





A Delaware C-Corporation, established 2023

Human Cell Samples with Clinical Data for Preclinical Research



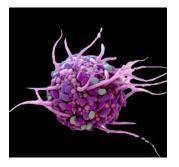


OUR PRODUCTS AND SERVICES



Human Cell Samples

- Whole Blood
- Bone Marrow
- Cord Blood¹
- Mobilized Blood
- Nasal Swaps and other Tissue Samples



Isolated Cells*

*isolation by apheresis = a procedure in which blood is drawn and separated into its components by dialysis; some are retained, and the rest are returned to the donor by transfusion. Conducting research on an isolated population of cells, rather than a heterogenous mixture of cells, is a common approach to reduce experimental complexity. This allows research to confidently attribute observed effects and responses to a particular cell-type. Customized Laboratory Services and Real-Time Data Integration

FIRST CHOICE

BUSINESS COURIERS A Division of FBC Enterprises LLC

Customized Courier Delivery Services

Global, Same Day and On Demand

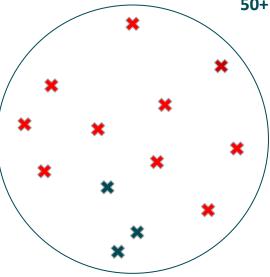
FOR RESEARCH PURPOSES ONLY!

1

Soon to be complemented with a game changer, STEM-CELLS FROM MATERNAL MILK, becoming available late Q1 2025



THE APPROACH



Blind Samples; Aiming for One-Cure-Fits-All; Stab-In-The-Dark Approach; 75-80% Failure Rates for

Reproducibility and Translation into Clinical Phase I.

50+ Years of Research

Samples from the General Population; No Upfront Data; If the biomarkers are not similar, the sample fails Reproducibility

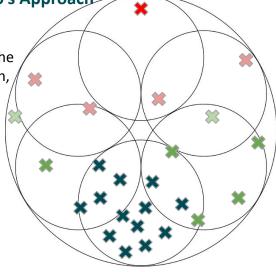
> = high reproducibility / high drug efficacy potential

VS

- iower reproducibility / indicating
- potential but drug may need adjusting
- if = refocus, different approach needed
- 🗙 = no reproducibility

First Choice Bio's Approach

Samples from Subcategories of the General Population, Based on Similar Biomarkers, i.e. Individualization of Samples



Individualized Smart Samples, Based on Real-Time generated Data; Focus at First on One Subcategory, Based on Biomarkers; Then the Overlapping Subcategories, and so on; Expanding the Approach Logically from Within;

Improved Reproducibility and Translation Rates.



THE PROBLEM

- DONOR and REPEAT DONOR SHORTAGES 10+% Annual Global Increase in Demand = Sample Shortages & Delays
- A LACK OF DONOR DIVERSITY = Non-representative Cell Samples
- COMPROMISES ON SAMPLE QUALITY & RELIABILITY = Unworkable Cell Samples

THE CONSEQUENCES

75+% Of all preclinical research fails Reproducibility and Translation into clinical Phase I, resulting in: \$35+B In Wasted Resources, annually, in the US alone! Globally \$80+B





INTRODUCING: SMART SAMPLES

1: First Choice Bio will be an **A.I. driven** Preclinical Research Supply Company, emphasizing on Precision, Quality and Service, Speed and Scalability.

2: With **Data Backed** Market Penetration through samples with deep, Real-Time, Clinical Insights.

3: And **Integrate** Donor and Researcher Ecosystems, choosing to be the seamless, dynamic and secure, A.I. aligned Connection between all parties.





THE SOLUTION (2) OUR INTELLECTUAL PROPERTY

1: Patent pending On the collection process: A.I.-composed questionnaires to prompt certain physiological responses from a donor-subject, before and / or during the collection process. (USPTO # 63470604)



2: Patent pending On the production process:

Employing innovative laboratory services to provide unique and Real-Time Data to take away the current stab-in-the-dark approach. (USPTO # 63466905)

3: Applying these patents, our ever increasing generative and interactive databases will align our SMART samples with Researchers' Demands, helping them to improve on reproducibility and translation rates.





