# Corporate Presentation

January 2024

Nasdaq: IMNN


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**Developing new medicines that harness the building blocks of life to work in harmony with the body's immune system**

- Leveraging **innovative non-viral DNA platform** with proprietary synthetic delivery systems and multiple potential indications
- Clinical focus on **immuno-oncology** and **infectious diseases**
- Two Phase II trials underway with IMNN-001 (formerly GEN-1) **(IL-12 immunotherapy) for the peri-operative treatment of advanced ovarian cancer**; Fast Track and Orphan Drug designations received; to address a multi-billion dollar market
- Development of **new modalities in cancer vaccines**
- PlaCCine modality in prophylactic vaccines showed **strong evidence of immunogenicity and durability of protection in a SARS-CoV-2 proof-of-concept model**
- **Strong balance sheet** supports strategy into Q4-2024 and robust news flow of value-creating activities in pursuit of building a **fully integrated** biotech company


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# Experienced Management Team

**Corinne Le Goff, PharmD MBA**
President, CEO and Director

**Khursheed Anwer, PhD MBA**
Executive Vice President and
Chief Scientific Officer

**Jeffrey W. Church**
Executive Vice President, CFO
& Corporate Secretary

**Sebastien Hazard, MD, MBA**
Executive Vice President and
Chief Medical Officer


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# IMUNON Strategic Priorities

*Thoughtful four-pronged business strategy, capitalizing on the platform synergies across modalities*

| | | |
|---|---|---|
| 1 | IMMUNO-ONCOLOGY | **An asset development opportunity,** in high disease burden cancers where an immunological approach through cytokine expression or cancer vaccines can improve outcomes. |
| 2 | PROPHYLACTIC VACCINES | **A partnership opportunity,** with pharmaceutical companies, institutions and government agencies to develop vaccines for pathogens of interest. |
| 3 | VERTICAL INTEGRATION | **Of the core elements of our business,** to control costs, deliverables and IP, realized through in-house early development scale of plasmids, synthetic delivery systems and investments in key partners. |
| 4 | COLLABORATIONS | **The bedrock of our business model,** to get access to new technologies or expertise, to enhance and de-risk our R&D efforts and generate new IP, to obtain non-dilutive funding. |


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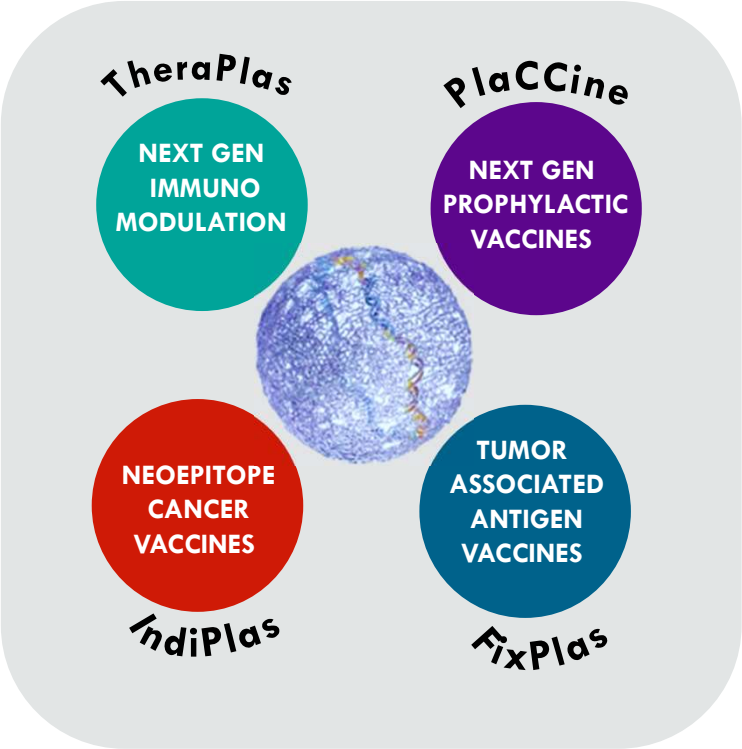
# Our Disruptive Non-Viral DNA Technology Toolkit in Immuno-Oncology and Infectious Diseases

*Proprietary Synthetic Delivery and Facilitating System that promotes DNA Protection, Uptake, Bioavailability and Enhanced Antigen Expression*

**Gene Therapy**

**Personalized Cancer Vaccine**




**Prophylactic Vaccine**

**Off-the-shelf Cancer Vaccine**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# IMUNON's Pipeline of DNA-based Transformative Medicines

| Modality | Program | Indication(s) | Discovery | IND enabling | Phase 1 | Phase 2 | Partnerships |
|---|---|---|---|---|---|---|---|
| TheraPlas | **IL-12 (OVATION)** Intraperitoneal (IP) | Advanced Ovarian, Fallopian Tube or Primary Peritoneal Cancer | IMNN-001 (formerly GEN-1) | | | | |
| | **IL-12** IP in combination with **bevacizumab** | Advanced Ovarian, Fallopian Tube or Primary Peritoneal Cancer | IMNN-001 + bevacizumab | | | | BREAK THROUGH CANCER #RadicalCollaboration |
| PlaCCine | **Multicistronic SARS-CoV-2.** Clinical Proof-of-Concept | COVID-19 Seasonal Vaccine | IMNN-101 | | | | |
| | **Prophylactic Vaccine** | Lassa Virus Vaccine | IMNN-102 | | | | THE WISTAR INSTITUTE; NIH National Institute of Allergy and Infectious Diseases |
| FixPlas | **Cancer Therapeutic Vaccine** | Trp2 /NYESO-1 Tumor Associated Antigen in Melanoma | IMNN-201 | | | | |
| IndiPlas | **Individualized Neoantigen Cancer Vaccines** | | IP-Y | | | | |


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# IMNN-001(IL-12) Gene Therapy has the Potential for Breaking the Status Quo with Immunotherapy in Ovarian Cancer

- **IMNN-001 tackles directly the Tumor Micro-Environment (TME) at the neo-adjuvant stage, when it matters the most**
- The clinical data generated (OVATION-1 and OVATION-2) represent a **robust proof of concept for monotherapy**
- **Synergies** are expected from the combinations with VEGF-inhibitors and checkpoint inhibitors, based on scientific and preclinical data
- With a recent guidance on **Minimal Residual Disease endpoints, FDA opens the door to accelerated approval in neoadjuvant**
- **IMUNON Strategy: Build an accelerated path to market** from the analysis of OVATION-2 data and partnership with the FDA.



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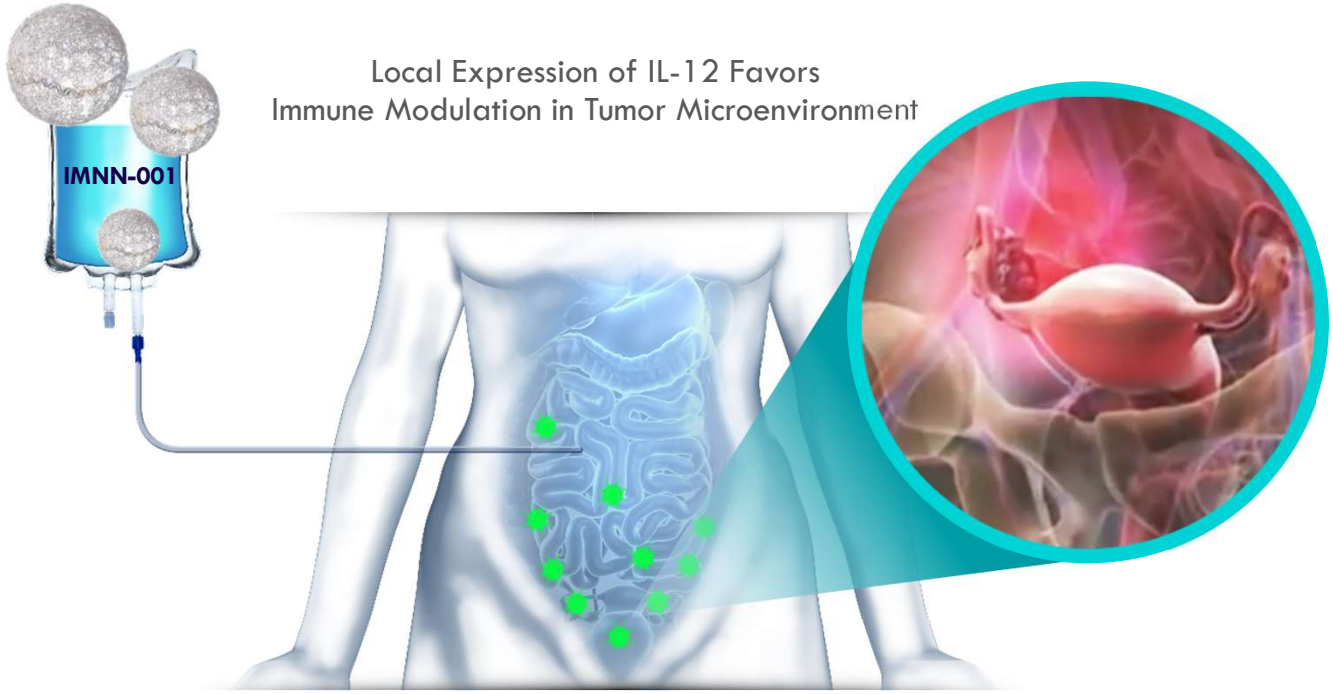
# IMNN-001 Targets the Micro-Environment of Ovarian Cancer

