LLC-5 **Secretary of State** Application to Register a Foreign Limited **Liability Company (LLC)**

For Office Use Only

-FILED-

File No.: 202464511229 Date Filed: 11/1/2024

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70,00

Certified Copy Fee (Optional) - \$5.00

Note: Registered LLCs in California may have to pay minimum \$800 tax to the

California Franchise Tax 8oard each year. For more information, go https://www.ftb.ca.gov/.	o to		This Space For	r Office (Jse Only	у
1a. LLC Name (Enter the exact name of the LLC as listed on your attach	ed Certificate of G	ood Standin				<u> </u>
AH Bio IV Blocker, L.L.C.						
1b. California Alternate Name, If Required (Only enter an altern	nate name if the LL	C name in 1	a not available in t	California.))	
LLC Jurisdiction (Ensure that the jurisdiction matches the attache	d Certificate of Goo	od Standing.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)						
Delaware, United	States of Ar	nerica				
b. Authority Statement (Do not alter Authority Statement)						
This LLC currently has powers and privileges to conduct busi	ness in the <mark>s</mark> tat	e, foreign	country or place	ce enter	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses. I	tems 3a and 3b ca	nnot be a P.	O. Box or "in care	of" an indi	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrev	iations)		State	Zip Code	
2865 Sand Hill Road, Suite 101	Menlo Par	o Park			94025-7022	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Bo	x City (no abbrev	obreviations)			Zip Code	
2865 Sand Hill Road, Suite 101	Menio Par	k	CA	9402	5-7022	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	√ 3a					
d. Mailing Address - if different than item 3a or 3b	City (no abbrev	no abbreviations)			Zip Coo	fe .
Service of Process (Must provide either Individual OR Corporation	<u> </u>			<u> </u>		
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's fu	II name and Califor	nia street a	idress.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name				Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	reet Address (if agent is not a corporation) - Do not enter a P.O. Box City (no abbreviations)		· L	State	Zip Cod	de
				CA		
CORPORATION - Complete Item 4c only. Only include the name of the	e registered agent	Corporation		•		
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do i	not complete Item 4a	or 4b				
C T CORPORATION SYSTEM						
5. Read and Sign Below (Title not required.)						
By signing, I affirm under penalty of perjury that the information behalf of the foreign LLC.	n herein is true	and corre	ect and that I a	m authoi	rized to	sign
	Scott /	Scott Aaron Kupor				
Signature		nd Print N	·			
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2023 California Secretary of State bizfileOnline.sos.ca.gov



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AH BIO IV BLOCKER, L.L.C." IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIRST DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AH BIO IV BLOCKER, L.L.C." WAS FORMED ON THE FIRST DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 204778929

Date: 11-01-24