

**DEPARTMENT OF PUBLIC HEALTH**850 Marina Bay Parkway, Bldg P, 1<sup>st</sup> Floor  
Richmond, CA 94804-6403  
(510) 620-3800

Dear Tissue Bank:

Attached below is your tissue bank license.  
Your license is void after the expiration date.NOTE: Application for renewal of license must be filed  
with the department not less than 30 days prior to its  
expiration date and shall be accompanied by the annual  
renewal fee. (CA H&S Code §1639.2)COMMUNITY TISSUE SERVICES – TOLEDO  
349 S. MAIN STREET  
DAYTON, OH 45402

ATTN: PATTY MALONE, QA DIRECTOR

**FORFEITURE OF LICENSE**A Tissue Bank license shall be forfeited by operation of law  
prior to its expiration date when one of the following occurs:

- (1) The tissue bank is sold or otherwise transferred.
- (2) The license is surrendered to the state department.

**QUESTIONS AND INFORMATION:**

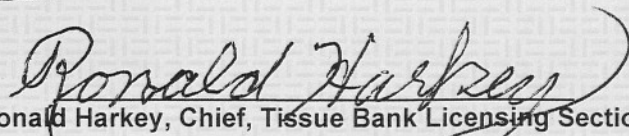
If you have any questions, please write to:

STATE OF CALIFORNIA  
DEPT. OF PUBLIC HEALTH  
Laboratory Field Services  
850 Marina Bay Parkway, Bldg P, 1<sup>st</sup> Floor  
Richmond, CA 94804-6403

Thank you for your cooperation.

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**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**COMMUNITY TISSUE SERVICES – TOLEDO**  
**2439 N. HOLLAND SYLVANIA ROAD**  
**TOLEDO OH 43615**Owner(s) Name: **COMMUNITY TISSUE SERVICES**  
Reg Dawson – Tissue Bank DirectorAddress: **2439 N.HOLLAND SYLVANIA ROAD**City, State, Zip: **TOLEDO OH 43615**TISSUE BANK ID NUMBER: **CNC 80349**Issuance Date: **JUNE 25, 2009**Expiration Date: **JUNE 24, 2010**  
Ronald Harkey, Chief, Tissue Bank Licensing Section  
Laboratory Field Services