	1808 UNIVERSAL CITY BLVD											
U)	6 City, state, and ZIP code											
	UNIVERSAL CITY, TX 78148											
	7 List account number(s) here (optional)											
Par	Taxpayer Identification Number (TIN)											
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to a		Soc	cial sec	urity	numbe						
	packup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other											
	entities, it is your employer identification number (EIN). If you do not have a number, see How to get a											
TIN, later.												
140te: If the account is in more than one harre, occ the method delicite in the 1.7 tice cos 777tat 71am and							identification number					
Numb	Number To Give the Requester for guidelines on whose number to enter.						3 3	3 3	7	8		
				Ĺ	- 0	3 8			Ľ			
Part												
	penalties of perjury, I certify that:											
2. I am Sen	number shown on this form is my correct taxpayer identification number (or I am waiting for not subject to backup withholding because: (a) I am exempt from backup withholding, or (vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest onger subject to backup withholding; and	b) I have r	not b	een n	otified	d by the	e Int					
3. I am	a U.S. citizen or other U.S. person (defined below); and											
4. The	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA report	ing is corr	ect.									
you ha	cation instructions. You must cross out item 2 above if you have been notified by the IRS that we failed to report all interest and dividends on your tax return. For real estate transactions, item tion or abandonment of secured property, cancellation of debt, contributions to an individual remain interest and dividends, you are not required to sign the certification, but you must provide you	2 does no tirement ar	t app	oly. Fo	r mor	tgage ii , and g	ntere ener	est pa ally, p	id, baymo	ents		
Sign Here	Signature of U.S. person ► Color Klasval	Date ►	3	3/15	12	018	,		-			
Ger	neral Instructions • Form 1099-DIV (	dividends,	incl	uding	those	from s	stoc	s or	mutı	al		

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

# Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

# American Association of Tissue Banks

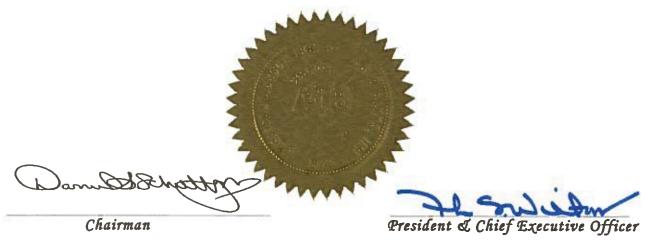
Herewith certifies that the Institution named here

# Community Tissue Services - Dayton Dayton, Ohio

has met the Association's accreditation requirements and is hereby accredited for Donor Eligibility Assessment and Authorization; Recovery, Processing, Release, Storage, and Distribution of Skin, Musculoskeletal and Cellular Tissue for Transplantation; Recovery of Cardiac and Vascular Tissue for Transplantation; and Processing, Storage and Distribution of Autologous Tissue for Transplantation

November 9, 2016 - November 9, 2019

In witness whereof the undersigned officers, being duly authorized, have caused this Certificate to be issued and the Corporate Seal of this Association to be affixed hereon this the 23rd day of November 2016



Accreditation # 00035/9

# American Association of Tissue Banks

Herewith certifies that the Institution named here

# CellRight Technologies A Subsidiary of Tissue Regenix University City, TX

has met the Association's accreditation requirements and is hereby accredited for Donor Eligibility Assessment, Processing, Release, Storage, and Distribution of Musculoskeletal, Skin and Birth Tissue; and Storage and Distribution of Cardiac Tissue for Transplantation

May 9, 2019 – March 8, 2022

In witness whereof the undersigned officers, being duly authorized, have caused this Certificate to be issued and the Corporate Seal of this Association to be affixed hereon this the 9th day of May 2019



Janis & Barnes III

Drane H Brick

Chair, AATB Board of Governors

Chair-Elect, AATB Board of Governors

# DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE

## FOOD AND DRUG ADMINISTRATION

# ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS **DESCRIBED IN 21 CFR 1271.10**

Ext.:

FEI: 3009234552

Other FDA Registrations:

Blood: Devices: Drugs:

Reason For Last Submission: Annual Registration/Listing

Last Annual Registration Year: 2019 Last Registration Receipt Date: 12/09/2018 Summary Report Print Date: 12/19/2018

Legal Name and Location:

CellRight Technologies 1808 Universal City Blvd

Universal City, Texas 78148

Phone: 210-659-9353

Reporting Official:

Robin M Sullivan, VP of Regulatory Affairs

1808 Universal City Blvd Universal City, Texas 78148

USA

Phone: 210-659-9353 Ext. rsullivan@cellrighttechnologies.com Satellite Recovery Establishment:

No

Parent Manufacturing Establishment FEI No.:

Testing For Micro-Organisms Only: No

Note: FDA acceptance of an establishment registration and HCT/P listing does not constitute a determination that an establishment is in compliance with applicable rules and regulations or that the HCT/P is licensed or approved by FDA (21 CFR

1271.27(b)).

		Establishment Functions										
HCT/P(s)	Donor Type(s)	Recover	Screen	Donor Testing	Package	Process	Store	Label	Distribute	Date of Discontinuance	Date of Resumption	Proprietary Name(s)
Amniotic Membrane			Х		Х	Х	Х	Х	X			AmnioWorks
Blood Vessel												
Bone			Х		Х	Х	Х	Х	Х			***See full text on next page.
Cardiac Tissue - non-valved												
Cartilage												
Cornea												
Dura Mater												
Embryo												
Fascia			Х		Х	Х	Х	Х	Х			
Heart Valve												
HPC Apheresis												
HPC Cord Blood												
Ligament			Х		Х	Х	Х	Х	Х			
Nerve Tissue												
Oocyte												
Ovarian Tissue												
Pancreatic Islet Cells - autologous												
Parathyroid												
Pericardium			Х		Х	Х	Х	Х	Х			
Peripheral Blood Mononuclear Cells												
Peritoneal Membrane												
Sclera												
Semen												
Skin			Х		Х	Х	Х	Х	Х			MatrixIQ Dermis, DermaPure
Tendon			Х		Х	Х	Х	Х	Х			
Testicular Tissue												
Tooth Pulp												
Umbilical Cord Tissue												

Additional Information: No additional information provided.

Proprietary Name(s): Bone MatrixOI, FlexIT, Influx, MatrixCellect 100 DBM Putty, MatrixCellect 100 DBM Crunch, ConCelltrate 100, DentalFix

FEI: 3009234552