



*Certifies that the Institution named below*

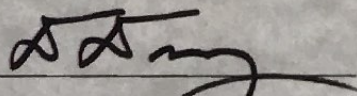
***NEVADA DONOR  
NETWORK  
Las Vegas, NV***

*has met the association's Medical Standards and  
accreditation requirements and is hereby accredited for  
the following eye bank functions*

**Recovery, Processing, Tissue Storage, Final Distribution,  
Tissue Evaluation, and Donor Eligibility Determination**

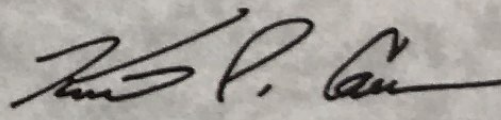
***Effective Dates***

November 9, 2017 – November 30, 2020



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Chair, Board of Directors



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President & CEO