



*Certifies that the Institution named below:*

***KANSAS EYE BANK***  
***a division of Saving Sight***  
***Wichita, KS***

*has met the association's Medical Standards and accreditation requirements and is hereby accredited for the following eye bank functions:*

**Recovery**

***Effective Dates***

October 16, 2025 – October 30, 2028

A handwritten signature in black ink, appearing to read "A. C. ...", positioned above a horizontal line.

*Chair, Board of Directors*

A handwritten signature in black ink, appearing to read "K. P. ...", positioned above a horizontal line.

*President & CEO*

Accreditation # 0025212