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Adma Biologics (NASDAQ/ADMA)

BUY FDA Approval For RI-002 (Product & Manufacturing) is Positive.

Adma gets approval for RI-002, Both the product and the manufacturing facility, which are in Florida. This is a key positive event for the company as it transitions to a commercial entity. The approval also opens up an additional credit facility with access up to \$27.5M in capital. We continue to believe there is upside to the story and reiterate our Buy Rating and \$7.00 price target.

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Investment Highlights

ASCENIV (RI-002) FDA Approved for PIDD's. On April 1st (No Fools) the FDA approved ASCENIV Immune Globulin Intravenous, Human – sIra 10% Liquid, formerly referred to as RI-002. ASCENIV or RI-002 is an Intravenous Immune Globulin drug product for the treatment of Primary Humoral Immunodeficiency Disease (“PIDD”) in adults and adolescents (12 to 17 years of age). The dept. of Health and Human Services issued U.S. license No. 2019 to ADMA in connection with the approval of ASCENIV. The license covers the Boca Raton, FL manufacturing facility which has demonstrated compliance with FDA requirements as well as authorizes ADMA to manufacture and enter into interstate commerce with ASCENIV. Adma anticipates having the product available for commercial launch during the second half of 2019. Also, worth noting is that the approval allows ADMA, at its sole option, can elect to access up to an additional \$27.5M of available funding from Perceptive Advisors under ADMA’s existing credit facility. This option remains available to the Company through June 2020, and such funds could be used to support the launch of ASCENIV, procure plasma raw material inventory, and begin construction on potential new plasma centers, as well as for general corporate activities.

Manufacturing Math. ADMA now owns and operates its manufacturing plant, located in Boca Raton, Fla. The facility can produce three products: (1) BIVIGAM; (2) Nabi-HB; and (3) RI-002. We have worked out the manufacturing math associated with the plant and conclude that the plant at full capacity can make \$118M annually of BIVIGAM at 10% margins or \$693M of RI-002 at 70% gross margin. The challenge for ADMA we see is to optimize sales of RI-002 and use the remaining capacity to manufacture the other products, BIVIGAM and higher margin Nabi-HB. NABI-HB addresses a smaller market with (by our estimates), peak sales of \$10M but like RI-002 with margins at 70%. We estimate that by 2020, ADMA should be producing and selling \$33M of RI-002, \$43M of BIVIGAM, and \$10M of Nabi-HB, which if realized means that ADMA is a cash flow positive company.

Current Price \$5.06
 Price Target \$7.00

| Estimates | F2017A | F2018A | F2019E |
|-------------------|-----------|-----------|-----------|
| Revenues (\$000s) | \$ 22,761 | \$ 16,985 | \$ 45,161 |
| 1Q March | \$ 2,629 | \$ 4,043 | \$ 5,063 |
| 2Q June | \$ 3,399 | \$ 4,656 | \$ 9,532 |
| 3Q September | \$ 4,729 | \$ 4,230 | \$ 13,261 |
| 4Q December | \$ 12,003 | \$ 4,056 | \$ 17,305 |
| | F2017A | F2018A | F2019E |
| EPS (diluted) | \$ (2.00) | \$ (1.45) | \$ (0.24) |
| 1Q March | \$ (0.51) | \$ (0.39) | \$ (0.15) |
| 2Q June | \$ (0.55) | \$ (0.35) | \$ (0.09) |
| 3Q September | \$ (0.59) | \$ (0.33) | \$ (0.03) |
| 4Q December | \$ (0.36) | \$ (0.39) | \$ 0.02 |

EBITDA/Share
 EV/EBITDA (x)

| Stock Data | | |
|---|-------------|--------|
| 52-Week Range | \$2.08 | \$6.96 |
| Shares Outstanding (mil.) | 46.4 | |
| Market Capitalization (mil.) | \$235 | |
| Enterprise Value (mil.) | \$207 | |
| Debt to Capital | 6% | |
| Book Value/Share | \$0.89 | |
| Price/Book | 5.6 | |
| Average Three Months Trading Volume (K) | 260 | |
| Insider Ownership | 36.3% | |
| Institutional Ownership | 45.7% | |
| Short interest (mil.) | 6.2% | |
| Dividend / Yield | \$0.00/0.0% | |



Update - April 3, 2019 - Buy - Price Target \$7

What is Adma? Adma is a company focused on bringing a high-value, potent intravenous immunoglobulin (IVIG) product, RI-002 to the five billion-dollar U.S. marketplace to patients that need a more potent IVIG product. The margins and profitability of this product are the real driver for the company to perform. Along the way towards getting this product approved Adma ran into manufacturing issues with their contract manufacturing company, Biotest (ETR: BIO; not rated). Adam Grossman, ADMA's CEO, spent his life in the IVIG marketplace and decided to take action and acquire Biotest's manufacturing plant, as the best way to control product quality and bring Adma's RI-002 to the marketplace. In doing so, Adma also acquired Biotest's IVIG products BIVIGAM and an HBV prophylaxis product (Nabi-HB). Today, Adma is an integrated manufacturer, developer and soon commercial supplier in the IVIG marketplace.

