

Statement of Authority

The undersigned representative state the following under oath:

1. Cell Marque Corporation, incorporated in the state of Texas, is an IVD device manufacturer with offices at 6600 Sierra College Blvd., Rocklin, CA 95677, U.S.A., with U.S. FDA establishment registration #1649339.
2. Ventana Medical Systems, Inc., incorporated in the state of Delaware, with its principal place of business at 1910 E. Innovation Park Drive, Tucson, AZ 85755, U.S.A., is the exclusive world-wide distributor of Cell Marque IVD products with PNs 760-XXXX and/or carrying the VENTANA logo on the product labeling.
3. Cell Marque Corporation authorizes Ventana Medical Systems, Inc. and its designated in-country representatives to perform regulatory registrations, obtain any necessary licenses, and provide any required documents, including change notifications, and applicable notices and declarations to Health Authorities regarding the above-described IVD products internationally, in all countries except the U.S.A., Canada and EU/EEC.
4. Cell Marque Corporation authorizes Ventana Medical Systems, Inc. and its designated in-country representatives to provide any required documents, including change notifications, applicable notices and declarations to Customs' authorities and to other institutions, as required to participate in competitive bids or tenders, or any similar activity to support commercialization in countries outside the U.S.A. where these products are distributed.
5. For countries outside the U.S.A., Cell Marque Corporation authorizes Ventana Medical Systems, Inc. and its designated in-country representatives to implement any recalls or field actions and communications regarding above products, as may be required by Cell Marque Corporation, Ventana Medical Systems, Inc., or as directed by the local authorities.

Lauren Hopson
Lauren Hopson
Head of Commercial for Tissue Diagnostics

2/12/18
Date

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Placer

On 12 Feb 2018 before, Margaret Rice Notary Public
Date Here Insert Name and Title of the Officer

Personally appeared Lauren Hopson
Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Place Notary Seal Above

WITNESS my hand and official seal.

Signature: Margaret Rice
Signature of Notary Public