We will pivot towards LMI (Low & Medium Income) neighborhoods for more Donors

We will pivot towards BIPOC (Black, Indigenous and People of Color) communities for more Donor **Diversity**.

Reimbursing our donors generously for their efforts is therefore part of our **social impact**!

And one can argue that saving the research industry billions of dollars on an annual basis is also a form of social impact. It will open the road and speed up the access and availability to **more personalized and individualized drug treatments** and ultimately **disease prevention, based on biomarker combinations**.

Moving away from the one cure fits all approach, because so far it never has!*



Y.

AND ALSO: COLLABORATIONS

A <u>Strategic Partnership</u> with **Rxperius** gives us Access to 1M+ Disease State Donors.

A Partnership with UMASS Biorepository for frozen Disease State Tissue Samples.

An **Exclusive** Global Sales Agreement of a brand new Maternal Milk stem-cell product-line, becoming available end of Q1, 2025 through **STEMilk, Inc.**

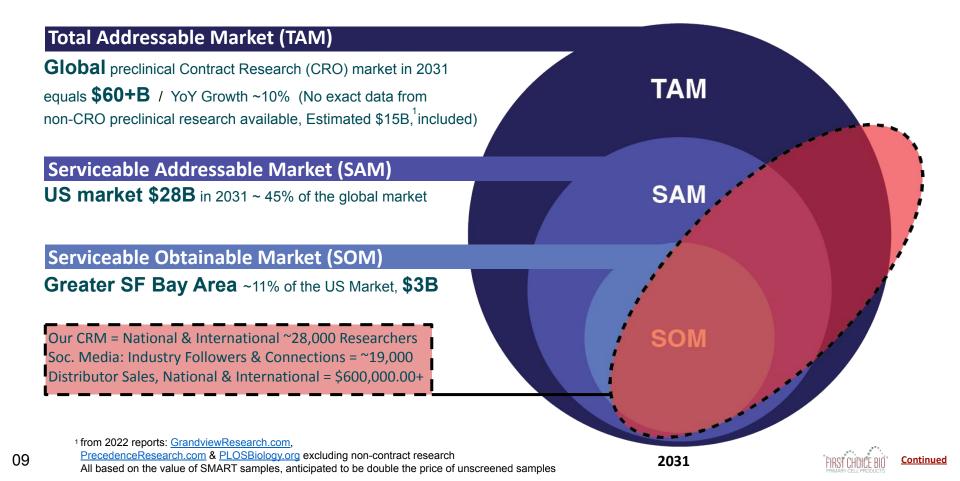
Multiple <u>**Collaborations**</u> provide us with a slew of Laboratory Services, which we can offer additionally.

Always on the look-out for more Strategic Partnerships, because: To speed up Research, the World needs more Collaboration!



THE MARKET (PART 1, FOR THE SAN FRANCISCO CENTER)





OUR GLOBAL OPPORTUNITY (THE MARKET, PART 2)



The global market for SMART preclinical research samples will be ~\$60B in size by 2031.



The main advantage of the US and some European countries is that we are able to reimburse donors for their contributions. While many Asian populations have religious or ideological objections against tissue sample donations of any kind.

A global network of collection centers is our goal! Due to the perishable nature of the product!



OUR GO TO MARKET STRATEGY





Products

- · Paving the way through smart samples
- · Competitively priced product
- · Product diversity
- Focus on Donor recruitment: After all, no Donors, no Product
- Short turnaround times
- · Customized screening & delivery
- Data Supported Product and Sales



Markets

- ~80% of all product is being used for cancer research
- The greater San Francisco Bay Area; the wider US and the world.
- It is a recession proof, demand driven industry with organic growth through:

 process optimizations and ii) new product offerings



Timeline

- <u>Q2 2024</u>: Securing disease state product lines
- <u>Q4 2024</u>: Establishing East and West Coast collaborations
- Q2 2025: Finalize seed round / sign up staff / start donor database
- Q3 2025: Healthy product line coming from Bay Area Collection Center and Laboratory