Was the Biotest acquisition a good deal for ADMA? In June of 2017 year, CSL Behring acquired 80% of plasma-derived therapies manufacturer Wuhan Zhong Yuan Rui De Biological Products Co. Ltd. (Ruide) from Humanwell Healthcare Group Co. Ltd. for U.S. \$352M. The floor print of the facility, capacity, and even the annual revenues in the same 2016-time frame of \$30M (Ruide) vs. \$76M (Biotest) all suggest a good comparable to the Biotest plant. We provide a detailed review of the deal terms for this acquisition, and conclude it was very good deal for ADMA. For 4.3M shares of stock and two plasma collection facilities with a combined value approaching \$28M, ADMA acquired the facility and provided Biotest an exit from a business it did not want to be in, allowing Biotest itself to be acquired by the Creat Group of China (private) without encumbrances. We believe the intrinsic value for just the manufacturing operation alone, especially once it's cleared by regulators, (both products, BIVIGAM and RI-002 are approved), is greater than the market capitalization of the company today, especially true with the pullback based on the delay (the CRL associated with BIVIGAM).

Recent financial results. As of YE2018 ADMA reported 46.3 million shares outstanding. Biotest requested the indemnification for any liability associated with the plant and product acquisition (Biotest had previously accepted \$25 million in potential liability). Biotest agreed to give back 8.6 million of the original 12.9 million shares or approximately \$45 million in equity for a release of the \$25 million in potential liability. ADMA closed the year with just under \$23M in cash (and \$18.6M in product inventory). As noted above, FDA approval of RI-002 allows the company at their discretion to access up to \$27.5M in additional capital (Perceptive Advisors).

Valuation. We assume that BIVIGAM is re-launched in early 2019, and we make the same assumption for RI-002. For new RI-002 indications such as the treatment of HSCT, SOT, and cancer-chemotherapy patients, we apply just a 30% probability of development, which in our opinion will be driven by the demand for RI-002 in PIDD patients. The higher the demand is, the lower the priority is, to expand the label in the near term to support new indications and drive market demand. This then factors into our model for our valuation. Our valuation is based on an equally weighted average of our free cash flow to the firm (FCFF), earnings per share (EPS), and sum-of-the-parts analysis discounted at a rate of 30% to account for the risks of development and commercialization. We typically use 30% for companies with only pipeline products and which have become cash flow positive, 15% for companies with revenues which are cash flow positive, and 10% for companies with approved products and positive, visible and consistent cash flow.

Risks to our thesis include the following: (1) regulatory risk; (2) commercial risk; (3) competition risk; (4) manufacturing risk; (5) clinical risk; (6) finance risk; and (7) intellectual property risk. We review these and other risks in the risk section of this report.