*Local production of safe and durable levels of a powerful anti-cancer immune agent, IL-12*




- Intracavity infusion of IMNN-001 has demonstrated durable and local expression of IL-12 in the peritoneum
- No supraphysiological increases in IL-12 commonly associated with the bolus rIL-12 minimizes excessive systemic exposure of IL-12, thereby giving a favorable safety profile to IMNN-001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# IL-12: A Powerful Immune-Modulating Agent

*Interleukin-12 Can Induce Anti-cancer Immunity Through Multiple Mechanisms*

**Activation/Proliferation**

Stimulates the proliferation of CD-8 positive T-cells and natural killer (NK) cells and their cytotoxic activity against the tumor

**Maturation/Proliferation**

Shifts the differentiation of naive CD-4 positive T-cells toward a TH-1 phenotype, further enhancing the immune response – Turns "cold" tumors into "hot" tumors

**Anti-Angiogenesis**

Promotes cellular production of the potent immune mediator IFN-γ and TNF-α. IFN-γ promotes the expression of anti-angiogenic molecules, halting the growth of new blood vessels that supply oxygen to the tumor

**Inhibition of Immune Suppression**

IL-12 inhibits regulatory T-cells that suppress immune responses by "hiding" the tumor from the body's immune system

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# First Target: Ovarian Cancer

Epithelial ovarian cancer (EOC) is insidious and usually diagnosed at an advanced stage. Though EOC initially responds to treatment, the recurrence rate is high. Recent treatments delay progression but overall survival has not improved. Hence there is a need for effective therapy for patients with EOC.

**20,000** cases
diagnosed each year in U.S.
**13,000** deaths

Standard of care has remained
**stagnant for decades**

**80%**
diagnosed in late stage (III/IV)

**50%**
will die within 5 years of diagnosis

**225,000**
cases per year Globally
**> 100,000**
Patients in the U.S. alone

**5th**
leading cause of cancer mortality in women

**IMNN-001 has the potential to revolutionize today's standard of care**

Sources: Cancer Statistics, American Cancer Society; Globocan; SEER database. CDC

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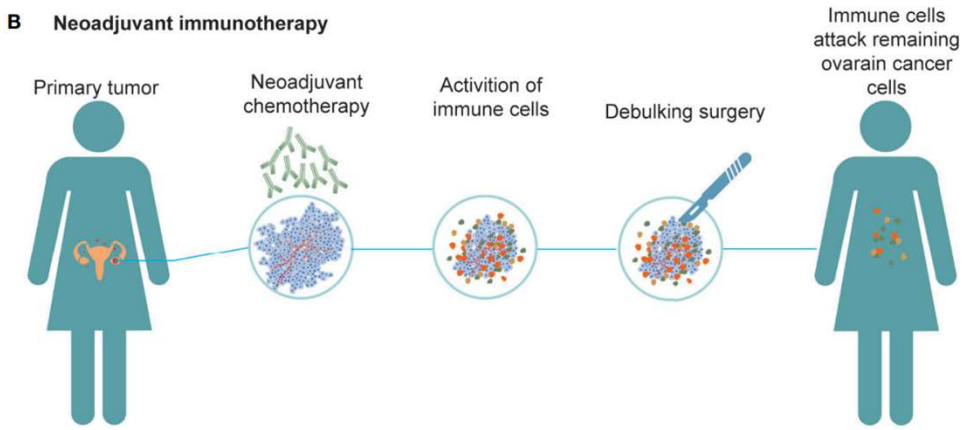
# Ovarian Cancer at the Neoadjuvant Stage is the Optimal Setting for Immunotherapy and IMNN-001

**IMNN-001 Can Solve a Double Status Quo: Absence of new drugs in neo-adjuvant and difficulties for immunotherapies to tackle Ovarian Cancer**




*Source*: Front. Immunol., 06 October 2020
Sec. Cancer Immunity and Immunotherapy
Volume 11 - 2020
| https://doi.org/10.3389/fimmu.2020.577869

- 50% of 1st line advanced Ovarian Cancer need neo-adjuvant therapy before debulking
- The Omental Fat Band (OFB), location of an important part of the anti-tumoral immune system, is removed by debulking surgery
- In the neoadjuvant setting, IMNN-001 can harness the OFB to display an anti-tumorigenic microenvironment
- By directly accessing the intra-peritoneal tumor micro-environment and local immune system, IP administered IMNN-001 is well positioned to offer clinical value to Ovarian Cancer patients at an early stage of their disease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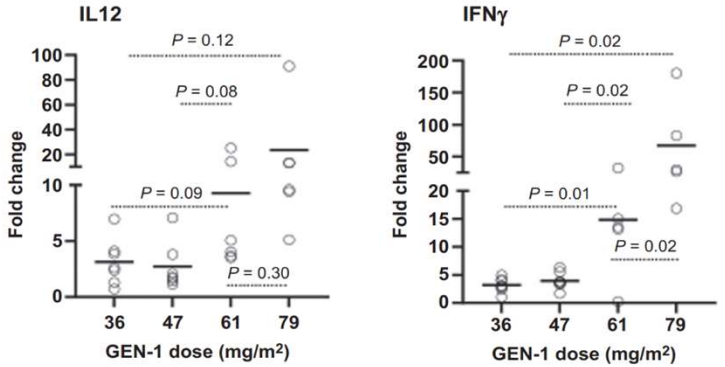
# OVATION 1 Study in Neoadjuvant Ovarian Cancer

IL-12 and IFN-γ production, Clinical Proof of Concept Leading to Fast Track Designation

**Table 3.** Tumor response, surgical outcome, pathologic response, and chemotherapy response score with NACT/GEN-1 escalating doses.

| Radiographic response | | Total (*n*) | Cohort 1 36 mg/m² | Cohort 2 47 mg/m² | Cohort 3 61 mg/m² | Cohort 4 79 mg/m² |
|---|---|---|---|---|---|---|
| Tumor response | CR | 2 | 1 | 0 | 0 | 1 |
| | PR | 10 | 0 | 3 | 3 | 4 |
| | SD | 2 | 2 | 0 | 0 | 0 |
| Objective response rate | | | 67% | | 100% | |
| Surgical outcome | R0 | 9 | 2 | 0 | 2 | 5 |
| | R1 | 3 | 1 | 2 | 0 | 0 |
| | R2 | 2 | 0 | 1 | 1 | 0 |
| R0 resection rate | | | 33% | | 88% | |
| Pathologic response | cPR | 1 | 1 | 0 | 0 | 0 |
| | Micro | 8 | 1 | 2 | 1 | 4 |
| | Macro | 5 | 1 | 1 | 2 | 1 |
| cPR/micro rate | | | 60% | | 63% | |
| Chemotherapy | CRS 3 | 5 | 1 | 0 | 2 | 2 |
| Response | CRS 2 | 5 | 2 | 1 | 0 | 2 |
| Score | CRS 1 | 4 | 0 | 2 | 1 | 1 |
| CRS 3 rate | | | 17% | | 50% | |




