



State of California
Secretary of State

This Certificate is not valid for use anywhere within the United States of America, its territories or possessions.

APOSTILLE (Convention de La Haye du 5 octobre 1961)			
1. Country: Pays / País:		United States of America	
This public document Le présent acte public / El presente documento público			
2. has been signed by a été signé par ha sido firmado por		Charla D. McElvaine	
3. acting in the capacity of agissant en qualité de quien actúa en calidad de		Notary Public, State of California	
4. bears the seal / stamp of est revêtu du sceau / timbre de y está revestido del sello / timbre de		Charla D. McElvaine , Notary Public, State of California	
Certified Attesté / Certificado			
5. at à / en		Sacramento, California	6. the le / el día
			3rd day of August 2023
7. by par / por		Secretary of State, State of California	
8. N° sous n° bajo el número		16654	
9. Seal / stamp: Sceau / timbre: Sello / timbre:			10. Signature: Signature: Firma:
			

This Apostille only certifies the authenticity of the signature and the capacity of the person who has signed the public document, and, where appropriate, the identity of the seal or stamp which the public document bears.

This Apostille does not certify the content of the document for which it was issued.

To verify the issuance of this Apostille, see: apostille-search.sos.ca.gov/.

This certificate does not constitute an Apostille under the Hague Convention of 5 October 1961, when it is presented in a country which is not a party to the Convention. In such cases, the certificate should be presented to the consular section of the mission representing that country.

Cette Apostille atteste uniquement la véracité de la signature, la qualité en laquelle le signataire de l'acte a agi et, le cas échéant, l'identité du sceau ou timbre dont cet acte public est revêtu.

Cette Apostille ne certifie pas le contenu de l'acte pour lequel elle a été émise.

Cette Apostille peut être vérifiée à l'adresse suivante: apostille-search.sos.ca.gov/.

Ce certificat ne constitue pas une Apostille en vertu de la Convention de La Haye du 5 Octobre 1961, lorsque présenté dans un pays qui n'est pas partie à cette Convention. Dans ce cas, le certificat doit être présenté à la section consulaire de la mission qui représente ce pays.

Esta Apostilla certifica únicamente la autenticidad de la firma, la calidad en que el signatario del documento haya actuado y, en su caso, la identidad del sello o timbre del que el documento público esté revestido.

Esta Apostilla no certifica el contenido del documento para el cual se expidió.

Esta Apostilla se puede verificar en la dirección siguiente: apostille-search.sos.ca.gov/.

Este certificado no constituye una Apostilla en virtud del Convenio de La Haya de 5 de octubre de 1961 cuando se presenta en un país que no es parte del Convenio. En estos casos, el certificado debe ser presentado a la sección consular de la misión que representa a ese país.

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of Los Angeles }

On August 1, 2023 before me, Charla McElvaine Notary Public
(Here insert name and title of the officer)

personally appeared Ali Mohsen Kashen
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.

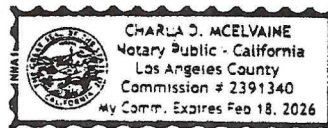
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Charla McElvaine

Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Substitute Power of Attorney
(Title or description of attached document)

n/a
(Title or description of attached document continued)

Number of Pages 1 Document Date 08/29/2023

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☒ Corporate Officer
SVP, Global Operations
(Title)
☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

SUBSTITUTE POWER OF ATTORNEY

Company name Advanced Bionics LLC

Registered office address 28515 Westinghouse Place Valencia, CA 91355

Identification number..... 26-0852156 (TAX ID NUMBER)

hereafter the "Principal"

hereby authorizes

Name, surname Advanced Bionics AG

Registered office address Laubisrütistrasse 28, 8712 Stäfa, Switzerland

Identificaion number CHE-115.018.179

(hereafter the "Attorney")

to represent the Principal in negotiations under Part VII. of Act No. 48/1997 Coll., on public health insurance and on the amendment and addition of some related laws to the manufacturer's medical devices.

The attorney is / not authorized to act independently through authorized representative or to delegate the power of attorney to another person or to authorize its employee to act on behalf of the principal.

This Power of Attorney shall be governed by and construed in accordance with laws of the Czech Republic.

In Santa Clarita
California, USA on 29 June 2023

(Officially certified signature of the Principal with Apostille, or persons acting on Principal's behalf)

Principal

Name:

Ali Kashen

Position:

Senior Vice President
Global Operations.

ADVANCED BIONICS, LLC
28515 Westinghouse Place
Valencia CA 91355, USA
Tel: +1 661 362 1400

Ověřovací doložka pro vidimaci
Podle ověřovací knihy pošty: Praha 28

Poř.č.: 12800-0219-0909

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prvopis, obsahující 3 stran.

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viditelný zajišťovací prvek.

Praha 28 dne 18.08.2023
Kačírková Dagmar

