2018

ANNUAL REPORT

27671 AQUAMARINE
MISSION VIEJO, CA 92691

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CEO's Letter

DEAR ANGEL INVESTOR

2018 has been an exciting year for Invenio Medical, Inc. We started off the year with the selection of a remarkable clinical scientist, with a proven track record of bringing innovative technology to the marketplace. Our contract with this scientist, afforded us the ability to create a buffer solution, and test strips in accordance to Phase 1 of our project (Proof of Concept). This was completed well ahead of schedule, in March, 2018. Phase 2 was contracted in April, to further optimize the solution in order to identify our specific MRSA target.

Phase 2 was originally estimated to take 3-8 months. As with Phase 1, Phase 2 was also completed much earlier than anticipated, and the test strips did in fact demonstrate positive results in laboratory testing of cultured MRSA isolates.

At that point, we started our search for a manufacturer, who would be capable of replicating and producing the "science" and technology, on a scale that would meet potential demand in the first year. This was initially thought to be a relatively simple step in our development, however proved much more challenging. We would not only need to select a manufacturer for the test strips and buffer solution, but also one who could incorporate them into a viable testing device.

Our goal was to identify a single manufacturer who could injection mold, and produce the polymer device, create the test strips, lysing/buffer reagents, and consolidate them into a final product. Our first interactions with potential manufacturers were very vague on what their deliverables would be. A few proposals with high cost, and minimal deliverables, none that included a testing device, only replicating the science for the test strips and buffer solution.

In April, 2018, we also contracted with a local scientist to create our own Aptamer. We currently source the Aptamers from a company in Houston, Texas, and we have discussed the possibility of purchasing exclusive rights of their Aptamer for commercial use. This is not an inexpensive proposal; this is why we have been working with the local scientist to create our very own Aptamer. Although an Aptamer has been created for us, the optimization process would require re-optimization of our product, which would once again re-set our R&D timeline. At this point in time, this would not be a prudent financial option.

In early July, 2018, we found a manufacturer that was already producing a similar device, which has been used in the food industry to test for ATP/bioburden for cleaning/disinfection validation. The said manufacturer was also looking to grow, and demonstrated possible interest to expand into the healthcare industry. We are currently working with this manufacturer, to finalize timelines/costs for manufacturing.

Meanwhile, our clinical scientist began working with the said manufacturer, and had successfully modified the current technology, in order to create an initial lot of prototypes. 100 preliminary prototypes had been created in December, 2018, and are currently being tested on swabs collected from live human specimens.

The initial test results did identify some hurdles, which we had anticipated in the early prototype testing phase. As with any science, we need to find the correct combination of ingredients (optimization) for full functionality in real world application. Until now, we have been successfully testing concentrated live pathogen from culture media. However, actual diluted patient samples would require modification of testing components in order to achieve a high level of sensitivity and specificity.

In December 2018, we also successfully submitted application for the trademark on the AptaSure name. We had previously applied for the Trademark, however without an actual product available in the marketplace, we would continue renewing the Trademark application. The current Trademark is expected to be approved in mid-2019. Simultaneously, we are working with our Intellectual Property Attorney to finalize our patent, due to multiple re-submissions based on modifications to the design and functionality of our device. The initial patent submission is no longer valid.

We acknowledge and sincerely thank all our Angel Investors for their continued support, and we look forward to sharing with you news on clinical and partnership progress in the coming year.

Yours Faithfully,

Victor R. Lange, PhD, JD, MSPH
CEO/President
Invenio Medical, Inc.

02

SCIENTIFIC TIMELINE

SCOPE SUMMARY

Phase 1: Create MRSA strip and prototypes

The project entails creating a rapid POC test for detecting the MRSA PBP2A protein collected by a swab contained in a unitary collection and assay device. We plan to order commercially available aptamers and monoclonal antibody reagents, couple these to gold or other colloidal labels, and optimize the assay using a lysing buffer capable of inactivating most bacteria, including step. The goal is to create the most sensitive and specific assay possible, using the unitary collection and assay system, preferably with an off-the-shelf swab collection/assay device. Our work including stabilizing the conjugates, optimizing membranes, labels, formulating a lysing buffer, doing an accelerated stability study and develop a strip test that can run in under 15 minutes, preferably faster, whose results remain stable for at least 20 minutes at room temperature, and which has a shelf life of at least 12 months at room temperature, but preferably up to 2 years at room temp.

