



Dear Tissue Bank Director:

Attached below is your tissue bank license.  
Your license is void after the expiration date.

NOTE: Applications 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)

SEATTLE SPERM BANK, LLC  
4915 25TH AVE NE STE 204W  
ATTN: ANGELO ALLARD  
SEATTLE WA 98105-5668

**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:

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
Laboratory Field Services, Tissue Bank Section  
850 Marina Bay Parkway, Building P, 1<sup>st</sup> Floor  
Richmond, CA 94804-6403

Internet Address: [www.cdph.ca.gov/LFS](http://www.cdph.ca.gov/LFS)  
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 listed tissue bank operation(s) at the indicated facility address.

**SEATTLE SPERM BANK, LLC**  
**4915 25TH AVE NE, STE 204W**  
**SEATTLE WA 98105**

**OWNER(S):**

SEATTLE SPERM BANK, LLC  
GREG MOGA  
FREDRIK ANDREASSON

**DIRECTOR:**

JAMES KUAN MD

**TISSUE BANK ID Number: CTB 00080771**

**Issuance Date: July 5, 2024**

**Expiration Date: July 4, 2025**

Robert J. Thomas, Branch Chief  
Laboratory Field Services