



**HANS BIOMED USA, Inc.**  
140 sylvan Ave Suite #4 Englewood Cliffs, NJ 07632  
TEL: 201 224 2333 FAX: 201 221 2330

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Aug 2, 2016

To Whom it May Concern,

Hans Biomed manufactures Exponent™ DBM and PureBone™ Demineralized Cancellous products for Bioventus. Exponent™ DBM product was cleared under the trade name SurFuse Gel and Putty and ExFuse Gel and Putty (the clearance letter can be downloaded directly from [www.fda.gov](http://www.fda.gov)).

Exponent™ DBM products are indicated for bony voids or gaps that are not intrinsic to the stability of the bony structure. They are intended to be gently packed into bony voids or gaps of the skeletal system (posterolateral spine). These defects may be surgically creased osseous defects or osseous defects created from traumatic injury to the bone.

Should you have any further questions, please feel free to contact me directly.

Best regards,

A handwritten signature in blue ink, appearing to read "Jamie Park", is written over a horizontal line.

Jamie Park  
Hans Biomed USA, Inc.

# Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Bioventus LLC</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>P</b> <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <b>4721 Emperor Boulevard</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Durham, NC 27703</b>	
	7 List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
4	5	-	3	9	3	5	6	2	8

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>1/20/2016</b>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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)
- Form 1099-DIV (dividends, including those from stocks or mutual 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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

# *American Association of Tissue Banks*

*Herewith certifies  
that the Institution named here*

*HansBiomed Corporation  
Daejeon, Republic of Korea*

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

*June 28, 2016 – September 18, 2018*

*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 19<sup>th</sup> day of July 2016*



*Daniel D. Schottky*

*Chairman*

*H. G. Williams*

*President & Chief Executive Officer*

*Accreditation # 00207/2*

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION <b>ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES,                  AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps)</b> (See reverse side for instructions)	<b>1. REGISTRATION NUMBER</b> (FDA Establishment Identifier)  FEI: 3003828812	<b>2. REASON FOR SUBMISSION</b> a. <input type="checkbox"/> INITIAL REGISTRATION / LISTING b. <input checked="" type="checkbox"/> ANNUAL REGISTRATION / LISTING c. <input type="checkbox"/> CHANGE IN INFORMATION d. <input type="checkbox"/> INACTIVE	<b>VALIDATION--FOR FDA USE ONLY</b> VALIDATED BY FDA:21-DEC-2014 DISTRICT: Int'l Operations Group PRINTED BY FDA:02-FEB-2015
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PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION														14. PROPRIETARY NAME(S)
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps									11. HCT/Ps DESCRIBED IN 21 CFR 1271.10	12. HCT/Ps REGULATED AS MEDICAL DEVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS			
	Establishment Functions														
	Types of HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute						
<b>4. PHYSICAL LOCATION</b> (Include legal name, number and street, city, state, country, and post office code) Hans Biomed Corporation  64, yuseong-daero 1628 beon-gil Youseong-gu, Daejeon, KR-30 Korea, Republic Of  a. PHONE 822-466-2266 EXT _____ b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. _____) c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY	a. Bone		X		X	X	X	X	X	X	X			*** See full text on next page	
	b. Cartilage														
	c. Cornea														
	d. Dura Mater														
	e. Embryo <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous														
	f. Fascia			X		X	X	X	X	X	X			Bellagen-F	
	g. Heart Valve														
	h. Ligament			X		X	X	X	X	X	X				
	i. Oocyte <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous														
	j. Pericardium														
<b>6. MAILING ADDRESS OF REPORTING OFFICIAL</b> (Include institution name if applicable, number and street, city, state, country, and post office code) Hans Biomed Corporation Attn: Lucy Choi c/o Calways 105 Welker Ct Campbell, California 95008  a. PHONE 408-676-9063 EXT _____	k. Peripheral Blood Stem <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic														
	l. Sclera														
	m. Semen <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous														
	n. Skin			X		X	X	X	X	X	X			*** See full text on next page	
	o. Somatic Cell Therapy Products <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic														
	p. Tendon			X		X	X	X	X	X	X				
	q. Umbilical Cord Blood <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic														
	r. Vascular Graft														
	<b>7. ENTER CORRECTIONS TO ITEM 6</b> a. PHONE _____ b. PHONE _____	s.													
		t.													
u.															
v.															
<b>8. U.S. AGENT</b> Shane Liu, RAC Calways International, LLC 105 Welker Ct, Campbell, California 95008  a. E-MAIL fda@calways.net 408-676-9063															
<b>9. REPORTING OFFICIAL'S SIGNATURE</b>  a. TYPED NAME Lucy Choi b. E-MAIL fda@calways.net c. TITLE Regulatory Affairs Manager d. DATE 20-DEC-2014															

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 (HCT/Ps)**  
(See reverse side for instructions)

**1. REGISTRATION NUMBER**  
(FDA Establishment Identifier)  
  
FEI: 3003828812

**ADDITIONAL INFORMATION:**

**Proprietary Name(s):**

- a. Bone      SureOss, OsteoGrow, SureChip, SureBlock, Genesis,  
                  Pedi-Stick, INGROSS, CANOSS, OsteOss, Genesis  
                  Sponge, ExFuse, SurFuse,
- n. Skin      Belloderm, Bellagen, SureDerm, Sheba, RegenCell,  
                  AlloCover, GPS, CPS

# 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)

### 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.

**HANS BIOMED USA, INC**  
**140 SYLVAN AVE., SUITE #4**  
**ENGLEWOOD CLIFFS, NJ 07632**

**ATTN: JAMIE PARK**

### 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.

Tear Here

Tear Here

## 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

**HANS BIOMED USA INC**  
**140 SYLVAN AVE., SUITE #4**  
**ENGLEWOOD CLIFFS, NJ 07632**

Owner(s) Name: **HANS BIOMED CORP**

Address: **8<sup>TH</sup> 16-4 SUNGSU-DONG GU**

City, State, Zip: **SEOUL, KOREA**

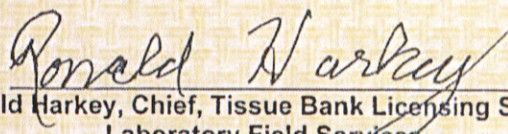
TISSUE BANK ID NUMBER: **CNC 80867**

Issuance Date: **OCTOBER 18, 2015**

Expiration Date: **OCTOBER 17, 2016**

Tissue Bank Director:

**HYEON GYU PARK**

  
Ronald Harkey, Chief, Tissue Bank Licensing Section  
Laboratory Field Services

# *American Association of Tissue Banks*

*Herewith certifies  
that the Institution named here*

***BioStructures, LLC  
Newport Beach, California***

*has met the Association's accreditation requirements  
and is hereby accredited for Storage and Distribution  
of Musculoskeletal Tissue for Transplantation  
as a Tissue Distribution Intermediary*

*September 16, 2014 – September 16, 2017*

*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  
16<sup>th</sup> day of September 2014*



*J. Ken Comant*

*President*

*J. R. Swidom*

*Chief Executive Officer*

**STATE OF CALIFORNIA**

**DEPARTMENT OF PUBLIC HEALTH  
FOOD AND DRUG BRANCH**

**DEVICE MANUFACTURING LICENSE**

**BioStructures, LLC.  
1201 Dove Street, Suite 470  
Newport Beach, CA 92660**

**LICENSE NUMBER: 56311  
EXPIRATION DATE: 9/22/2016**



The person named herein is licensed to manufacture devices through the expiration date of this license. This annual license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500