Milestone-1: Create a POC strip using aptamers and/or monoclonal antibodies optimized for maximum sensitivity and specificity. Determine LOD, optimize and test for initial stability. Assuming the reagents are readily available, the anticipated time to deliver 100 working strips is 90-120 days. The cost for this portion of phase 1 is $90,000.

Milestone-2: Working with commercial vendor products for the unitary device, take the strip developed and create prototypes employing said strip and utilizing the lysis buffer. Optimize for the best sensitivity, specificity, stability, and robustness. Run some preclinical samples (10 negatives and 10 positives) and deliver 100 devices for testing by the client. Assuming the off-the-shelf materials work and we get cooperation to design and create the prototypes in a timely fashion, this process should take 90-120 days. The cost of this portion of phase 1 is $85,000

Phase 2: Tech transfer

Once we have a product with demonstrable feasibility and an initial bill of materials/SOP, we can get bids from several vendors to have the product manufactured under ISO 13485/GMP using their quality manual, regulatory affairs person, etc. We then select a suitable partner and negotiate a supply agreement. Once the vendor is selected, the scientific team visits the manufacturer, and works with their scientists to show them how the devices were made by Invenio's scientists, helping them recreate a micro lot there, and test it to insure they can make what we produced. Once they verify the initial design, it usually goes into their SOP formats, they may test alternate materials, tweak the process for optimum manufacturing, and they produce a microlot under their design controls. If that works, the design is locked down. If not, we work with them through the process until they can make it in-house and which gives

acceptable performance. The microlot is then subject to stability testing, clinical testing, etc. and can be used to sample in the field for customer feedback. At that point, the vendor usually makes three production lots, tests them, sets up a validation plan and compares it against an approved predicate device. Invenio's scientific team assists them only when asked, as this component concludes our scientist's basic tech transfer and project scope.

This tech transfer process takes 30 days to 6 months depending upon the vendor and their work load. The cost anticipated for our tech transfer is $35,000 plus $250/hour, plus expenses.

TIMELINE

12/02/2017
Our scientist was just as eager to start our project as we were. On December 2, 2017, we started the process off by ordering 2 biotinylated aptamers for testing, which were originally promised to our scientist from supplier during the week of December 11th, 2017. The target aptamer and 3 monoclonal antibodies were supposed to be in stock, then available in 2 weeks, and then again pushed to January 19, 2018. This made our scientist concerned, so he cancelled the order and searched for an alternate supplier.

On December 20, 2017, our scientist received the first batch of aptamers, along with the target, and four monoclonal antibodies. He then proceeded to create the gold particles, and started striping materials over the next few days. On December 29, 2017, our R&D team started striping antibodies, and performed preliminary testing with the aptamers, by spotting the target on the nitrocellulose membrane using labeled gold to visualize. At that time, signals were ok, so we knew they worked. We did a quick check, sandwiching the aptamers with the monoclonal antibodies, but it did not work. So this told us that we would have to further optimize the buffers, salts, detergents, blockers, etc.

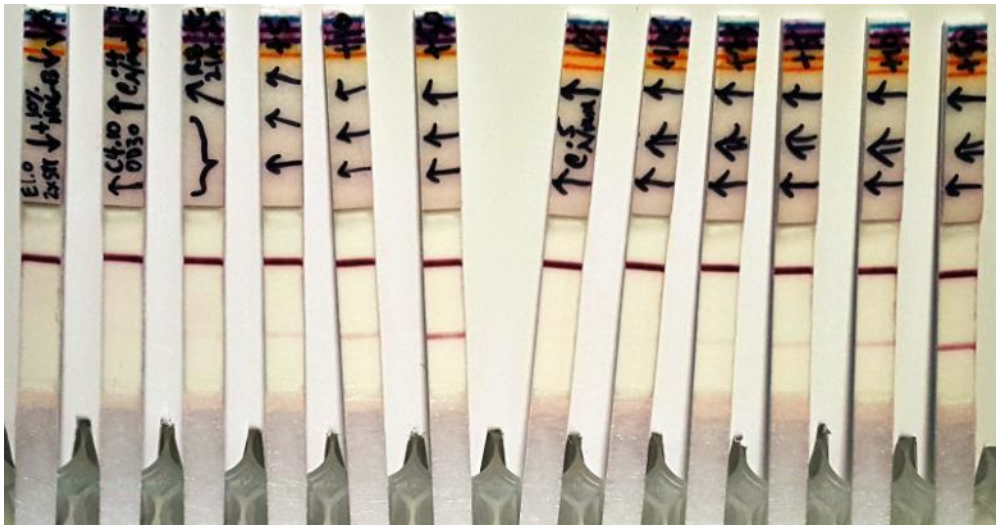
On January 2, 2018, after working tirelessly about 30+ hours over the holiday week, including New Year's Day (night), we were not seeing the sensitivity we needed at that time, but had made some progress. Testing would continue on hundreds of prepared samples, with our first official update from our scientists on January 23, 2018.