Product Modeling Assumptions

1. The approval of RI-002 is positive and welcome. We assume an addressable PIDD patient population of approximately 125,000 growing at an annual rate of 1%. Dosing for PIDD is typically set at 500 mg/kg of body weight every three to four weeks. We assume the average adult patient is 70 kg (and a pediatric patient is 20 kg). So, a 70 kg adult requires 35 grams per dose per month. For BIVIGAM at \$85 per gram equals \$2,975 monthly and we assume eight months dosing a year (typically winter months), so eight times \$2,975 equals \$23,800 annually. For RI-002 at \$500 per gram equals \$17,500 monthly, but we only assume four months of this high-value therapy, so four times \$17,500 equals \$70,000 annually. We do assume modest price increases over time. For BIVIGAM, we assume the acquisition and production costs are high, close to \$75 per gram. For RI-002, it is produced through a virtually identical production process, but the manufacturing costs are slightly higher due to additional requirements for sample testing. The acquisition costs of the high titer donors are higher too, so we assume \$150 per gram. We assume BIVIGAM returns to the market by mid. 2019. BIVIGAM has been previously marketed for PIDD, which we believe makes it easier to market compared to a newly launched drug.
2. Nabi-HB has been launched in the U.S. and is currently generating sales for ADMA. We model modest growth of just 1% for annual sales in the \$10 million range. We note that several opportunities exist for Nabi-HB to grow. For example, victims of sexual assault are typically treated prophylactically for HIV exposure. However, the greater risk of viral transmission is actually HBV, and victims are typically not offered an HBV prophylactic product.
3. We assume that ADMA with a modest sales force including the CEO who himself has a background in IVIG sales, can represent the company and sell product on a contract basis to a handful of selected institutions, which should be able to sell out the capacity of the Boca Raton facility within a few years.
4. For new indications around RI-002 we assume just a 30% probability that ADMA is able to develop RI-002 for hematopoietic stem cell transplant (HSCT), solid organ transplant (SOT), and cancer-chemotherapy indications. We select a low probability for several reasons: (1) physicians have been treating patients off-label in these indications and in doing so, generated anecdotal evidence to suggest efficacy but the company has not yet run a clinical study; (2) resources are constrained and the focus today is on RI-002 in the PIDD market. If ADMA is successful in generating demand in PIDD the motivation to develop RI-002 in these indications, near term, is reduced. We anticipate, once the decision is made to develop these indications, that clinical development, regulatory approval, and launch, takes approximately two years for each indication. We see the opportunity to develop these indications simultaneously. The critical factor in our thinking is our assumption that these indications are only developed if RI-002 is not being sold out at capacity based on demand in the primary indication (PIDD). To the extent that ADMA is able to sell to capacity in the primary indication, the timing gets pushed out further into the future.
5. Sum-of-the-Parts Model assumptions. We apply the same discount rate we use in our FCFE and discounted-EPS models in our sum-of-the-parts model. We expect approval of BIVIGAM by mid. 2019. Since the manufacturing process for BIVIGAM is basically identical to RI-002, we also assume approval of RI-002 by mid. 2019, which assumes a six-month Type II response from the FDA. The RI-002 Complete Response Letter, like the BIVIGAM CRL is associated with manufacturing issues, and not with clinical data. While it is our opinion that the manufacturing issues are now mostly resolved we know there is some delay based on what we guess is the sheer volume of changes made to the process. For Nabi-HB the product is being manufactured and sold today, so that probability is now 100%. For contract manufacturing and other products, or shall we say, bi-products, we use 100% probability. We know that there are multiple bi-products created during the manufacturing process of RI-002, BIVIGAM, and Nabi-HB. These products have been sold in the past by Biotest and ADMA has stated that as plant operations develop around the primary objective, RI-002, followed by BIVIGAM and Nabi-HB, that ADMA is looking to maximize operating efficiency and monetize the bi-products too. Peak revenue from this business is nominal at \$13 million. We also include plasma centers, recognizing that ADMA has transferred two of the current three centers to Biotest. The remaining center was FDA approved last month and should be on-line and operational now but there is likely to be some time required for the business to establish itself. Our expectation is that ADMA continues to build collection facilities, which supports the primary business, RI-002. Our revenue assumptions are based on the build out of these facilities. Given the fact that ADMA should have just one facility next year, we use a low probability of just 30%, and assume over the next 10 years ADMA builds out additional facilities.
6. Margin assumptions. Our margin assumptions are driven by our product forecast and the product mix, principally RI-002 and BIVIGAM. We assume very modest margins for BIVIGAM as our assumed cost of goods is quite high at \$75 per gram versus a selling price of \$85 per gram. The opposite is true for RI-002 where we assume a high cost of goods at \$150 per gram but a substantially higher sales price at \$500 per gram. Based on our projected development and mixture of the revenues, we can project a net margin for the company. We ultimately expect sustainable out-year net margins of 40% can be reached.
7. Discount rate. Based on the early nature of the company and the fact that ADMA is not yet profitable we use our maximum discount rate of 30%. We then apply this rate across all of our models, FCFE, discounted-EPS, and sum-of-the-parts models, which are then equal weighted and averaged, and rounded to the nearest whole number.

