



LETTER OF AUTHORIZATION

To whom it may concern:

We, Parcus Medical, located at 6423 Parkland Dr, Sarasota, FL 34243, United States of America, having manufacturing facilities at the same address, hereby acknowledges:

PROVEEDORA ARTROSCOPICA QUIRUGICA DE SAN LUIS, S.A. DE C.V.
Avenida Montañas Rocallosas No. 110
Colonia Las Cumbres de San Luis
San Luis Potosí, San Luis Potosí
CP 78210
México

as our authorized representative to work on our behalf to import, distribute, market, promote, sell, commercialize the products manufactured by and for us, specifically the Parcus Medical Product Line, in the country of **Mexico**.

This Letter of Authorization shall be valid until the earlier of December 31, 2029, or revocation by Parcus Medical or Anika Therapeutics, Inc.

On behalf of Parcus Medical and Anika Therapeutics, Inc.:

Name: Mira Leiwant
Title: Vice President, Regulatory Affairs, Quality, Clinical Affairs

Signature: *Mira Leiwant*

Date: 20 June 2024





LETTER OF AUTHORIZATION

To whom it may concern:

We, Parcus Medical, located at 6423 Parkland Dr, Sarasota, FL 34243, United States of America, having manufacturing facilities at the same address, hereby acknowledges:

PROVEEDORA ARTROSCOPICA QUIRUGICA DE SAN LUIS, S.A. DE C.V.

Avenida Montañas Rocallosas No. 110
Colonia Las Cumbres de San Luis
San Luis Potosí, San Luis Potosí
CP 78210
México

as our authorized representative to work on our behalf to import, distribute, market, promote, sell, commercialize the products manufactured by and for us, specifically the Parcus Medical Product Line, in the country of **Mexico**.

This Letter of Authorization shall be valid until the earlier of December 31, 2029, or revocation by Parcus Medical or Anika Therapeutics, Inc.

On behalf of Parcus Medical and Anika Therapeutics, Inc.:

Name: Mira Leiwant
Title: Vice President, Regulatory Affairs, Quality, Clinical Affairs

Signature: _____

Date: _____

Commonwealth of Massachusetts
County of Middlesex

On this 20th day of June, 2024, before me, the undersigned notary public, Mira Leiwant personally appeared, proved to me through satisfactory evidence of identification, which was personally known to me, to be the person whose name is signed on the attached LETTER OF AUTHORIZATION for **PROVEEDORA ARTROSCOPICA QUIRUGICA DE SAN LUIS, S.A. DE C.V.**, and acknowledged to me that she signed it voluntarily for its stated purpose in her capacity as Vice President, Regulatory, Quality, and Clinical of Anika Therapeutics, Inc.

Mary E. Queen

Mary E. Queen
Notary Public

My commission expires: June 7, 2030