**Potential dose dependent efficacy supported by cytokine responses**

## Historic Clinical Trial External Control Arm Provides Actionable GEN-1 Efficacy Estimate Before a Randomized Trial

Xiang Yin, PhD[1]; Ruthanna Davi, PhD[1]; Elizabeth B. Lamont, MD, MS[1]; Premal H. Thaker, MD, MS[2]; William H. Bradley, MD[3]; Charles A. Leath, III, MD, MSPH[4]; Kathleen M. Moore, MD[5,6]; Khursheed Anwer, PhD, MBA[7]; Lauren Musso, BS[7]; and Nicholas Borys, MD[7]

**RESULTS** Fifteen OVATION-1 patients (15 of 18, 83%) were matched to 15 (37%, 15 of 41) Medidata historical trial control patients. Matching attenuated preexisting differences in attributes between the groups. The median progression-free survival time was not reached by the OVATION-1 group and was 15.8 months (interquartile range, 11.40 months to nonestimable) for the ECA. The hazard of progression was 0.53 (95% CI, 0.16 to 1.73), favoring GEN-1 patients. Compared with ECA patients, OVATION-1 patients had more nausea, fatigue, chills, and infusion-related reactions.

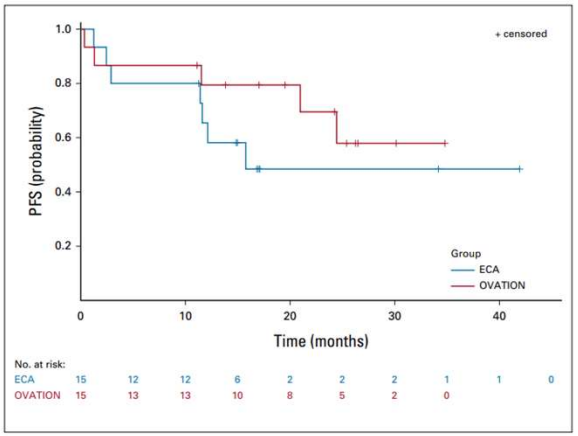



FIG 3. PFS of matched OVATION-1 and historical clinical trial ECA patients (n = 30). Intent-to-treat product limit PFS time estimates of patients with ovarian cancer after first-line neoadjuvant treatment with either combination intraperitoneal GEN-1 and systemic chemotherapy therapy (OVATION-1 patients) or systemic chemotherapy therapy alone (ECA patients). ECA, external control arm; PFS, progression-free survival.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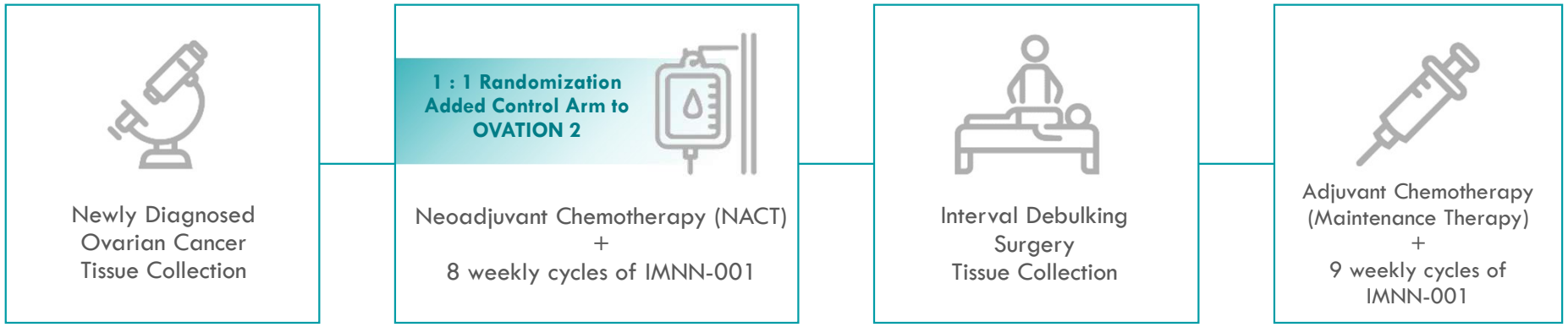
# IMNN-001: OVATION 2 Ovarian Cancer Study

*To Determine Efficacy and Biological Activity With NAC in Stage III/IV Patients*




**Ovarian Cancer Patients**
(FIGO IIIC & IV)

- 110 patients. **Enrollment completed**
- 75% of expected primary endpoint data collected
- ITT population contains mix group of BRCA +/- subjects (BRCA+ have much longer time to PFS due to PARPi)

**Primary Endpoint**

- Progression Free Survival (PFS). After 80 PFS events or at least 16 months, whichever is longer

**Secondary Endpoints**

- Clinical Response (ORR), Pathological Response, Surgical Resection Scores (R0, R1, R2), Biological Response, Safety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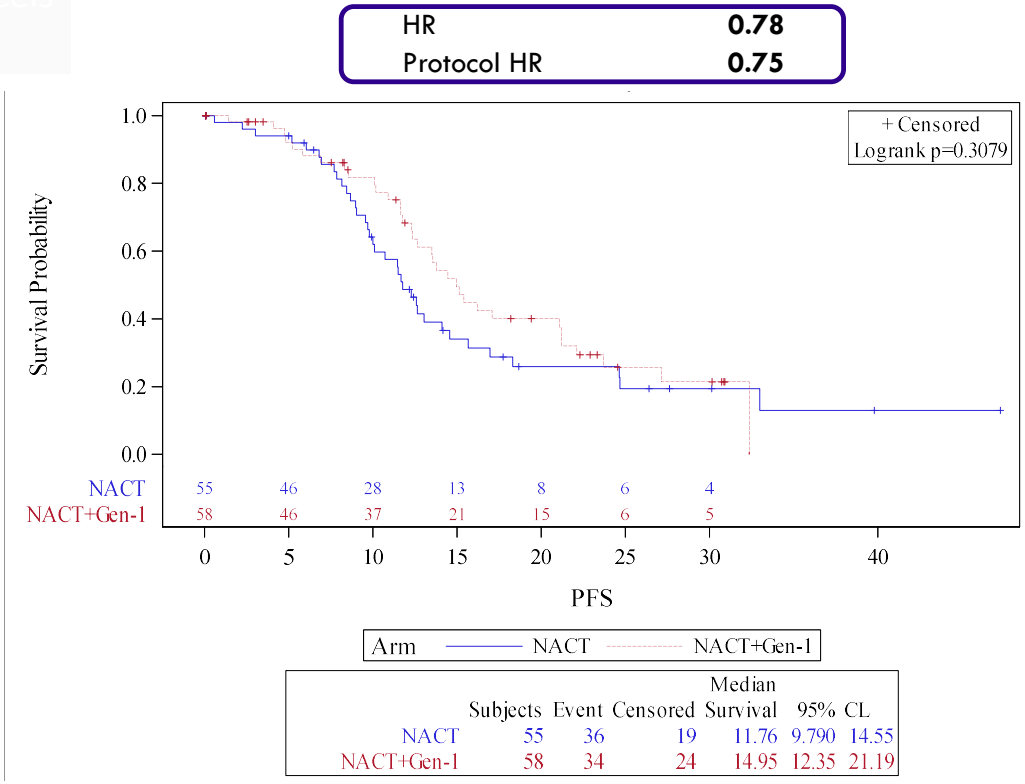
# Interim OVATION 2 Data Suggest That IMNN-001 is Safe and Active

*ITT population: PFS Benefit (70 events)*

**ITT population**

| | NACT ONLY | NACT + IMNN-001 |
|---|---|---|
| Interval Debulking Surgery R0 Resection Rate | 52% | 65% |
| Median Time to Progression 70 events | 11.8 mos. | 15 mos. |
| Chemotherapy Response Score of CRS3 | 14% | 30% |

