International Depositary Authority of Canada

National Microbiology Laboratory, Public Health Agency of Canada 1015 Arlington Street Tel: (204) 789-6030 Winnipeg, Manitoba Canada R3E 3R2 Fax:(204) 789-2018

International Form IDAC/BP/1

STATEMENT IN THE CASE OF AN ORIGINAL DEPOSIT

(in compliance with the Budapest Treaty on the International Recognition of the Deposit of Microorganisms for the Purpose of Patent Procedure)

The undersigned hereby deposits under the Budapest Treaty the microorganism identified hereunder and undertakes not to withdraw the deposit for the period specified in Rule 9.1 of the Treaty (30 years from date of deposit). The undersigned further certifies that if a strain should deteriorate during the period of time so specified, due to causes other than negligence of IDAC staff, that it is depositor's responsibility to replace it with a living culture of the identical organisms or cell. For deposits of viruses, cell cultures and plasmids, it is the depositor's responsibility to supply a sufficient quantity for distribution during the period of time specified above. The depositor understands that if the deposit is accepted by IDAC, that this form will be contractually binding on both parties.

Type Or Print Neatly in Duplicate. Attach A Separate Page If More Space is Required.

Identification of Deposit Name of Deposit: Strain designation (numbers, symbols etc): Details of Culture: Is this a mixture of microorganisms or cells? If yes, provide a complete list of all components of the mixture: If the deposit is a mixture, provide at least one method of verification of the presence of all components:

Treatment of the Deposit Conditions required for storage of the deposit: Conditions required for cultivation of the deposit: Conditions required for viability testing of deposit: Is the depositor aware of any properties of the deposit which are, or may be, hazardous to health or the environment? □ Yes □ No If yes, list any such properties of the deposit:_____ Proposed scientific description or taxonomic designation of the deposit (optional): Further information about the deposit is attached (eg. Source, other institutions with samples..) Yes □ No

Depositor/Notification Information Name of Depositor: Address: Individual to whom official notification should be sent (if different than depositor): Address: Will a patent agent be responsible for all communications with the IDAC? Yes □ No If yes, name and address of patent agent: _____ Should IDAC send copies of the original receipt of deposit and viability statement to the The undersigned requests official notification of all requests for samples of the deposit: Yes In addition to those entitled to receive samples under the Budapest Treaty, the sample should be made available to: Deposited on behalf of:

The depositor knows and will observe all of the provisions of the Budapest Treaty, in particular a) the provisions of all information required by IDAC, b) payment of all necessary fees, c) authorization for IDAC to furnish samples according to applicable patent requirements. The depositor will compensate IDAC for any damage it may sustain as a consequence of handling the deposit under the conditions specified above, and indemnify IDAC against any action incurred as a result of the release of samples, unless such action is a result of negligence on the part of IDAC staff. Any dispute shall be governed by Canadian law.

Signature of Depositor