Scientific Update 1 – January 23, 2018

We have a MRSA LFA test working, in the desired range of the target aptamer (0-10ng/mL). The scientists have started preliminary stability/stress testing for the conditions selected to date. We have overcome significant hurdles getting a working strip, including a discontinuation of 1 of the 2 clones we needed to work as a "Sandwich" assay (standard format), and to date, the new "E" Capture clone that replaced the unavailable "A" clone, can still be ordered commercially, as is the "C" Conjugate/Detector clone. Optimization for a successful strip, including the hurdles, had been done in 1 month, but there are still further optimizations and testing to continue. The next steps included further stability testing, optimization (on all aspects of the assay), especially the striping and Running Buffer (RB) conditions. We will also need to design a test strip insert for the containment/swab device, and marrying the strip & RB together with the device. We will then work on obtaining actual test samples for testing.

Scientific Update 2 – February 19, 2018

We continued optimization of the MRSA LFA strip, and overcame some aging/curing issues that we noticed in the first update. This was encountered through a series of striping buffer, CD, and RB optimizations. We further optimized the conjugate solution, both the "C" clone use as the detector, as well as adding an Aptamer as a secondary detector to further make the assay more sensitive. We added a mask assay for protection and stabilizing the components together. Further, we optimized the loading of the "C" clone and spray rate, which was expected to be modified for each conjugate made in order to reduce lot to lot variation. We also started stability/stress testing of version 1.0, as this couldn't begin until the assay was further optimized for the aging/curing issues as we noted above. We began looking into adapting the strips into the device, and included one potential option with version 1.0. This included stability/stress testing (7d50) and found issues, however we already started to resolve stability concerns. The next steps included continued stress/stability testing, as well as working on solutions to insert the strip into a device. We will also soon obtain live samples, and get feedback from preliminary testing of version 1.0.




CG lot: 020318-1
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+2.5/+2.5
+5/+5
+10 /+10
+50/+50
40/9
60/41
107/79
158/194
323/307
1319/1356
2-8-18
but: C4.10
@.5λ/mm
+Ø /+Ø
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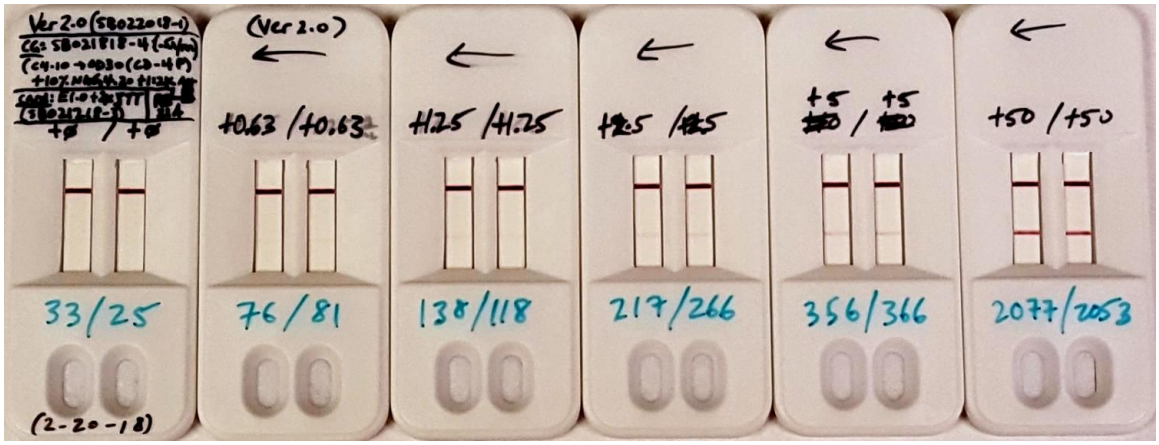
+2.5/+2.5
+5/+5
+10/+10
+50/+50
4/8
94/73
169/110
299/300
540/575
1726/1583