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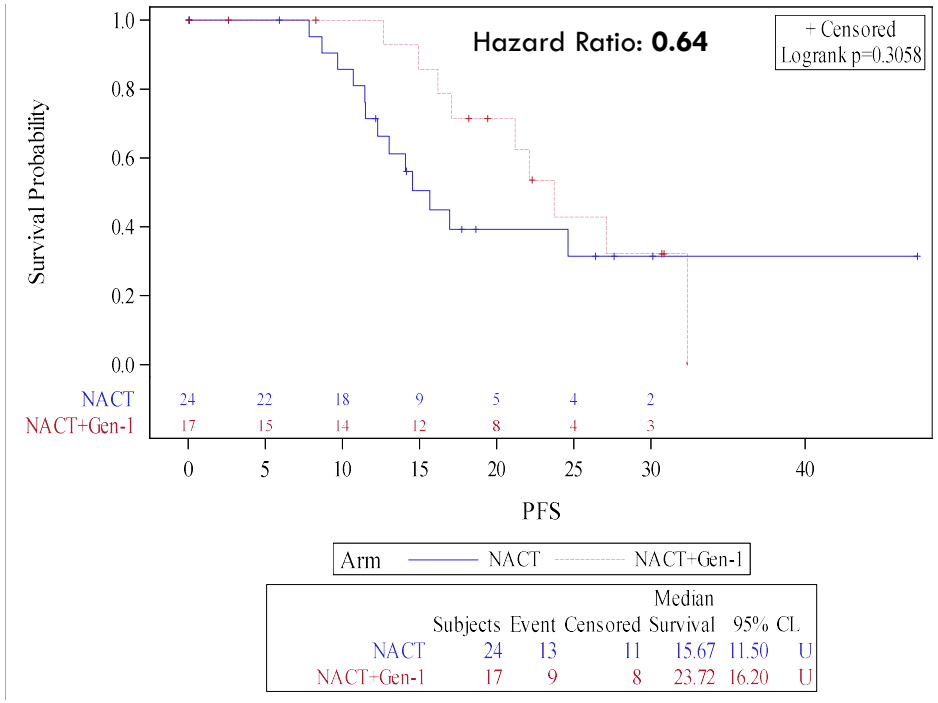
# Interim OVATION 2 PFS and OS Events: PARPi Population +/- IMNN-001

**Median PFS (months)**

NACT + PARPi 15.67

NACT + PARPi + IMNN-001 23.72



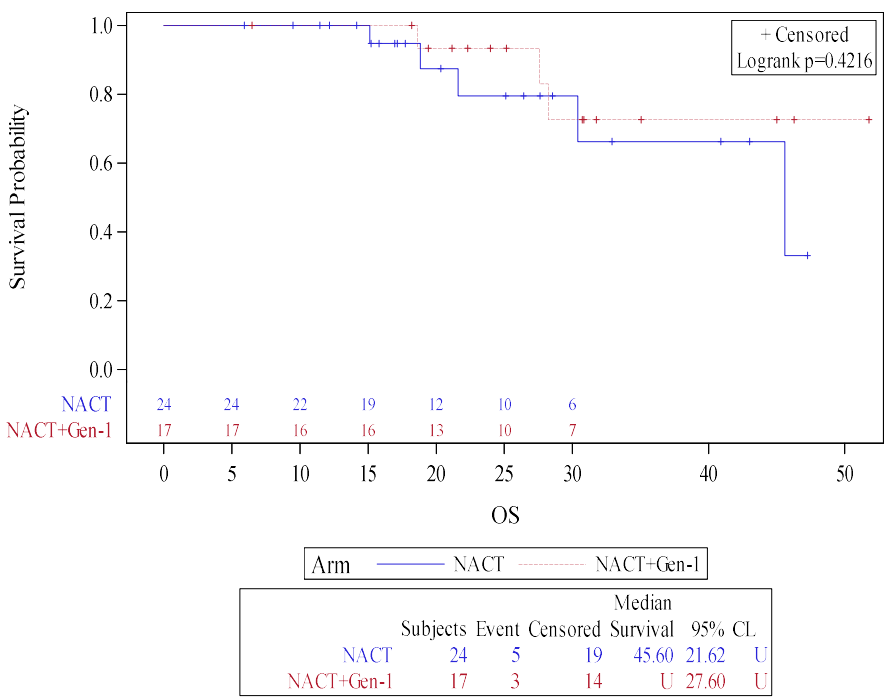

Arm — NACT ····· NACT+Gen-1

| | Subjects | Event | Censored | Median Survival | 95% CL | |
|---|---|---|---|---|---|---|
| NACT | 24 | 13 | 11 | 15.67 | 11.50 | U |
| NACT+Gen-1 | 17 | 9 | 8 | 23.72 | 16.20 | U |

**Median OS (months)**

NACT + PARPi 45.60

NACT + PARPi + IMNN-001 Not reached




Arm — NACT ····· NACT+Gen-1

| | Subjects | Event | Censored | Median Survival | 95% CL | |
|---|---|---|---|---|---|---|
| NACT | 24 | 5 | 19 | 45.60 | 21.62 | U |
| NACT+Gen-1 | 17 | 3 | 14 | U | 27.60 | U |

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# With recent guidance, FDA opens the door to drug approval in neoadjuvant indications

**Use of Circulating Tumor DNA for Early-Stage Solid Tumor Drug Development**
**Guidance for Industry**
**May 2022**
**Clinical/Medical**

**ctDNA as an Early Endpoint in Clinical Trials:**
Although not currently validated for use, changes in ctDNA in response to a drug may have the potential to be used as an early endpoint to support drug approval in the early-stage cancer setting.

**Imunon's Development team has firsthand experience of interacting with the FDA on accelerated approval pathways under the new "one-trial design"* approach as well as with the use of ctDNA as CDx for registration trial.**

* FDA guidance March 2023; Lola, Pazdur et al. NEJM 2022; FDA guidance May 2022

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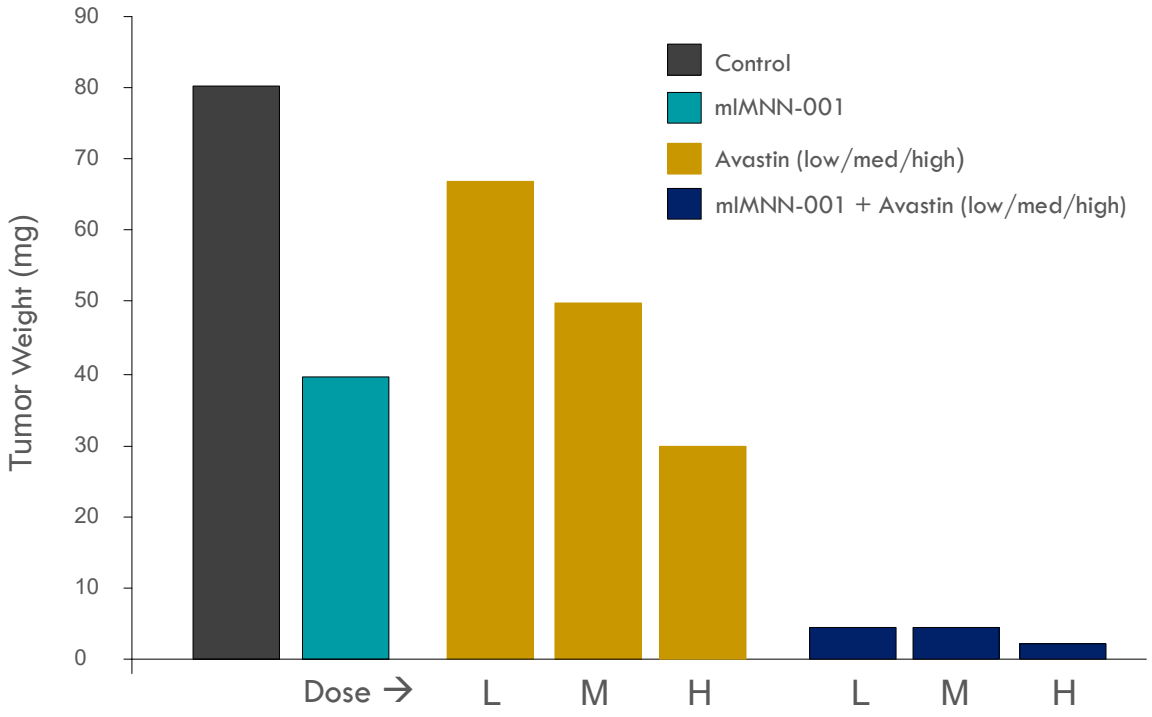
# Synergistic Anti-Angiogenic Effect of IMNN-001 + Avastin® in Ovarian Cancer

