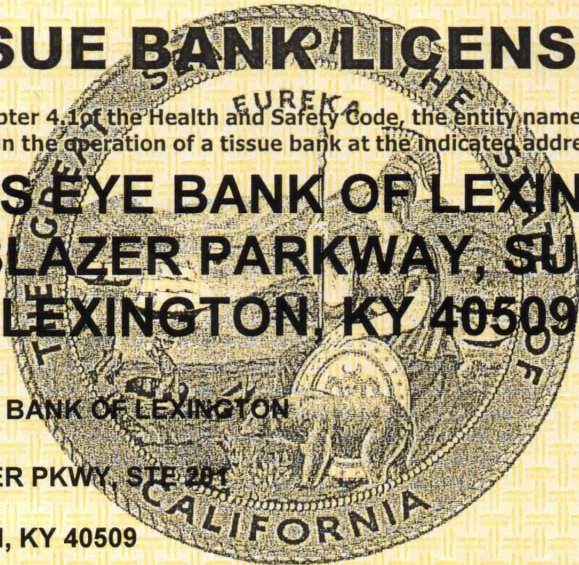


**STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH**

**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

**LION'S EYE BANK OF LEXINGTON  
3290 BLAZER PARKWAY, SUITE 201  
LEXINGTON, KY 40509**



Owner(s) Name: **LION'S EYE BANK OF LEXINGTON**

Tissue Bank Director:

Address: **3290 BLAZER PKWY, STE 201**

**ROBERT GAYHEART, CEBT**

City, State, Zip: **LEXINGTON, KY 40509**

TISSUE BANK ID NUMBER: **CNC 80488**

Issuance Date: **MAY 31, 2015**

*Ronald Harkey*  
\_\_\_\_\_  
Ronald Harkey, Chief, Tissue Bank Licensing Section  
Laboratory Field Services

Expiration Date: **MAY 30, 2016**