Exhibit 1. Market Models for BIVIGAM and RI-002

| BIVIGAM - PIDD USA | 2016A | 2017A | 2018E | 2019E | 2020E | 2021E | 2022E | 2023E | 2024E | 2025E | 2026E | 2027E | 2028E |
|-------------------------------------|------------|------------|------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Prevalence | 257,575 | 260,151 | 262,753 | 265,380 | 268,034 | 270,714 | 273,421 | 276,156 | 278,917 | 281,706 | 284,523 | 287,369 | 290,242 |
| Growth | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% |
| 50% Treated with IVIG | 128,788 | 130,076 | 131,376 | 132,690 | 134,017 | 135,357 | 136,711 | 138,078 | 139,459 | 140,853 | 142,262 | 143,684 | 145,121 |
| % with Specific Immune Deficiencies | 15,455 | 15,609 | 15,765 | 15,923 | 16,082 | 16,243 | 16,405 | 16,569 | 16,735 | 16,902 | 17,071 | 17,242 | 17,415 |
| % Market Share | 0% | 0% | 0% | 5% | 11% | 15% | 16% | 17% | 17% | 18% | 17% | 17% | 17% |
| Total Patients | 0 | 0 | 0 | 717 | 1769 | 2436 | 2625 | 2817 | 2845 | 3042 | 2902 | 2931 | 2960 |
| Cost per year | \$23,800 | \$23,800 | \$23,800 | \$24,038 | \$24,278 | \$24,521 | \$24,766 | \$25,014 | \$25,264 | \$25,517 | \$25,772 | \$26,030 | \$26,290 |
| % Price Increase | | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% |
| Total sales (\$millions) | \$0 | \$0 | \$0 | \$17,224 | \$42,949 | \$59,744 | \$65,008 | \$70,459 | \$71,875 | \$77,633 | \$74,794 | \$76,297 | \$77,831 |

| RI-002 - PIDD USA | 2016A | 2017A | 2018E | 2019E | 2020E | 2021E | 2022E | 2023E | 2024E | 2025E | 2026E | 2027E | 2028E |
|-------------------------------------|------------|------------|------------|-----------------|-----------------|-----------------|-----------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Prevalence | 257,575 | 260,151 | 262,753 | 265,380 | 268,034 | 270,714 | 273,421 | 276,156 | 278,917 | 281,706 | 284,523 | 287,369 | 290,242 |
| Growth | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% |
| 50% Treated with IVIG | 128,788 | 130,076 | 131,376 | 132,690 | 134,017 | 135,357 | 136,711 | 138,078 | 139,459 | 140,853 | 142,262 | 143,684 | 145,121 |
| % with Specific Immune Deficiencies | 15,455 | 15,609 | 15,765 | 15,923 | 16,082 | 16,243 | 16,405 | 16,569 | 16,735 | 16,902 | 17,071 | 17,242 | 17,415 |
| % Market Share | 0% | 0% | 0% | 2% | 3% | 4% | 8% | 11% | 14% | 15% | 16% | 17% | 17% |
| Total Patients | 0 | 0 | 0 | 318 | 466 | 650 | 1312 | 1823 | 2343 | 2535 | 2646 | 2845 | 2960 |
| Cost per year | \$70,000 | \$70,000 | \$70,000 | \$70,700 | \$71,407 | \$72,121 | \$72,842 | \$73,571 | \$74,306 | \$75,049 | \$75,800 | \$76,558 | \$77,324 |
| % Price Increase | | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% |
| Total sales (\$millions) | \$0 | \$0 | \$0 | \$22,515 | \$33,303 | \$46,858 | \$95,600 | \$134,092 | \$174,093 | \$190,277 | \$200,572 | \$217,803 | \$228,914 |

| RI-002 Stem Cell Transplant | 2016A | 2017A | 2018E | 2019E | 2020E | 2021E | 2022E | 2023E | 2024E | 2025E | 2026E | 2027E | 2028E |
|----------------------------------|------------|------------|------------|------------|------------|------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Prevalence | 25,758 | 26,015 | 26,275 | 26,538 | 26,803 | 27,071 | 27,342 | 27,616 | 27,892 | 28,171 | 28,452 | 28,737 | 29,024 |
| Growth | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% |
| 30% Treated with IVIG @ risk RSV | 7,727 | 7,805 | 7,883 | 7,961 | 8,041 | 8,121 | 8,203 | 8,285 | 8,368 | 8,451 | 8,536 | 8,621 | 8,707 |
| % Market Share | 0% | 0% | 0% | 0% | 0% | 0% | 4% | 7% | 11% | 17% | 19% | 22% | 25% |
| Total Patients | 0 | 0 | 0 | 0 | 0 | 0 | 328 | 580 | 920 | 1437 | 1622 | 1897 | 2177 |
| Cost per year | | | \$70,000 | \$70,700 | \$71,407 | \$72,121 | \$72,842 | \$73,571 | \$74,306 | \$75,049 | \$75,800 | \$76,558 | \$77,324 |
| % Price Increase | | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% |
| Probability of Success | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% |
| Total sales (\$millions) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$7,170 | \$12,800 | \$20,518 | \$32,347 | \$36,879 | \$43,561 | \$50,496 |