## SKOV-3 Ovarian Cancer in Nude Mice




## Key Rationale for Combination of IMNN-001 with Avastin®

- Synergistic efficacy potential of VEGF level reduction by Avastin and VEGF production inhibition by IMNN-001
- Efficacy improvement of low dose Avastin by IMNN-001 combination improves its therapeutic index and cost

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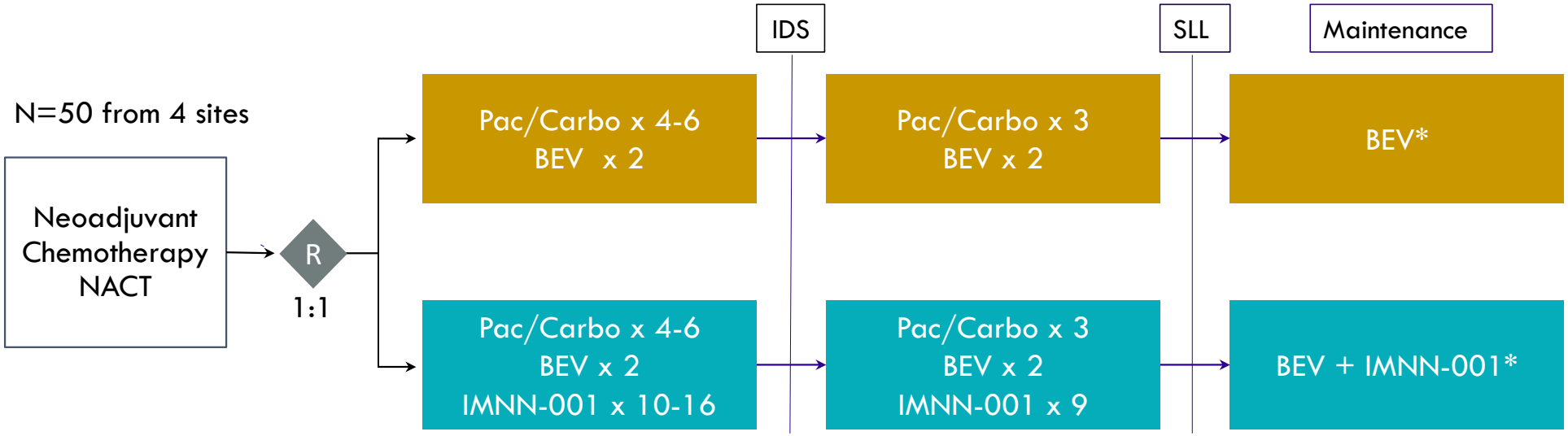
# New Phase 2 Study in Combination with bevacizumab

*Avastin® (BEV) + IMNN-001 Study Design in Advanced Epithelial Ovarian Cancer*




**Primary Endpoint** = Rate of Minimal Residual Disease (MRD) assessed at Second Look Laparotomy (SLL)

**Secondary** = Progression-Free Survival (PFS)

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* Patients with BRCA+ or HRD will receive Olaparib, a PARP inhibitor in addition to BEV but no IMNN-001.

# Combinations with Checkpoint Inhibitors could be Synergistic, Offering an Opportunity to bring Immunotherapies to Ovarian Cancer Patients

ONCOIMMUNOLOGY
2023, VOL. 12, NO. 1, 2198185
https://doi.org/10.1080/2162402X.2023.2198185

Taylor & Francis
Taylor & Francis Group

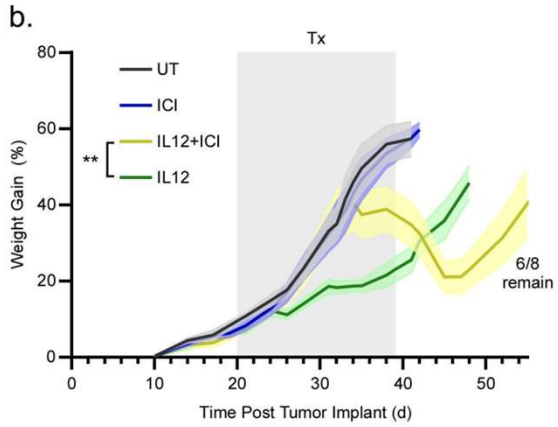
ORIGINAL RESEARCH

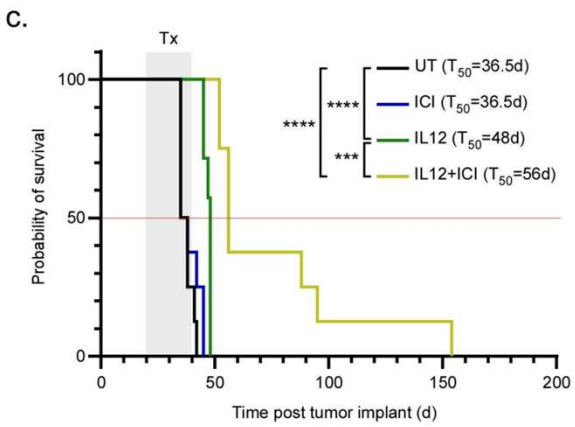
OPEN ACCESS Check for updates

**Immunotherapy with IL12 and PD1/CTLA4 inhibition is effective in advanced ovarian cancer and associates with reversal of myeloid cell-induced immunosuppression**

Paul G. Pavicic Jr.[a], Patricia A. Rayman[a], Shadi Swaidani[a], Amit Rupani[a], Vladimir Makarov[a], Charles S. Tannenbaum[b], Robert P. Edwards[c], Anda M. Vlad[c], C. Marcela Diaz-Montero[a], and Haider Mahdi[c,d,e,f#]

Our findings support a clinical trial to investigate the efficacy of IL12 combined with dual-ICI for patients with ovarian cancer. This approach is attractive especially with recent advances in novel gene delivery platforms of IL12 like plasmids, mRNA based or viral vectors.[42,43]




**Imunon will start exploring partnerships to develop and seek accelerated approval for an optimized immunotherapy regimen in peri-operative Ovarian Cancer.**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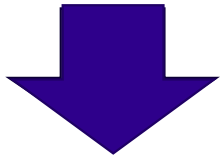
# FixPlas: Cancer Vaccines

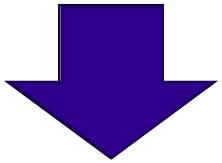
Monovalent & Bivalent Vaccines Targeting Tumor-Associated Antigens

**DNA Vaccines**



**Strong Cellular Responses**

(Advantages over protein or mRNA vaccines)



**Well Suited for Cancer Therapy**

## Proof of Concept (PoC) Studies

- Mouse Melanoma
- Trp2 & NYESO1 Tumor Antigens
- Formulated plasmid with novel delivery agent and adjuvant
- Initial PoC studies completed
  - Vaccination followed by tumor challenge
  - Monovalent (Trp2) and bivalent (Trp2-NYESO1) vaccines
- Ongoing studies (to be completed in 2H - 2023)
  - Tumor challenge followed by vaccination
  - Monovalent (Trp2) and bivalent (Trp2-NYESO1) vaccines
  - Endpoints: Tumor growth, survival, MOA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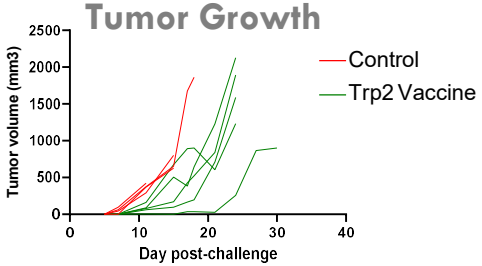
# FixPlas Vaccination Followed by Tumor Challenge Delayed Tumor Growth and Improved Survival – Prophylactic Vaccine