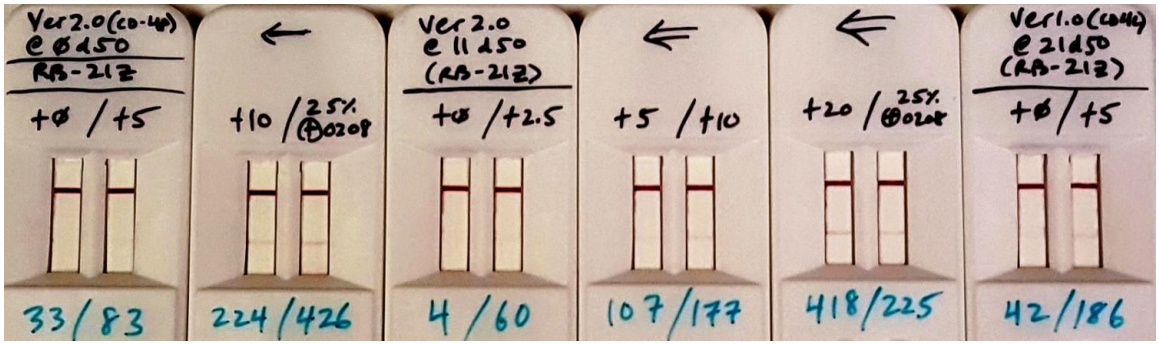
February 22, 2018 – Testing protocol developed and provided to Invenio Medical, Inc.

March 12, 2018 - Invenio Medical, Inc. sent 2 sealed micro-centrifuge tubes containing dead MRSA in your buffer/detergent solution(s) to our scientists. Each was labeled separately, with specific lot #'s.

Scientific Update 3 - March 16, 2018

Stability issue quickly became a daunting dilemma, as we kept having to increase stringency of the MRSA LFA conditions to deal with the ever increasing false positive when the more the strips were baked/stressed. Due to the nature of the stability/stress testing, the time it took to develop solutions was greatly increased from previous optimization. We ended up needing to resolve this matter by addressing the strips via the CD requiring at least 7-10 days @ 50C just to start testing), but additionally by altering the RB. Real samples arrived within the past week and we were able to carry out stability testing as well as incorporating real samples to verify that our spiked recombinant actually worked. As of March 16, 2018, we have a new, better RB (21Z) that actually salvaged the previous version 2 (CD-4P) strips, but we are continuing to test new CD's that are being stressed, and then will be tested with the newest RB conditions (may be too stringent with RB-21Z, but further testing will reveal this). At this time, we feel confident of at least 1 year Expiration (RT) for the Assay (12d50 for version 2), but possibly almost 2 years (21d50 with version 1). Our next steps including continued stress/stability testing with the new RBs and CDs, which fortunately tends to take longer periods of time as we run accelerated stability studies. We will continue to work on solutions to insert the strip into a device. Furthermore, we continue to evaluate real samples and get feedback from Invenio Medical, Inc. for Version 2+.





April 2, 2018 – Scientist signs Non-Disclosure with first potential manufacturer.

April 9, 2018 – Scientists began testing Version 3, and just performed a 2 week stability test with good results using the new RB-21Z also. They have been using the samples provided by Invenio Medical, Inc. @ 1:10 dilution into RB-21Z, seeing about 5-10ng/mL

equivalency. Also we tested version 2 @ 35days 50'c with RB-21Z also & and they looked weaker but 05/11/18 would still pass our criteria.

Scientific Update 4 – April 12, 2018

We continued to stress and evaluate all 3 versions of the MRSA assay, with focus on Version 2 & the newest Version 3 (based on CDF-08F). Our assessment overall is that Version 3 is slightly more stringent that Version 2, but also seems to hold up best with stress/stability testing overall. We also have brought into the loop the likely partner for assay scale-up and production. Our next steps include continued stability testing, focused now primarily on Version 3, in order to finalize the strip. We will also obtain more actual samples using the RB-21Z, and evaluate LOD based on robust testing, as well as making several Mini/Pilot lots, establishing a "gold standard" of how the assay should perform. This will also allow us to finalize SOP's and work on technology transfer documentation.

April 13, 2018 - Invenio Medical, Inc. had tested version 3 of the MRSA LFT strips. Our results indicated faint result line visibility as compared to v.2. We are planning on conducting once more round of testing on version 3 strips to see if any changes are observed.