| RI-002 Solid Organ Transplants | 2016A | 2017A | 2018E | 2019E | 2020E | 2021E | 2022E | 2023E | 2024E | 2025E | 2026E | 2027E | 2028E |
|---------------------------------|------------|------------|------------|------------|------------|------------|----------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Prevalence | 11,333 | 11,447 | 11,561 | 11,677 | 11,793 | 11,911 | 12,031 | 12,151 | 12,272 | 12,395 | 12,519 | 12,644 | 12,771 |
| Growth | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% |
| 50% Treated with IVIG | 5,667 | 5,723 | 5,781 | 5,838 | 5,897 | 5,956 | 6,015 | 6,075 | 6,136 | 6,198 | 6,260 | 6,322 | 6,385 |
| % Market Share | 0% | 0% | 0% | 0% | 0% | 0% | 1% | 4% | 9% | 11% | 12% | 13% | 15% |
| Total Patients | 0 | 0 | 0 | 0 | 0 | 0 | 60 | 243 | 552 | 682 | 751 | 822 | 958 |
| Cost per year | | | | \$70,700 | \$71,407 | \$72,121 | \$72,842 | \$73,571 | \$74,306 | \$75,049 | \$75,800 | \$76,558 | \$77,324 |
| % Price Increase | | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% |
| Probability of Success | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% |
| Total sales (\$millions) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$1,314 | \$5,364 | \$12,311 | \$15,349 | \$17,081 | \$18,876 | \$22,218 |

| RI-002 Cancer (chemo) patients | 2016A | 2017A | 2018E | 2019E | 2020E | 2021E | 2022E | 2023E | 2024E | 2025E | 2026E | 2027E | 2028E |
|--|------------|------------|------------|------------|------------|-------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Prevalence | 386,363 | 390,227 | 394,129 | 398,070 | 402,051 | 406,071 | 410,132 | 414,233 | 418,376 | 422,559 | 426,785 | 431,053 | 435,363 |
| Growth | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% |
| 50% Treated with IVIG (5% RSV incidence) | 19,318 | 19,511 | 19,706 | 19,904 | 20,103 | 20,304 | 20,507 | 20,712 | 20,919 | 21,128 | 21,339 | 21,553 | 21,768 |
| % Market Share | 0% | 0% | 0% | 0% | 0% | 0.0% | 1.0% | 3.0% | 7.0% | 9.0% | 11.0% | 12.0% | 15.0% |
| Total Patients | 0 | 0 | 0 | 0 | 0 | 0 | 205 | 621 | 1464 | 1902 | 2347 | 2586 | 3265 |
| Cost per year | | | | \$70,700 | \$71,407 | \$72,121 | \$72,842 | \$73,571 | \$74,306 | \$75,049 | \$75,800 | \$76,558 | \$77,324 |
| % Price Increase | | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% |
| Probability of Success | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% |
| Total sales (\$millions) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$4,481 | \$13,714 | \$32,642 | \$42,812 | \$53,378 | \$59,401 | \$75,744 |

Source: Dawson James.

Valuation. ADMA as a company has gone through a significant transition from a drug developer to a company that now will be manufacturing multiple products and soon, with the approval of RI-002 now in hand, ADMA expects to be commercializing this and other products soon. We see RI-002 as a unique high-value, high margin product. In our opinion RI-002 remains the key driver for the company. How successful can ADMA be in commercializing RI-002? We estimate the product could price at \$500 per gram versus BIVIGAM at \$85 per gram versus the cost to produce each, RI-002 at \$150 per gram and BIVIGAM at \$75 per gram. BIVIGAM is a low margin product, but ADMA should be able to sell as much as it can manufacture in the U.S. as the market size is large, and there are reports of supply shortages. As such, we see the combination of BIVIGAM and ADMA's other product Nabi-HB as creating an operational base for ADMA. RI-002 as a high margin product becomes the performance driver to turn the company cash flow positive. In addition to our models, which reflect how the product mix may develop, we must also be aware of the facility value or the value of ADMA's manufacturing operations. We should also factor into our thinking the fact that the Boca Raton facility is under-going a top to bottom FDA review, and we expect may soon be certified, by middle of 2019, as being in compliance. We know that acquisitions of similar facilities have been in the \$300 million to \$400 million range. For the purposes of our valuation, we do not include the facility value but recognize it could be a factor should one of the larger players decide to make an acquisition bid for ADMA.