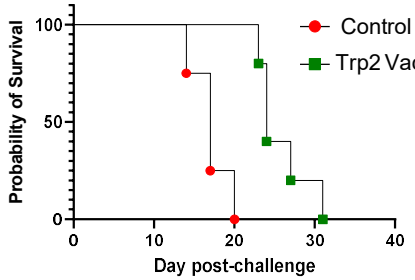
*Mouse Melanoma Model Expressing Trp2 and NYESO1 Antigens*

## Monovalent Trp2 Vaccine

### Tumor Growth

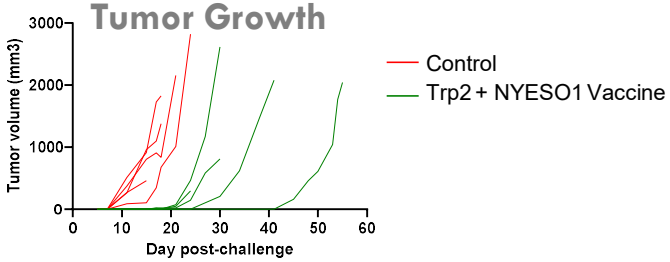



### Animal Survival

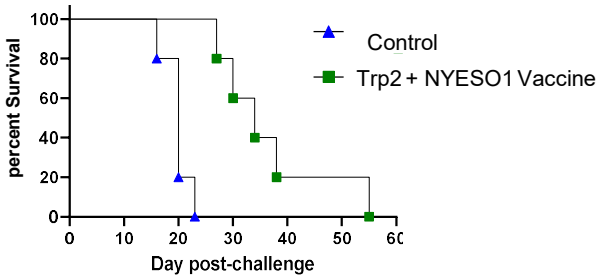



## Bivalent Trp2-NYESO1 Vaccine

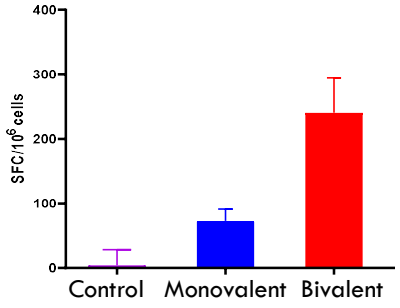
### Tumor Growth



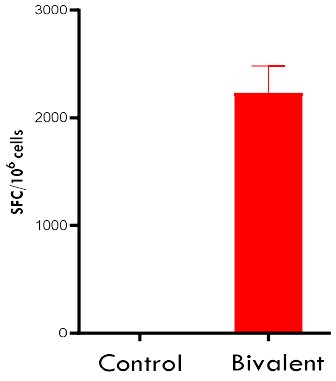

### Animal Survival




## T-Cell Response to Vaccination




(Trp2 single peptide)




(NYESO-1 peptide pool)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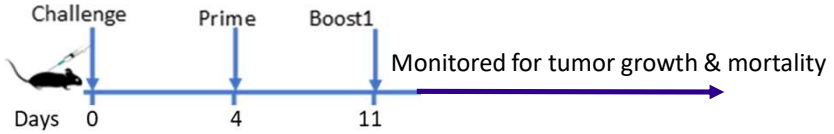
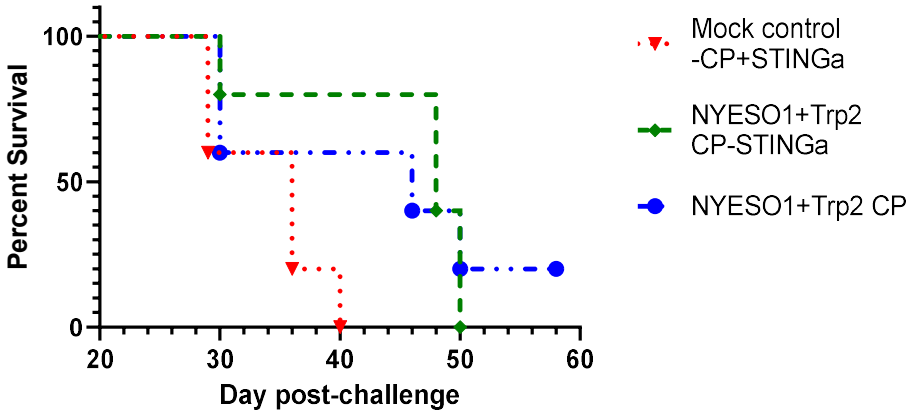
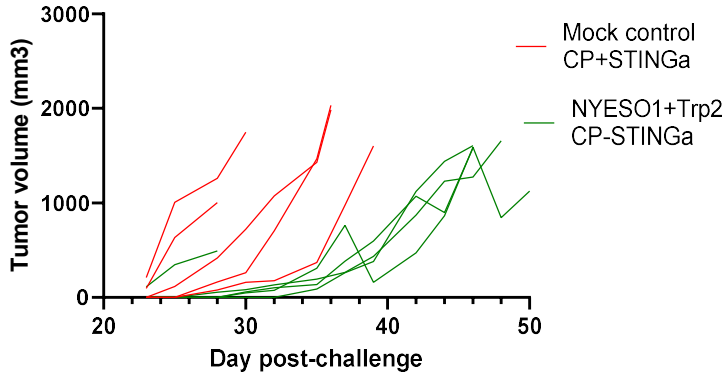
# Status: Immunization with FixPlas Reduced Tumor Growth and Improved Survival - Therapeutic Vaccine

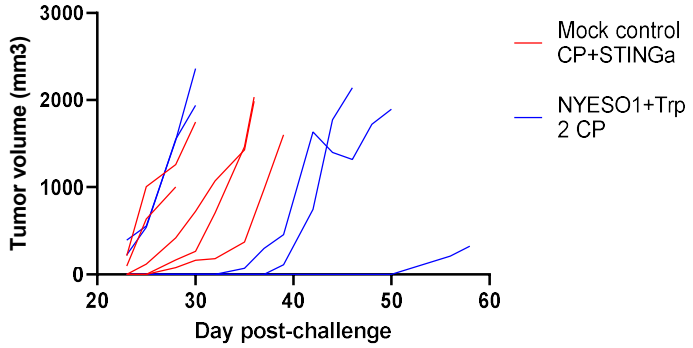
pVAC-Trp2


pVAC-NYESO-1



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# Placcine: The Next Generation of Prophylactic Vaccines


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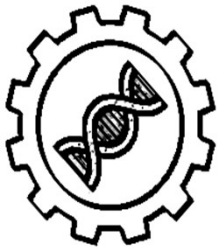
# IMUNON's Novel DNA Vaccine Platform is Addressing These Challenges

*Relies on Synthetic Delivery Systems: Non-viral – Non-device – Non-LNP*

**Durability of protection**

**Speed**



**Flexible manufacturing**

**Durable antigen expression**

Induces robust immunological response

**Non-viral DNA is a platform**

Ability to go from sequence to the clinic to approved products in record time

**Simple handling & distribution**

Stability and long shelf-life at workable temperatures - Greater Capital Efficiency

PlaCCine

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# Pursuing More Potent and Durable Immunity

**Over 90% Protection From Live Viral Challenge**
*Induced Immune Response Capable of Suppressing Viral Replication*

**Comparable Protection to mRNA Vaccine in Monkeys**
*Clearance is Sustainable with Efficiency >99% by PCR assay*

**PlaCCine Induces Robust Immune Response after a Single Injection**
*Wistar Institute Collaboration*

**PlaCCine Vaccines Provide Durable Cellular Response**
*>14-months Durability in Mice in a two-dose vaccination design*

**Goal is to develop vaccines through early clinical work to position the asset for partnership, collaboration or acquisition**


