

Third-Party Release

charles SCHWAB

www.schwab.com
1-800-435-4000

- Complete this form to release securities to a third party.
- Must be signed by the registered owner(s) on the certificate(s).
- Ensure that the form is notarized.
- If this is for an estate issue, please call 1-800-742-6262.

I, _____, request that you place _____
(Registered Name on Certificate) (Number of Shares)
 of _____ into the following account.
(Name of Company)

Name as It Appears on the Account (print) (First)	(Middle)	(Last)
SIGN (Surgical Implant Generation Network)		
Home Street Address (no P.O. boxes)	City, State, Zip Code	
451 Hills Street Suite B	Richland, WA 99354	
Account Number		

You may, for all purposes whatsoever, treat the account holder(s) listed above as the sole owner(s) of said securities and proceeds thereof.

Signatures

Note: Signature(s) must correspond with the name(s) written on the face of the certificate(s) or bond(s) in every particular section without alteration.

Signature(s) and Date(s) Required

X

Account Holder Signature

Print Name as It Appears on Certificate

Date

X

Additional Account Holder Signature

Print Name as It Appears on Certificate

Date

Signatures Must Be Notarized

State of _____, County of _____ On _____ before me, _____ <small>(mm/dd/yyyy)</small> <small>(Name and Title of the Notarizing Officer)</small> personally appeared _____ <small>(Name of Person[s] Signing Instrument)</small> 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 _____ that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Notary Public _____ Expiration Date _____ <small>(Signature of Notarizing Officer)</small> <small>(mm/dd/yyyy)</small>	(NOTARY SEAL)
---	---------------

*Notaries outside of California may attach the appropriate notarizing declaration in lieu of the above.