April 21, 2018 - Mutual NDA – Invenio Medical, Inc. & Manufacturer Candidate #1

May 3, 2018 – Invenio Medical, Inc. continued testing various combinations of Buffer and strip formulation. We noticed best results using Buffer: RBZ-21Z with the V.2 test strips.

May 9, 2018 – Based on optimization and testing of several strip versions and buffer/reagent solution concentrations, our scientists could formulate preliminary SOPs for preliminary discussions with manufacturing candidates.

May 11, 2018 – Manufacturer Candidate #1 provides Invenio Medical, Inc. with the following information after preliminary discussions: "Necessary to assess NRE, Capex, and Technical Transfer Costs/Timing to produce strips, assemble, package, and kit. Assumptions will need to include a 3-5 year annual volume forecast. Scope of Work will be included in the PD Proposal requiring approval and sign off by Manufacturing Candidate #1 and Invenio."

May 15, 2018 – Project Definition (Phase 2) and customer checklist – this process took approximately 3 weeks to compile based on data transfer and supporting documentation for Manufacturer Candidate #1.

June 6, 2018 – Our scientists continued searching for alternate potential manufacturers, thereby making contact with Chief Scientific Officer (CSO) of Manufacturer Candidate #2.

June 7, 2018 – Invenio Medical, Inc. locates another potential candidate for manufacturing (Manufacturer Candidate #3) and NDA is signed. It would not be until June 26, 2018 that this manufacturer would be able to have conference call to discuss scope of project, despite numerous requests for sooner contact.

June 26, 2018 – Invenio Medical Inc. conference call with Candidate #3. Too many uncertainties present, with Invenio's decision not to move forward with Candidate #3.

July 20, 2018 – Invenio Medical Inc. locates another potential candidate for manufacturing (Manufacturer Candidate #4) and NDA is signed. It would take nearly a month for Manufacturer Candidate #4 to produce information despite numerous efforts from Invenio Medical, Inc. to make contact with the manufacturer.

August 17, 2018 – Manufacturer Candidate #1 provides the following proposal to Invenio Medical, Inc., after reviewing all data submitted, along with information from project definition – "Customer checklist:"

> The overarching objective is for Manufacturer Candidate #1 is to enable Invenio Medical Inc. reach a state of commercial supply readiness. This translates to creating a manufacturing plan for supply of product, for which the IVD consumable is suitable for either RUO status, clinical trial supply, 510K submission, and/or CLIA waived readiness depending upon the chosen regulatory pathway.
>
> Manufacturer Candidate #1 will establish a validated commercial manufacturing process for the lateral flow assay test strip with options for coupling the test strip with the chosen sample processing tube design, construction, and preferred assay reader (if applicable).
>
> Manufacturer Candidate #1 is a trusted CMO partner of Invenio's scientific team. Under the stated intent, Manufacturer Candidate #1 will work closely with Invenio's Scientific Team to create an evolutionary technical transfer plan starting with a SOW (Statement of Work) to transfer the design of the test strip into manufacturing qualification.
> The role of Manufacturer Candidate #1 will be to:
>
> - Serve as prime or principle CMO for a qualitative, semi-quantitative, or fully quantitative assay
> - Manufacturing will be completed under GMP regulations (ISO 13485)
> - Manufacturer Candidate #1 utilizes established quality management systems that ensure compliance to CE and FDA regulations.
> - Provide an automated, flexible, scalable platform to mitigate multiple technical transfers
> - Source or partner with Lumos or equivalent to deliver a quantitative assay version
> - Partner with Invenio's Scientific team to reduce transfer risk from bench process to automated process
> - Decrease time to validated product through initial manufacture of test strip
> - Future design considerations will be considered and evaluated during technical transfer (i.e. sample collector integration).
>
> Manufacturer Candidate #1 has engaged Invenio's scientific team during confidential product development discussions to determine early manufacturability of the current test strip design, strip and collection tube integration options, as well as coupling the strip in a tube with a reader when and if a quantitative design is desirable.

