



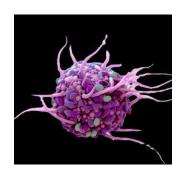
A Delaware C-Corporation, established 2023

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
Clinical Data Integration

Customized Courier Delivery Services

Global, Same Day and On Demand

ALL OUR PRODUCTS ARE FOR RESEARCH PURPOSES ONLY!

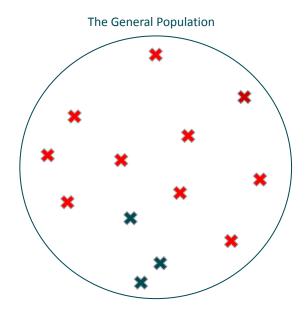


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Soon to be complemented with a game changer, STEM-CELLS FROM MATERNAL MILK, becoming available later in 2025

THE SEARCH FOR UNICORN DRUGS





80+ Years of Intensive, Multi-Faceted Biotech Research

All Research starts off with Blind Samples from the General Population; No Upfront Data; A **Stab-In-The-Dark Approach**.

On average 75-80% Failure Rates for Reproducibility and Translation into Clinical Phase I; AKA The Valley of Death for research! Yet we keep looking for the one-cure-fits-all!

And this is how we end up with **Side effects, Exclusions and "Results May Vary"**.

No definite cures,
Just indefinite treatments!

And Results WILL Always Vary, Because We Are All Different!

= high reproducibility / high drug efficacy potential

= no reproducibility / low to no drug efficacy potential



OTHER PROBLEMS



DONOR and REPEAT DONOR SHORTAGES

- A LACK OF DONOR DIVERSITY = Non-representative Cell Samples
- COMPROMISES ON SAMPLE QUALITY & RELIABILITY = Unworkable Cell Samples

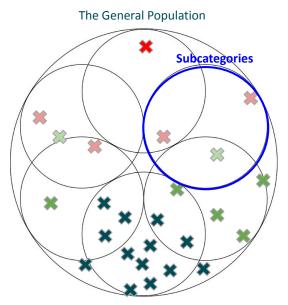
THE CONSEQUENCES

75+% Of all preclinical research fails Reproducibility and Translation into clinical Phase I, resulting in:



THE SOLUTION (1) INDUSTRY DISRUPTION





- = high reproducibility / high drug efficacy potential
- ***** = lower reproducibility / indicating
- potential, but drug may need adjusting
- **=** refocus, different approach may be needed
- **x** = no reproducibility

The First Choice Bio Approach

Samples will be instantly Screened for Biomarkers* and Mutations, thus creating **Data Supported SMART Samples** and Subcategories of the General Population, based on those **Real-Time Clinical Insights**.

This is also known as **Individualization of Samples.**

Based on those Biomarker profiles Reproducibility and Translation Rates will improve from within a single subcategory, **similar biomarkers**, **similar responses!**

Consequently, Research can then move on to overlapping and or neighboring subcategories.

All in all an approach from within!

Tweaking of the potential remedy is unavoidable because we're all different; At some stage a different thesis may have to be developed because reproducibility can no longer be achieved.

Animal testing can be reduced, ultimately phased out; Replacements like In Silico models and Organ-On-a-Chip systems will benefit greatly from our approach.

The industry disrupting approach is called **Personalized Medicine**, and finds more and more support from researchers across the globe.

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.



THE SOLUTION (3) OUR PIVOTS AND SOCIAL IMPACT



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 sequencing.

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



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 later in 2025 through **STEMilk, Inc.**

ChapterDx, developing increased biomarker screening methods.

Executive Management Consulting Services by **David White Consulting** and **Tim Kapp of Cinco.Al**, a recognized leader and educator in Al.

People that believe in our approach!

Also: Diverse <u>Collaborations</u> that will provide us with a slew of Laboratory Services, which we can offer additionally.

First Choice Bio: 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)



Total Addressable Market (TAM)

Global preclinical Contract Research (CRO) market in 2031 equals **\$60+B** / YoY Growth ~10% (No exact data from non-CRO preclinical research available, Estimated \$15B, included)

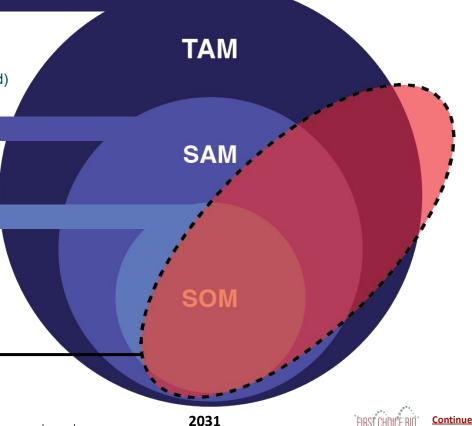
Serviceable Addressable Market (SAM)