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# More than 80 Pathogenic Viruses Discovered since 1980

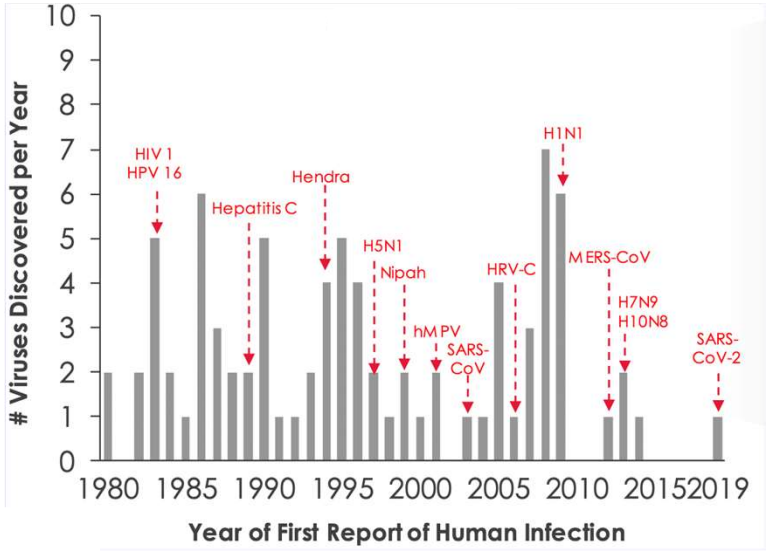
*Less than 4% have a vaccine commercially available*

## Before 1980

Select viruses:

- Yellow fever (1901)
- Rubella (1941)
- Dengue (1943)
- PIV3 (1950s)
- Chikungunya (1952)
- Hepatitis B (1965)
- Marburg (1967)
- Lassa (1969)
- Ebola (1976)
- Zika (1952)
- VZV (1954)
- RSV (1956)
- CMV (1956-1957)
- EBV (1964)

## 1980 - 2019




*Sources:* Institute of Medicine (US) Forum on Microbial Threats(2009);Medscape Medical News(2008);Lederburg,J. *Emerging Infectious Diseases from the Global to the Local Perspective:A Summary of a Workshop of the Forum on Emerging Infections*(2001); National Institute of Health(US)Biological Sciences Curriculum Study(2007);Holshue,M. *et al NEJM* (2020);Bush,L. *Emerging...andRe-emerging Infectious Diseases*(2015);Gibbs,AJ.*Virology*(2009); CDC Zika Overview;CDC Ebola About;Plotkin,S.A. *Clinical Infectious Diseases*(2006);Woolhouse,M.*et al.PhilTransRSoc*(2012);WHO H7N9 China Update(2018);Tapparel,C. *et al. Virology*(2013); Hepatitis B Foundation.History Page;Ho,M.*MedMicrobiolImmunol*.(2008);Nature.Dengue Viruses Page;Brauberger, K. *et al. Viruses*(2012);FDA approved vaccine list; CDC RSV Overview; Hendrickson,K.J. *Clinical Microbiology Reviews*(2003); Andersson,J.*Herpes*(2000);WHO Chikungunya Overview;CDC Varicella Overview;Xu,Y.*et al. Infect Genet Evol*.(2015);CDC Lassa Fever Overview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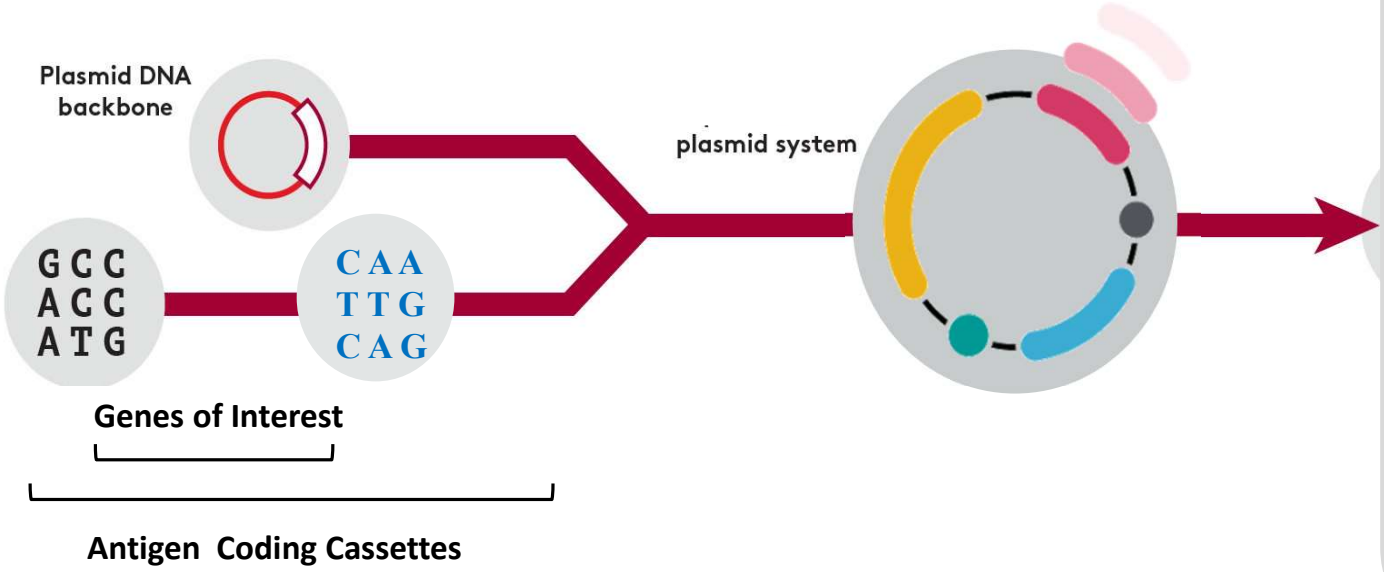
# IMNN-101: "Plug & Play" Design Enables Rapid Response to Changing Pathogen and Multiplexing

*Seasonal COVID-19 Booster, adapted for the latest strain*




- ❑ January 2023 FDA proposed annual COVID booster – selected Omicron XBB 1.5 strain
- ❑ Proof of Concept Against Multiple Pathogens
  - ❑ Flu
  - ❑ LASSA
  - ❑ Marburg
  - ❑ Monkeypox
- ❑ PlaCCine platform delivers flexible design & rapid vaccine manufacturing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# PlaCCine Stability at Workable Temperatures is a Clear Commercial Advantage over mRNA Vaccines