Customers

All preclinical research:

- · Biotechnology
- · Pharmaceutical
- Life Sciences
- Precision Medicine
- · Governmental and
- Academic Research Institutions



Competitive Advantage

- A multi-patent pending production process that includes pre-screening;
- Outside sales people drive added value;
- Location and Donor Convenience create more, and more representative samples;
- Additional innovative laboratory services
- Collaborations, to create higher Reproducibility & Translation
- A.I. driven, from donor recruitment to sample and demand matching



Channels

- GEO, Generative Engine Optimization (replacing SEO and Local SEO)
- CS oriented & outside sales
 representatives; Word of Mouth
- Email marketing, Referral Marketing and PPC, Pay Per Click
- Social Media Marketing
- CRM of 35,000+ Potential Customers
- 17,000+ Research Industry Connections



THE BUSINESS MODEL / ONE LOCATION

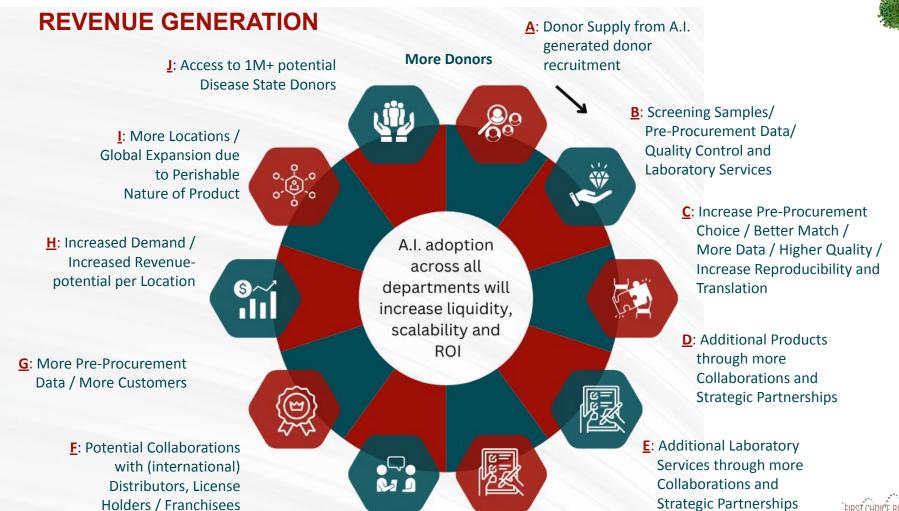
12



B2B Sales of human donor primary cell samples, (Normal, Disease State and SMART), and laboratory services, strictly for Discovery and Preclinical research.

> Largest RfQ so far: ~\$750,000





WHY US? WHY NOW?



We operate in a demand driven market with 10+% annual growth: We have successfully finalized the new Proof of Concept and most Product Market Fit has been established. We are now lacking the production facility(-ies) for collection and processing, and therefore we cannot convert these RfQs into Sales Orders.

The limited shelf-life of fresh material (~48 hrs), unreliable supply and the rather cumbersome shipping by FedEx et al also hinder us with any such order fulfillment.

We have already received **3 M&A proposals**, one from a competitor, two from industry verticals; Quote: ".... After having a chance to meet with you, we see tremendous potential for you to be part of our community...."

This obviously proves also what industry insiders are saying, "this is a no-brainer" and that "we are onto something here!"

And recently we also received a proposal for overseas distribution!