Manufacturer Candidate #1 has been able to familiarize itself with the lateral flow system as selected by Invenio's scientific team by conducting a benchtop demonstration* of the assay on the platform designed at Manufacturer Candidate #1's LFI Biochemistry Lab: *Ran 1 test at 20 ng/ml, 40 ng/ml and 100 ng/ml of recombinant MRSA for 30 minutes

Preliminary high-level test strip manufacturability conclusion - Test strip construction, materials, and stack up fall well within Manufacturer Candidate #1's capabilities. - Reagent chemistry for conjugation, test, and control line deposition will need to be verified and validated during initial process translation from Invenio's scientific team (different assets, benchtop to R2R process transfer). Strip cutting and overlap tolerances will need to be examined, defined, and proven during process qualification.

- The strip deposition and lamination tasks are deemed highly feasible in regards to materials, reagents and design.

Scientific Update 5 – September 11, 2018

All we have is the LOD to detect the recombinant PBP2A protein and the dilutions of cultured patient samples provided by Invenio Medical, Inc. We want to select a vendor to make a minilot, after we tech transfer to them, so we can have preclinical studies *to get the sensitivity/specificity numbers etc.) and stability done while we figure out the reader and possibly redesign the collection device to work in the Lumos or other reader.

October 2, 2018 – Proposal from Manufacturer #5 obtained

November 7, 2018 – Invenio Medical, Inc. scientists sent Buffer to Manufacturing Candidate #2. They will be assembling 100-200 for initial prototype testing

November 30, 2018 – Invenio Medical, Inc. scientists received pre-loaded collection tubes from Manufacturing Candidate #2.

December 7, 2018 – Invenio Medical, Inc. receives package containing:

- 90 MRSA strips in collection devices (version 2.0), lo 120218-1 in bulk
- 10 MRSA strips in collection devices (individuals wrapped in foil pouch, Lot 120218-1
- 1 mL of 1000ng/mL, PBP-2a recombinant protein in lysis buffer to be used as a positive control (dip collection swab and test).
- 1 mL negative control solution (lysis buffer)

December 11, 2018 – February 16, 2019 - Invenio Medical, Inc. begins testing of preliminary collection devices/strips utilizing specimens obtained from human subjects. The initial results demonstrated successful identification of MRSA as anticipated. However, further modification of the RB and device housing will be necessary in order to overcome faintness of positive result line on strip.

03

COO's Letter

Patents are a form of intellectual property.

To ensure TIMELY patent approval the device (invention) MUST be complete with no further need for R&D. It must be original, authentic, distinguished and useful. WE believe we meet this criteria. HOWEVER, R&D MUST be COMPLETE prior to PTO granting the patent. We are "Patent Pending" until then. We anticipate this process to be completed by June of 2019, unless something unforeseen occurs. It could possibly be sooner. WE NEED a completed, functional Prototype!! We are close but not there yet.

Phase 1 prototype testing is ongoing. Perhaps completed in the next 60 days. So far results are what we expected. FDA testing will be much more thorough with timing anticipated within 3 months. Data to be reviewed by authorized Investigational Review Boards at each hospital. Once completed FDA approval to market will be provided. Trademark protection has been applied for. We anticipate reply by mid-year!

We are in discussions with manufacturer #5 who, we believe, has the capability we seek. We have our fingers crossed. Their R&D VP will share with us by the end of February 2019 what they MIGHT be able to do to further us in our quest. They could be the answer to our prototype issues. If so, we understand that production schedule requires 8-12 weeks to begin with automated build.

There has been significant modification to our device (strips, collection tube/device, buffer/detergent reagent and lateral flow device) that has caused slowdown in the approval process. As our device is considered REVOLUTIONARY there is no simple remedy to this problem. WE just CAN'T COPY anything!! We learned, there is NO US manufacturer who is capable of developing the entire device at the moment. We are NOT engaging with ANY foreign companies given the situation on foreign trade. We wish to protect our intellectual property. THAT forced us to reevaluate how the design and manufacturing of a functional prototype could be completed.

We attempted to locate a manufacturer who could assist with this process only to find that several of recommended manufactures could NOT do what we wanted without exhausting our resources. Wild goose chase. One spoke of partnering but fell way short of what WE believed a partner represented. Another wild goose chase. We are after all, on a budget. 3 of these companies only made a portion of what we needed. Goose is elusive. We decided we wanted someone who could build the strips, following our SOP's, place lateral flow assembly and optimized strips into collection tube/device in proper orientation for viewing/diagnosis as well as provide proper reservoir for buffer/detergent agent to begin the science of PB2A recognition with the Aptamer.
We also wanted someone with READER capability of the strips should we need that. The whole kit and caboodle sounds simple, however is VERY complex, and very time consuming.