Our models for BIVIGAM and RI-002 are patient based. These then feed into our income statement and allow us to apply valuation metrics based on our projected regulatory timelines, pricing and costs, expected cost of goods sold, and other factors. We assume that BIVIGAM is re-launched by the middle of 2019 and is RI-002. For new RI-002 indications in development, we apply a probability of success of just 30%. These indications include HSCT, SOT, and chemotherapy patients. The development of these indications is partially dependent on the demand for RI-002 in the primary indication, PIDD. If the demand is high, the need to develop RI-002 is lower in these other indications, as ADMA's capacity is limited. See our product modeling assumptions for more detail.

Our valuation conclusion is an equally weighted average of our free cash flow to the firm (FCFF), earnings per share (EPS), and sum-of-the-parts analysis discounted at a rate of 30% to account for the risks of development and commercialization and rounded to the nearest whole number. We typically use 30% for companies with only pipeline products that are not yet cash flow positive as is the case for ADMA. Based on the comparative analysis we assume a P/E multiple of just 15x, which is conservative versus the few comparisons, none of which are ideal, but suggest a higher multiple. The result of our analysis is a \$7 price target.

Exhibit 2. Free Cash Flow Model

| | | |
|--------------|----|------|
| Average | \$ | 7 |
| Price Target | \$ | 6 |
| Year | | 2019 |

DCF Valuation Using FCFF:

| units ('000) | 2016A | 2017A | 2018E | 2019E | 2020E | 2021E | 2022E | 2023E | 2024E | 2025E | 2026E | 2027E | 2028E |
|------------------------|----------|----------|----------|---------|-------|--------|--------|---------|---------|---------|---------|---------|---------|
| EBIT | (19,515) | (43,758) | (59,726) | (4,900) | 5,538 | 19,799 | 64,160 | 108,771 | 162,571 | 193,271 | 213,410 | 236,284 | 263,550 |
| Tax Rate | 0% | 0% | 0% | 0% | 0% | 5% | 7% | 9% | 10% | 12% | 12% | 15% | 18% |
| EBIT(1-t) | (19,515) | (43,758) | (59,726) | (4,900) | 5,538 | 18,809 | 59,669 | 98,981 | 146,314 | 170,078 | 187,801 | 200,841 | 216,111 |
| CapEx | (500) | (2,676) | (1,400) | (300) | (330) | (363) | (399) | (439) | (483) | (531) | (585) | (643) | (707) |
| Depreciation | 470 | 563 | 2,522 | 3,027 | 3,632 | 4,359 | 5,231 | 6,277 | 7,532 | 9,039 | 10,846 | 13,016 | 15,619 |
| Change in NWC | | | | | | | | | | | | | |
| FCF | (19,546) | (45,871) | (58,603) | (2,173) | 8,840 | 22,805 | 64,500 | 104,819 | 153,363 | 178,585 | 198,062 | 213,214 | 231,022 |
| PV of FCF | (42,942) | (77,522) | (76,184) | (2,173) | 6,800 | 13,494 | 29,358 | 36,700 | 41,305 | 36,999 | 31,564 | 26,138 | 21,785 |
| Discount Rate | | | | | | | 30% | | | | | | |
| Long Term Growth Rate | | | | | | | | | | | | | |
| Terminal Cash Flow | | | | | | | | | | | | | |
| Terminal Value YE2023 | | | | | | | | | | | | | |
| NPV | | | | | | | | | | | | | |
| NPV-Debt | | | | | | | | | | | | | |
| Shares out (thousands) | | | | | | | | | | | | | 2028E |
| NPV Per Share | | | | | | | | | | | | | \$ 6 |

Source: Dawson James.

Our comparable companies selected for the table includes companies that are in plasma-sourced therapeutics areas. None of the companies represent, a perfect comparable company to ADMA, but the companies do provide a sense of what multiple we might use to value ADMA. The average forward P/E is close to 20x. As ADMA is not yet profitable and in an earlier development stage, we use a more modest P/E of 15x in our discounted-EPS model.