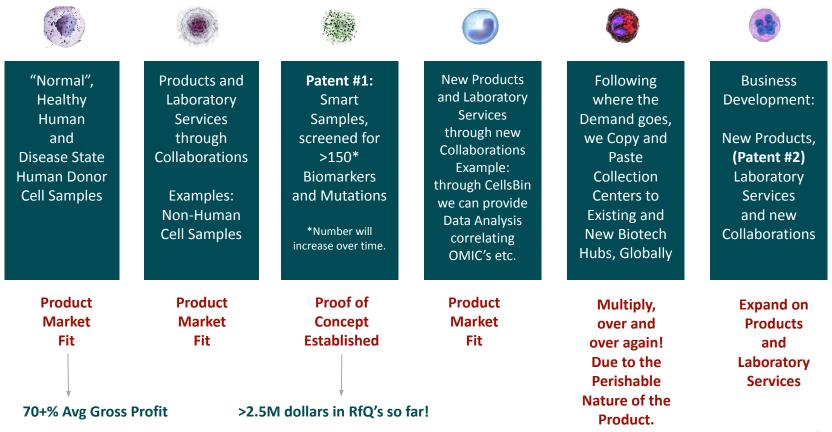
14





REVENUE EXPANSION

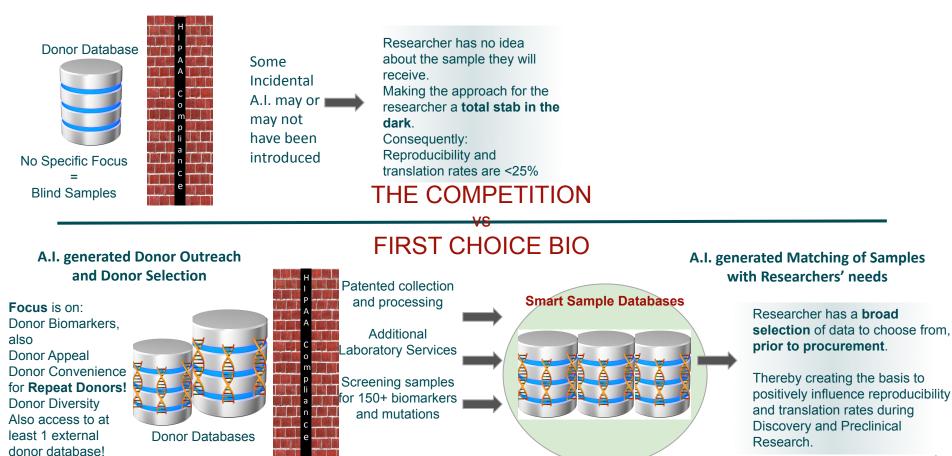






THE COMPETITIVE EDGE



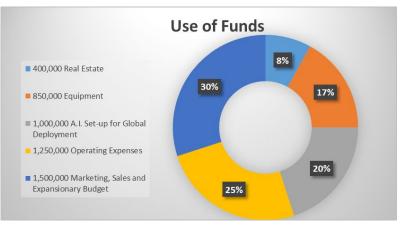




A.I. = Artificial Intelligence

THE ASK

We are now raising a Seed Round of US \$5M for our first Collection Center and Laboratory in San Francisco.



Funds will also support the A.I. Implementation towards a Scalable, Global Integration and Future-ready Solution.

Pre-Seed Round SAFE

JumpStart Foundry Founders, Family & Friends \$ 150,000.00 ~\$1,250,000.00

THE EXIT

We already received 3 M&A proposals. But for now we, the founders, consider such an M&A premature!

First Choice Bio, Inc. management realizes therefore that an M&A or any other form of exit can be in the works at any given time.

Comparables (in the SF Bay Area): PPA TN in Berkeley was acquired by Bio-IVT in 2019 AllCells was acquired by Discovery Life Sciences in 2022 Canventa is fully owned by StemCell Technologies



OUR TEAM

Kamran Tahamtanzadeh, B.A. (Founder & Chief Business Development Officer) Degree in Molecular and Cellular Biology-Genetics Track- UC Berkeley 29 years of life sciences experience, former CEO of multiple precision medicine companies





Johannes Breukers, B.S. (Founder & CEO) Genetics and Animal Husbandry, MKV Horst, The Netherlands Degree in Computer Sciences, Spherion, Auckland, New Zealand 40+ Years founder entrepreneur in The Netherlands, New Zealand and in California; Multiple Exits

Sam Vasilevsky, Ph.D. (Founder, COO & Medical Director)

Degree in Molecular Cell Biology / Immunology, Uniformed Services University, Bethesda, MD Postdoctoral Research at NIH & University of Lausanne, Switzerland 12 Publications in peer reviewed journals

In regards to the formation of an advisory board we have principle agreements with: <u>Ms. Michelle Cunningham</u> from STEMilk, <u>Mr. Baback Gharizadeh</u> from Chapter Dx, <u>Mr. David White</u> from David White Consulting and <u>Mr. Tim Kapp</u> of Cinco.ai.