After discussion with 5 different manufactures (major contributor to fewer milestones) it was realized that simple, what works best, was NOT in this particular lexicon. VERY frustrating.

The Aptamer used for our optimized strips is owned by a Company in Texas. We anticipate purchase of an exclusive license to commercialize the aptamer until such time as our resources are capable of optimizing our own Aptamer. The cost of optimization of our Aptamer could exceed 75K. The cost to gain an exclusive for commercialization is similar, perhaps a bit more. However, not until prototype R&D is complete and testing has been done for FDA approval.

We can then look to sell more stock at higher valuation to groups who are interested. We have spoken to several. Some are interested. Some even wined and dined us. NO large investor group buys stock at increased valuation WITHOUT a functional prototype. Would YOU? We will cross that bridge when we get there. As we said before, we are on a budget.

We are stewarding the resources YOU have provided to maximum benefit. We have found this to be a painfully slow process after we enjoyed such rapid milestones in the first 6 months. Those wild goose chases have been bad for timing. Many of the forecasts provided are in a PERFECT world. They are subject to seen and unforeseen issues. Some we can and some we can't anticipate. We will do everything possible to ensure protection of your investment. If this was easy, everyone would be doing it. It's NOT!! It's very difficult. A primary fact is we are doing this while maintaining full time employment, ridiculous daily windshield time in some cases and family needs.

Thanks for your understanding.

Respectfully;

Jay Haischer, MHA, RPA-RT, VA-BC
Chief Operations Officer
Invenio Medical, Inc.

04

CFO's Letter

2018 Started out with us meeting and marginally exceeding our proposed first round of funding. This allowed us to begin the process of obtaining the raw material for testing the theory and eventually preforming the initial optimization of the AptaSure product for MRSA.

Through negotiations and mindful spending we expected this first round to cover us through the process to the first prototypes and tech transfer when a manufacturer has been selected.

The preliminary talks with manufacturers has been slow and we worked with 3 trying to get suitable proposals but they were all trying to initiate an upfront cost for initial development between $125k-$200k that did not include any actual production of the final product.

Our goal, as stated in the original business plan, is to use the initial prototypes to garner the second round of necessary funding to get the first lot of testing prototypes for the first stage of real world testing in a hospital setting. As with most products we expect there to be multiple versions and refinement of prototypes as each one is evaluated and issues are identified and improvements made. This will coincide with the application and approval process of the FDA which will include clinical trials. While we have experience within our management team in conduction clinical trials, it is prudent to work with a separate third party to assist in the development and implementation of the trials.

In late January we met with two different manufactures who are leaders in their respective areas. We are working with the first to customize the collection and processing unit which will mostly likely be out of molded plastic very similar to a product they already produce in high quality. They are currently working on assisting us in the specialized configuration required by our science and test strips.

The second manufacturer will be producing the Aptamer strips and the buffer solution that will be placed in the first manufacturers testing device. The second manufacturer will most likely assemble the raw materials and produce the final product. But, the final manufacturer selections have not yet been made. We will announce when the all necessary information is received and the final selection has been made.

As part of the process we will have to contract with them for testing and feasibility study to understand the entire development production process necessary to produce the strips in mass. Until now, the science has been produced on a singular or very small batch process and scaling up to the level we need will have its own challenges and barriers. We will need to have this study complete to avoid potential future costs and delays which are currently unforeseen.

The study will also be used for the second round of funding necessary to get us to the next phase of the AptaSure testing and production.