Exhibit 3. Comparable Companies

| Company | Ticker | Price* | Sh. Out. (M) | Mkt Cap (\$M) | Ent. Value (\$M) | Revenues (\$M) | | | Y-O-Y Growth ('16-'18) | EV/Rev's ('18) | EV/EBITDA ('18) | P/S (revs) ('18) | PE | PE '18 | Rated | Analyst |
|-------------------------------------|-------------|---------------|--------------|---------------|------------------|----------------|-------------|-------------|------------------------|----------------|-----------------|------------------|-------------|-------------|-------|---------|
| | | | | | | 2016 | 2017 | 2018 | | | | | | | | |
| CSL Behring | CSL | \$124.29 | 57 | \$7,109 | \$6,894 | \$3,675 | \$3,751 | \$4,480 | 7% | 1.9 | 11.8 | 0.0 | 19.6 | 16.7 | NA | |
| Grifols | GRFS | \$20.27 | 688 | \$17,509 | \$21,843 | \$4,470 | \$4,921 | \$4,921 | 3% | 5.1 | 18.9 | 0.0 | 20.7 | 17.9 | NA | |
| Emergent BioSolutions | EBS | \$50.99 | 51 | \$2,611 | \$3,729 | \$489 | \$561 | \$782 | 18% | 4.2 | 16.6 | 0.1 | 48.6 | 21.9 | NA | |
| ProMetic Life Sciences | PLI-CA | \$0.23 | 739 | \$170 | \$977 | \$16 | \$39 | \$39 | 46% | 6.9 | -3.2 | 0.0 | - | - | NA | |
| Kamada Ltd. | KMDA | \$5.65 | 40 | \$229 | \$153 | \$77 | \$103 | \$114 | 15% | 1.6 | 7.6 | 0.0 | 9.0 | 9.9 | NA | |
| Biotest Pharmaceuticals Corporation | BIO3-ETR | \$22.45 | 40 | \$933 | - | \$408 | \$378 | \$400 | 0% | 2.8 | 32.1 | 0.1 | 5.1 | - | NA | |
| Shire Pharmaceuticals | SHPG | #N/A | #N/A | - | \$66,186 | \$11,318 | \$15,323 | \$15,323 | 12% | - | - | - | 10.9 | - | NA | |
| Group Mean | | | | \$4,760 | \$16,630 | \$2,922 | \$3,582 | \$3,723 | 9% | 4.5 | 14.0 | 0.0 | 19.0 | 16.6 | | |
| ADMA | ADMA | \$5.06 | 46 | \$290 | \$278 | \$11 | \$23 | \$17 | 30% | 16 | -5.6 | 11.4 | 12.4 | 13.4 | | |

Source: Dawson James and FactSet (as of April 2, 2019).

Exhibit 4. Discounted-EPS Model

| | |
|-------------------|---------|
| Current Year | 2019 |
| Year of EPS | 2028 |
| Earnings Multiple | 15 |
| Discount Factor | 30% |
| Selected Year EPS | \$ 4.48 |
| NPV | \$ 6 |

| Discount Rate and Earnings Multiple Varies, Year is Constant | | | | | | | |
|--|----|---------------|---------|---------|---------|---------|----------|
| 2028 EPS | | | | | | | |
| PE Multiple | | Discount Rate | | | | | |
| | | 5% | 10% | 15% | 20% | 25% | 30% |
| | 1 | \$2.89 | \$1.90 | \$1.27 | \$0.87 | \$0.60 | \$ 0.42 |
| | 5 | \$14.44 | \$9.50 | \$6.37 | \$4.34 | \$3.01 | \$ 2.11 |
| | 10 | \$28.89 | \$19.01 | \$12.74 | \$8.69 | \$6.02 | \$ 4.23 |
| | 15 | \$43.33 | \$28.51 | \$19.11 | \$13.03 | \$9.02 | \$ 6.34 |
| | 20 | \$57.78 | \$38.01 | \$25.48 | \$17.37 | \$12.03 | \$ 8.45 |
| | 25 | \$72.22 | \$47.52 | \$31.85 | \$21.71 | \$15.04 | \$ 10.57 |
| | 30 | \$86.67 | \$57.02 | \$38.22 | \$26.06 | \$18.05 | \$ 12.68 |
| | 35 | \$101.11 | \$66.52 | \$44.59 | \$30.40 | \$21.05 | \$ 14.79 |

Source: Dawson James.

Exhibit 5. Sum-of-the-Parts Model

| ADMA Biologics Sum-of-the-Parts | LT Gr | Discount Rate | Yrs. to Mkt | % Success | Peak Sales MMs | NPV |
|---|-------|---------------|-------------|-----------|----------------|------------|
| RI-002 (PIDD) | 1% | 30% | 1 | 100% | \$229 | \$789 |
| NPV | | | | | | \$5.04 |
| Hematopoietic Stem Cell Transplant (HSCT) | 1% | 30% | 4 | 30% | \$50 | \$174 |
| NPV | | | | | | \$0.15 |
| Solid Organ Transplant (SOT) | 1% | 30% | 4 | 30% | \$22 | \$77 |
| NPV | | | | | | \$0.07 |
| Cancer patients (receiving chemotherapy) | 1% | 30% | 4 | 30% | \$76 | \$261 |
| NPV | | | | | | \$0.23 |
| Contract manufacturing and other products | 1% | 30% | 1 | 100% | \$13 | \$46 |
| NPV | | | | | | \$0.29 |
| BIVIGAM | 1% | 30% | 1 | 100% | \$78 | \$268 |
| NPV | | | | | | \$1.71 |
| Nabi-HB | 1% | 30% | 0 | 100% | \$11 | \$38 |
| NPV | | | | | | \$0.32 |
| Plasma Centers (Plasma Sold)- one left | 1% | 15% | 10 | 30% | \$13 | \$93 |
| NPV | | | | | | \$0.06 |
| Net Margin | | | | | | 40% |
| MM Shrs OS (2028E) | | | | | | 48 |
| Total | | | | | | \$8 |