US market \$28B in 2031 ~ 45% of the global market

Serviceable Obtainable Market (SOM)

Greater SF Bay Area ~11% of the US Market, \$3B

Our CRM = National & International 2 8,000 Researchers Soc. Media: Industry Followers & Connections = 1 9,000 Distributor Sales, National & International = \$600,000.00+



1 from 2022 reports: <u>GrandviewResearch.com</u>, <u>PrecedenceResearch.com</u> & <u>PLOSBiology.org</u> excluding non-contract research All based on the value of SMART samples, anticipated to be double the price of unscreened samples

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:
 - i) process optimizations and
 - ii) new product offerings



Timeline

- Q2 2024: Securing disease state product lines
- Q4 2024: 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





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



REVENUE GENERATION A: Donor Supply from A.I. generated donor **More Donors** J: Access to 1M+ potential recruitment **Disease State Donors** B: Screening Samples/ Pre-Procurement Data/ !: More Locations / Quality Control and Global Expansion due **Laboratory Services** to Perishable Nature of Product C: Increase Pre-Procurement Choice / Better Match / H: Increased Demand / A.I. adoption More Data / Higher Quality / Increased Revenueacross all Increase Reproducibility and potential per Location departments will Translation increase liquidity, scalability and D: Additional Products ROI through more **G**: More Pre-Procurement Collaborations and Data / More Customers Strategic Partnerships

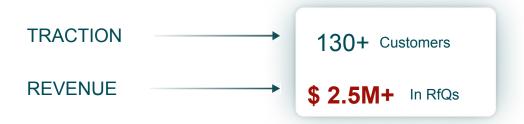
E: Potential Collaborations
with (international)
Distributors, License
Holders / Franchisees

E: Additional Laboratory
Services through more
Collaborations and
Strategic Partnerships



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!

Amongst our Customers:

















But for now, we the founders, consider such a merger or acquisition premature!



REVENUE EXPANSION





"Normal",
Healthy
Human
and
Disease State
Human Donor
Cell Samples



Products and Laboratory Services through Collaborations

Examples: Non-Human Cell Samples

Product

Market

Fit



Patent #1:
Smart
Samples,
screened for
>150*

*Number will increase over time.

Proof of

Concept

Established

Biomarkers

and Mutations



New Products
and Laboratory
Services
through new
Collaborations
Example:
through CellsBin
we can provide
Data Analysis
correlating
OMIC's etc.





Following where the Demand goes, we Copy and Paste Collection Centers to Existing and New Biotech Hubs, Globally



Business Development:

New Products,
(Patent #2)
Laboratory
Services
and new
Collaborations

Expand on Products and Laboratory Services

Product Market Fit

70+% Avg Gross Profit

>2.5M dollars in RfQ's so far!

Multiply,
over and
over again!
Due to the
Perishable
Nature of the
Product.



THE COMPETITIVE EDGE







Some Incidental A.I. may or I may not have been introduced

Researcher has no idea about the sample they will receive. Making the approach for the researcher a total stab in the

Consequently: Reproducibility and translation rates are <25%

dark.

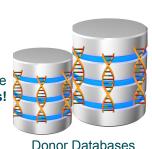
THE COMPETITION

FIRST CHOICE BIO

A.I. generated Donor Outreach and Donor Selection

Focus is on: Donor Biomarkers, also **Donor Appeal** Donor Convenience for Repeat Donors! **Donor Diversity** Also access to at least 1 external

donor database!



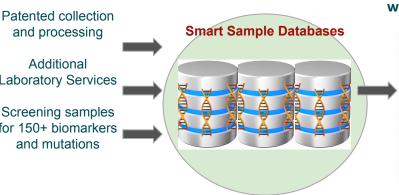
Additional

Screening samples for 150+ biomarkers and mutations

A.I. generated Matching of Samples with Researchers' needs

Researcher has a broad selection of data to choose from, prior to procurement.

Thereby creating the basis to positively influence reproducibility and translation rates during Discovery and Preclinical Research.

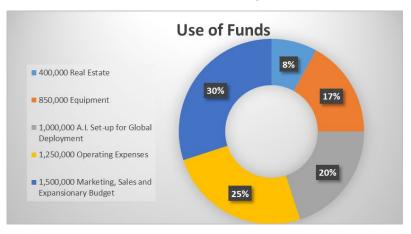




THE ASK



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 \$ 150,000.00 Founders, Family & Friends ~\$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:

Ms. Michelle Cunningham from STEMilk,

Mr. Baback Gharizadeh from Chapter Dx,

Mr. David White from David White Consulting and

Mr. Tim Kapp of Cinco.ai.







At the PINNACLE of PRECLINICAL and A.I.



Johannes / Jan Breukers



Cell Phone: +1-707-333-0902



jan@firstchoicebio.com



We Sell Cells!

and Preclinical Research

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

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:

Al 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! YesCarta, No Thanks!