

LLOREDA-CAMACHO & CO

Calle 72 No. 5-83 Piso 6, Bogotá, D.C. Tel: +57 (1) 3264270 - 6069700 Fax +57 (1) 6069701

Los abajo firmados,

KITE PHARMA, INC.

con domicilio en

c/o Gilead Sciences, Inc. 333 Lakeside Drive Foster City, California 94404; Estados Unidos de America.

Nombramos por el presente a ALICIA LLOREDA y/o ANA MARIA CASTRO y/o GUSTAVO TAMAYO, domiciliados en Bogotá, Colombia, con oficinas en dicha ciudad, Calle 72 No. 5-83, piso 6o., nuestros representantes legales y verdaderos en Bogotá, con facultades para recibir notificaciones y nombrar apoderados judiciales o extrajudiciales, con el fin de dar cumplimiento al parágrafo 1o. del artículo 543 del decreto 410 de 1971.

Los doctores ALICIA LLOREDA y/o ANA MARIA CASTRO y/o GUSTAVO TAMAYO, o los apoderados que cualquiera de ellos designe, quedan especialmente facultados para representarnos ante las autoridades administrativas, judiciales o de policía de Colombia y Argentina, en todos los trámites relativos a la propiedad industrial.

a cuyo efecto les facultamos para dar ante dichas autoridades todos los pasos necesarios al objeto indicado; elevar solicitudes, declaraciones, reclamos, recursos y presentar desistimientos; formular descripciones, enmiendas, limitar el alcance de las solicitudes, presentar oposiciones y apelaciones; instaurar cancelaciones, renunciar total o parcialmente a los registros, abonar todos los impuestos y cuotas y efectuar todo otro pago determinado por la ley; recibir todos los documentos y valores, dando el descargo respectivo; llenar cualesquiera otros requisitos y tomar, en fin, todas las medidas que creyeran conducentes al resguardo de nuestros intereses; pudiendo transar, desistir, percibir, conciliar, apelar, reasumir y renunciar, con todas las demás facultades que resulten necesarias que resulten necesarias; y por el presente declaramos desde ahora válido y bueno cuanto dichos representantes y/o los apoderados que cualquiera de ellos nombre hicieren en nuestro beneficio. Asimismo, para el caso de los procesos adelantados ante las autoridades de Colombia, quedan especialmente facultados ante la Procuraduría General de la Nación para representar los intereses de KITE PHARMA, INC. y para que soliciten, representen y lleve a cabo todas las actuaciones necesarias en trámite de conciliación extrajudicial como requisito de procedibilidad dentro del trámite de la referencia, así como para asistir a la audiencia de conciliación que sea programada.

Asimismo, facultamos a los doctores ALICIA LLOREDA y/o ANA MARIA CASTRO y/o GUSTAVO TAMAYO, para solicitar en la Oficina de Propiedad Industrial la protocolización de este documento y de cualquier poder que cualquiera de ellos otorgue a nombre nuestro.

Dado y firmado

The undersigned,

KITE PHARMA, INC.

domiciled at

c/o Gilead Sciences, Inc. 333 Lakeside Drive Foster City, California 94404; United States of America.

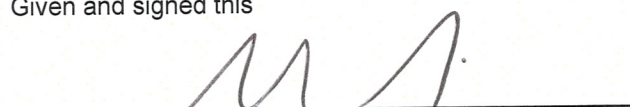
Hereby appoint, ALICIA LLOREDA or ANA MARIA CASTRO or GUSTAVO TAMAYO, of Bogota, Colombia, with offices in said town, Calle 72 No. 5-83, Sixth Floor, our true and legal representatives in Bogotá, with power to receive notifications and to appoint judicial or extrajudicial agents, so as to comply with paragraph 1o. of article 543 of decree 410 of 1971.

ALICIA LLOREDA or ANA MARIA CASTRO or GUSTAVO TAMAYO, or the agents by any one of them appointed, are especially empowered to represent us before the administrative, judicial or police authorities of Colombia and Argentina, in all proceedings pertaining to industrial property.

for such purpose we authorize them to take before the said authorities all the necessary steps for the said end; to file petitions, declarations, claims, recourses and withdrawals, to draw up specifications; to file amendments, to limit the scope of applications, file oppositions; file cancellations total or partially waive registrations, to pay all installments and effect all other payments prescribed by law; to receive proper receipts, to comply with all other requirements and, in short, to take all those measures which they may deem fit for the protection of our interests; with full powers to make arrangements, to desist, to collect, to conciliate, to appeal, reassume, release and we hereby declare from now on as valid and good all that said representatives and/or the agents by any one of them appointed may do for our benefit. Likewise, in the case of proceedings before the Colombian authorities, the following are specially empowered before the office of the general attorney delegated to administrative conciliation to represent the interests of KITE PHARMA, INC. and to request, represent and carry out all the necessary actions in the extrajudicial conciliation process as a procedural requirement within the referenced process, as well as to attend the conciliation hearing that is scheduled.

We also authorize ALICIA LLOREDA or ANA MARIA CASTRO or GUSTAVO TAMAYO, to apply for protocolization of this document and of any power of attorney by any one of them conferred in our name, before the Office of Industrial Property.

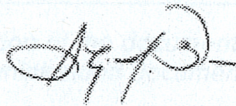
Given and signed this



Ryann M. Muir
Associate General Counsel, IP

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		Shannon Michelle Wong	
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		Shannon Michelle Wong , Notary Public, State of California	
Certified Attesté / Certificado			
5. at à / en	Los Angeles, California	6. the le / el día	16th day of April 2024
7. by par / por	Secretary of State, State of California		
8. N° sous n° bajo el número	92875		
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.

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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.

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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 ACKNOWLEDGMENT

CIVIL CODE § 1189

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 San Mateo

On April 11, 2024 before me, Shannon Michelle Wong, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Ryann Morgan Muir
Name(s) of Signer(s)

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.



Place Notary Seal and/or Stamp Above

Signature Shannon Wong
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- ☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____

Signer is Representing: _____

Signer's Name: _____

- ☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____

Signer is Representing: _____