**4°C Storage**

**At least…**

**1 YEAR**

**Room Temperature Storage**

**At least…**

**1 MONTH**

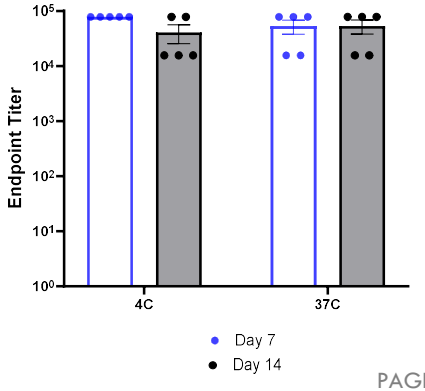
**37°C Storage**

**At least…**

**2 WEEKS**

**Simplified and Cheaper Supply Chain Around the World**

PBS





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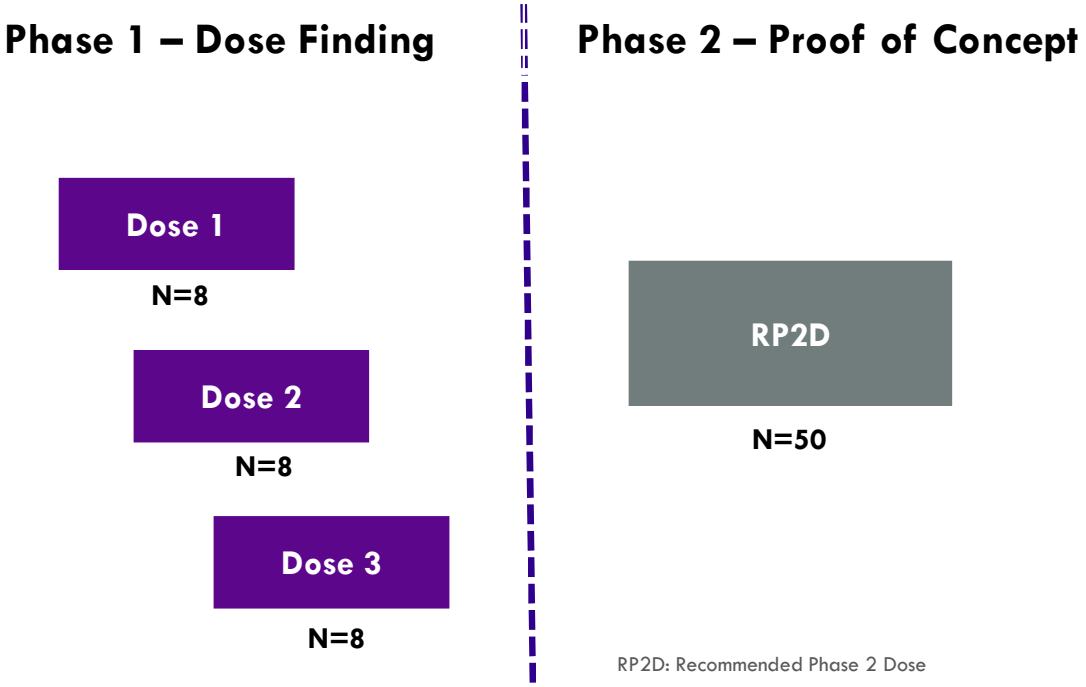
# Phase 1/2 to Start in H1 2024 to Explore the Immunogenicity of a COVID-19 Seasonal Booster – IMNN-101




**Study Objectives:**

- Reactogenicity
- Humoral Immunogenicity (intensity, durability)
- Cellular Immunogenicity
- Dose finding and Proof of Concept

**Development Strategy:**

If initial results support potency and tolerability, explore partnerships and consider multiplexing approaches beyond COVID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# Summary of Development Programs

**IMNN-001** offers a novel way to harness the powerful immunological properties of IL-12: the "Master Switch" to the body's immune system.

- Robust **biologic and clinical proof of concept** in **OVATION 1.**
- **Promising OVATION 2 interim,** with potential for clinical benefit in monotherapy and combinations.
- Focus on **Peri-operative treatment of Ovarian Cancer** with the potential to break the Status Quo of immunotherapy in this indication
- Plans to develop combinations, including new phase 2 with **VEGF inhibitor** in partnership with the Break Through Cancer Foundation

**IMNN-101** has demonstrated that our multicistronic formulated plasmid DNA platform can produce a robust immune response.

- **Evidence of IgG, neutralizing antibody and T-cell responses and protection against live virus challenge**
- Activity demonstrated with both single & bicistronic vectors
- Evidence of greater than **12-month immunological durability**
- Evidence of **12-month stability at 4°C** (ongoing study)
- Non-Human Primate study demonstrates initial POC
- **IMNN-101**: Seasonal COVID

**IMNN-201** has demonstrated that our FixPlas non-viral plasmid DNA platform can produce cellular immunity and increase survival

- **Evidence of delayed tumor growth and improved survival**
- Potential for prophylactic and therapeutic approaches
- Evidence of robust **cellular immunity response,** notably CD4.


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# IMUNON Phase 1 cGMP Manufacturing Facility

**Gowning Room**

**Upstream Processing (USP) Room**

**Downstream Processing (DSP) Room**

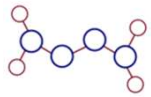
**Facilitating Agent Mfg. Room**

**Filling Room w/ISO-5 Laminar Flow Hood**

**PlaCCine pDNA System**

- ✓ Internal capability to produce plasmid DNA and Facilitating Agent to support Phase 1 Studies per the 2008 FDA Guidance "cGMP for Phase 1 Investigational Drugs"
- ✓ 1,000 $ft^2$ of space dedicated to GMP manufacturing
- ✓ Supported by adjacent GMP Quality Control Laboratory

**PlaCCine Facilitating Agent**



To date, multiple cGMP lots of vaccine plasmids of high yield & purity have been manufactured successfully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# Financial Summary & Upcoming Key Milestones:

*Robust Flow of Value Creating Activities*

Cash & Investments

$19.5M + $1.8M in future NJ NOL sales

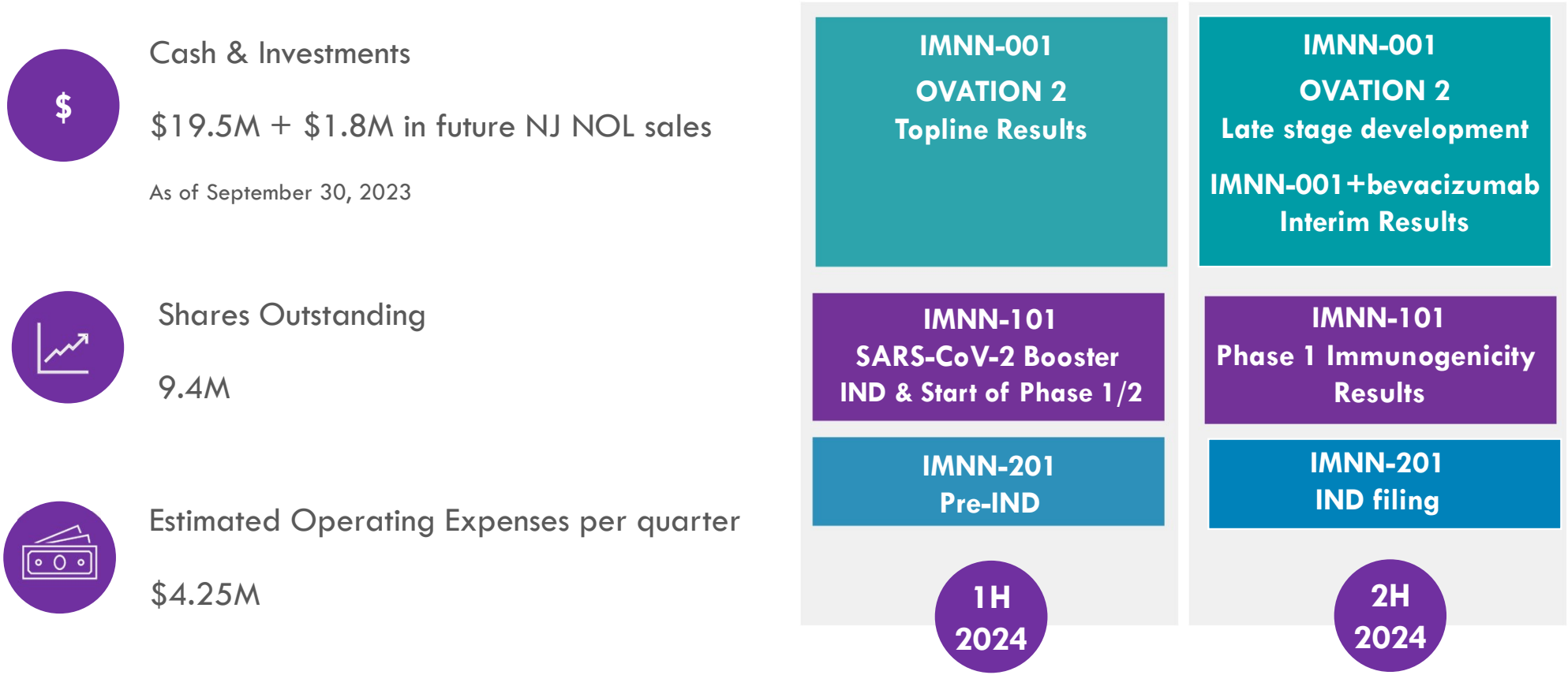
As of September 30, 2023

Shares Outstanding

9.4M

Estimated Operating Expenses per quarter

$4.25M





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