Limited Liability Company (LLC) Statement of Members
(Government Code Section 84109)

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: Merck, Sharp & Dohme LLC
NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Terri J. Lee
PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (415) 389-6800
PRINCIPAL/RESPONSIBLE OFFICER EMAIL: form410@nmgovlaw.com

LLC STREET ADDRESS: One Merck Drive
CITY: Whitehouse Station
STATE: NJ
ZIP CODE: 08889
LLC MAILING ADDRESS (IF DIFFERENT): 2350 Kerner Blvd., Suite 2350
CITY: San Rafael
STATE: CA
ZIP CODE: 94901

NAME OF COMMITTEE: Merck, Sharp & Dohme LLC and Affiliated Entities
COMMITTEE ID: 486161
COMMITTEE PHONE NUMBER: (415) 389-6800
COMMITTEE EMAIL ADDRESS: form410@nmgovlaw.com

COMMITTEE STREET ADDRESS: 2350 Kerner Blvd., Suite 250
CITY: San Rafael
STATE: CA
ZIP CODE: 94901

2. Members (If any members are other LLCs, further disclosure is required in Part 3.)

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>MEMBERSHIP TYPE</th>
<th>DATE(S) OF CAPITAL CONTRIBUTION</th>
<th>CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC</th>
<th>PERCENTAGE OWNERSHIP INTEREST</th>
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<tbody>
<tr>
<td>Merck &amp; Co., Inc.</td>
<td>☑ MEMBERSHIP 10% OR GREATER</td>
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<td>100%</td>
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3. Names of Member LLCs Listed in Part 2

<table>
<thead>
<tr>
<th>NAME OF LLC LISTED IN PART 2</th>
<th>FULL NAMES OF MEMBERS</th>
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4. Verification

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and, to the best of my knowledge, the information contained in it is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/21/2022

DATE

By

SIGNATURE

Attach additional information on appropriately labeled continuation sheets.