



*Certifies that the Institution named below*

***NEW MEXICO***

***LIONS EYE BANK***

***KERALINK SOUTHWEST***

***Albuquerque, NM***

*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

*[Handwritten signature]*

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Chair, Board of Directors

*[Handwritten signature]*

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President & CEO