ADDENDUM TO RECAP

With our smart samples we will start modeling more accurately the predictions of drug acceptance, early in the drug development pipeline.

Drug trial failure is costing biotechnology companies US\$ 80+ Billion, annually!

With the current approach one can wonder how often things slip through the "standard" safety tests. Raising questions about how many promising drugs we might be wrongly discarding and how many dangerous ones we're letting through, ultimately prescribing them also to the wrong people.

The drug development industry will become more personalized, abandoning the "blockbuster drugs", the one cure fits all approach, and this can only be achieved based on data. Data from SMART SAMPLES. And A.I. will provide First Choice Bio with that platform.

We will therefore become something like a Preclinical Contract Development Organization, at Discovery and Preclinical level, **also** for the personalization of drug development. Which will potentially increase the market for SMART samples even further!

And with one goal only, make drug development most effective and efficient, right from the start!



ADDENDUM Donor Recruitment: A.I. APPLICATION THROUGHOUT Donor & Targata

Global Market Expansion:

Strategy Refinements Value Proposition Refinement General Efficiency

Regulatory Compliance & Risk Elimination:

Compliance Monitoring Threat (Cyber) Analysis &-Automated Reporting

Internal Logistics:

Production Optimization Lean Manufacturing Staff Efficiency & Automation

External Logistics:

Route Planning Collection & Shipping Scheduling Shipping Optimization Donor & Diversity Optimization Targeted Recruitment, Automation & Staff Efficiency

Sample Screening & Quality Assurance:

Automated Screening Real-Time Data Generation Improved Accuracy

Data Management & Insights:

Interactive Data Management Real-Time Data Driven Insights

Inventory Management:

Inventory Optimization Dynamic Pricing Models Production Optimization

CRM & Customer Interaction:

AI Powered CRM Customer Feedback Analysis, but NO CUTTING BACK on our Commitment to Outside Salespeople



ADDENDUM



Example Case Study: Kite Pharma & Gilead working on a cancer drug called Yescarta.

This was initially a drug Research & Development project, trajected to be a one-cure-fits-all approach.

2009: Kite Pharma was founded with a focus on CAR-T Cells.

By 2009 they had a clear idea about their thesis, so we're not including the time it took to compile the hypothesis. A year, maybe longer!

2012: Collaboration started with the National Cancer Institute.

Based on "normal" samples, from at the time self declared healthy human donors, they start aiming for reproducibility. Normal samples, means no data at all, except for a screening for 4 viral diseases, for the safety of the researcher.

- 2015: Sufficient reproducibility has been achieved so that now clinical trials can start.
- 2017: Gilead buys up Kite Pharma and things get sped up! While Kite Pharma had already applied for a Biologics License, with the backing of Gilead a **priority review** by the FDA was obtained and within a year the drug made it to the market. This was made possible by the designation of it being a "Breakthrough Therapy" with promising clinical trial results.
- 2018: Manufacturing of the drug commenced.

Yescarta is however not universally successful. Results show only 40% of patients with B-Cell Lymphoma achieved complete remission after 1 year. Many patients have achieved significantly improved quality of life.

60% of all patients do not respond to Yescarta, others later relapsed.

Severe side effects can occur, including life-threatening toxicities.

Limited success also in treating solid tumors.

2025: Ongoing Research: To reduce relapse rates / to eliminate lethal toxicity / to target other cells besides B-cell cancer / to explore combinations with other therapies

In summary:

Yescarta, while on the market now for 7 years, is certainly not effective in all cancer types, not even in all B-Cell Lymphoma cancer **A-3** patients, and challenges like toxicity and relapse remain and are still being studied now, 17+ years later!