Respectfully,

Kevin J. Ohler
CFO/Treasurer & Secretary

05

ANNUAL CONSOLIDATED FINANCIAL STATEMENTS

1:25 PM
02/14/19
Accrual Basis

Invenio Medical, Inc.
Balance Sheet Prev Year Comparison
As of December 31, 2018

	Dec 31, 18	Dec 31, 17	$ Change	% Change
ASSETS				
Current Assets				
Checking/Savings				
Chase Business	102,743.95	198,947.79	-96,203.84	-48.4%
Total Checking/Savings	102,743.95	198,947.79	-96,203.84	-48.4%
Total Current Assets	102,743.95	198,947.79	-96,203.84	-48.4%
TOTAL ASSETS	**102,743.95**	**198,947.79**	**-96,203.84**	**-48.4%**
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
Accounts Payable	699.53	699.53	0.00	0.0%
Total Accounts Payable	699.53	699.53	0.00	0.0%
Total Current Liabilities	699.53	699.53	0.00	0.0%
Total Liabilities	699.53	699.53	0.00	0.0%
Equity				
Capital Stock	277,900.00	259,400.00	18,500.00	7.1%
Paid In Capital				
Founder 1	4,811.69	4,811.69	0.00	0.0%
Founder 2	4,346.90	4,346.90	0.00	0.0%
Founder 3	1,823.67	1,823.67	0.00	0.0%
Founder 4	800.00	800.00	0.00	0.0%
Total Paid In Capital	11,782.26	11,782.26	0.00	0.0%
Retained Earnings	-72,934.00	-10,550.83	-62,383.17	-591.3%
Net Income	-114,703.84	-62,383.17	-52,320.67	-83.9%
Total Equity	102,044.42	198,248.26	-96,203.84	-48.5%
TOTAL LIABILITIES & EQU...	**102,743.95**	**198,947.79**	**-96,203.84**	**-48.4%**

1:26 PM
02/14/19
Accrual Basis

Invenio Medical, Inc.
Profit & Loss Prev Year Comparison
January through December 2018

	Jan - Dec 18	Jan - Dec 17	$ Change	% Change
Ordinary Income/Expense				
Expense				
Bank Service Charges	0.00	197.86	-197.86	-100.0%
Business Licenses and Permits	519.86	259.00	260.86	100.7%
Computer and Internet Expenses				
Hardware	1,603.04	0.00	1,603.04	100.0%
Services & Subscriptions	4,296.34	5,286.08	-989.74	-18.7%
Software	488.72	0.00	488.72	100.0%
Computer and Internet Expenses - O...	0.00	0.00	0.00	0.0%
Total Computer and Internet Expenses	6,388.10	5,286.08	1,102.02	20.9%
Dues and Subscriptions	359.88	360.00	-0.12	0.0%
Legal Services	2,223.00	256.00	1,967.00	768.4%
Marketing				
Marketing-Promotional items	0.00	137.42	-137.42	-100.0%
Marketing - Meals	0.00	96.36	-96.36	-100.0%
Marketing - Other	1,500.00	-107.29	1,607.29	1,498.1%
Total Marketing	1,500.00	126.49	1,373.51	1,085.9%
Meals and Entertainment	424.91	0.00	424.91	100.0%
Office Supplies	182.41	401.11	-218.70	-54.5%
Postage and Delivery	85.02	28.34	56.68	200.0%
Processing Fees	250.00	181.86	68.14	37.5%
Professional Fees	125.00	0.00	125.00	100.0%
Rent Expense	0.00	1,095.35	-1,095.35	-100.0%
Research and Development	99,700.00	50,500.00	49,200.00	97.4%
Sales Tax Expense	0.00	6.83	-6.83	-100.0%
Supplies				
Lab Supplies	1,243.31	0.00	1,243.31	100.0%
Supplies - Other	80.00	0.00	80.00	100.0%
Total Supplies	1,323.31	0.00	1,323.31	100.0%
Taxes				
California Franchise tax	823.00	1,952.00	-1,129.00	-57.8%
Penalties and fees	0.00	615.00	-615.00	-100.0%
Taxes - Other	-823.00	532.13	-1,355.13	-254.7%
Total Taxes	0.00	3,099.13	-3,099.13	-100.0%
Telephone Expense	1,615.35	377.73	1,237.62	327.7%
Travel Expense	7.00	190.64	-183.64	-96.3%
Uncategorized Expenses	0.00	16.75	-16.75	-100.0%
Total Expense	114,703.84	62,383.17	52,320.67	83.9%
Net Ordinary Income	-114,703.84	-62,383.17	-52,320.67	-83.9%
Net Income	**-114,703.84**	**-62,383.17**	**-52,320.67**	**-83.9%**

Notes:
Computer services and subscriptions- monthly fees for web site maintenance and domain and email hosting.

Legal – Retainer for legal services & Application of AptaSure trademark.

Marketing (2018) - Creation of AptaSure video animation demonstration.

Research and Development- Phase I & II of AptaSure optimization, development of our own Aptamer for future availability assurance and testing.

Lab Supplies: equipment to develop and test initial samples and prototypes rather than contract a third party.

Telephone- Service and monthly cost for '800' number including voicemail system.

Providing Global Health Care Solutions through Innovative Technologies