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To Cosmo Bio USA Agreement for AteloGene® Usage Your Name (Print): Association: Position: Address: Tel: Fax: E-mail: Check the boxes below, if you agree about each item. Regarding AteloGene® that I obtained from your company hereafter, I agree as follows: □ 1. I shall never use AteloGene® for testing in human beings. □ 2. I shall never use AteloGene® for applying new patents without Koken's written consent. □ 3. I shall not transfer, deliver, sell, assign or let use AteloGene® to the person, or the organization which is beyond the scope of my control and responsibility without prior written consent from Koken. Signature Date