Source: Dawson James.

Intellectual property. ADMA's most significant product, RI-002, has four constraining composition and methods patents expiring in 2035, which relate to methods of treating respiratory infections caused by RSV and other pathogens. Adma also has a combination of trade practice "know-how", manufacturing capabilities including collection and processing of source materials, and proprietary diagnostics, which are used for donor selection, all represent high barriers to entry for typical competitors.

Risk Analysis

Clinical and regulatory risk. The products may not receive regulatory approval in the products' respective jurisdictions. For ADMA, this is approval in the U.S. by the FDA. There are no assurances ADMA's products will be approved and even if approved, will be reimbursed by insurance.

Manufacturing risk. Manufacturing, packaging, labeling, storage, and distribution procedures must all conform to good manufacturing practices. ADMA acquired its contract manufacturer's facility in an effort to ensure product compliance. There can be no assurances that the facility will be certified, and once certified will remain in compliance with regulators' standards. We note that while it rarely happens regulatory authorities may withdraw product approvals, request product recalls, or impose marketing restrictions through labeling changes or product removals if a company fails to comply with regulatory standards, if regulators encounter problems following initial marketing, or if previously unrecognized problems are subsequently discovered.

Commercial risk. There are no assurances that the company will be able to achieve a critical level of market share to become profitable. ADMA is working to drive a product mix towards its higher margin product RI-002 versus lower margin products such as BIVIGAM. There are no assurances that ADMA will be successful in achieving a product mix that can support the company to become cash flow positive.

Competition risk. The IVIG marketplace is oligopolistic with three well-capitalized large companies (Shire, CSL Behring, and Grifols) which control as much as 80% of the marketplace. Competing with these companies is likely to be a challenge for ADMA.

Financial risk. The company may need to raise capital in the marketplace, and there can be no assurances that the company will be able to successfully raise capital and do so on favorable terms.

Intellectual property risk. The company may have to defend its positions against possible infringement of others' patents and avoid infringing the proprietary rights of third parties.

Exhibit 6. Income Statement

| ADMA Biologics Income Statement (\$000) | | | | | | | | | | | | | | | | | |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| ADMA Biologics | 2016A | 2017A | 1Q18A | 2Q18A | 3Q18A | 4Q18A | 2018A | 2019E | 2020E | 2021E | 2022E | 2023E | 2024E | 2025E | 2026E | 2027E | 2028E |
| Revenue (\$000) | | | | | | | | | | | | | | | | | |
| RI-002 Indications | | | | | | | | | | | | | | | | | |
| PIDD | | | | | | | | 22,515 | 33,303 | 46,858 | 95,600 | 134,092 | 174,093 | 190,277 | 200,572 | 217,803 | 228,914 |
| Hematopoietic Stem Cell Transplant (HSCT) | | | | | | | | - | - | - | 7,170 | 12,800 | 20,518 | 32,347 | 36,879 | 43,561 | 50,496 |
| Solid Organ Transplant (SOT) | | | | | | | | - | - | - | 1,314 | 5,364 | 12,311 | 15,349 | 17,081 | 18,876 | 22,218 |
| Cancer patients (receiving chemotherapy) | | | | | | | | - | - | - | 4,481 | 13,714 | 32,642 | 42,812 | 53,378 | 59,401 | 75,744 |
| Other immune compromised groups, elderly | | | | | | | | | | | | | | | | | |
| Other Revenue | | | | | | | | | | | | | | | | | |
| Plasma Centers (Plasma Sold)- one left | 10,518 | 11,600 | 2,612 | 2,112 | 2,094 | 1,900 | 8,718 | 900 | 2,500 | 2,625 | 2,756 | 2,894 | 3,039 | 3,191 | 3,350 | 3,518 | 3,694 |
| License Revenues | 143 | 143 | 36 | 30 | 36 | 41 | 142 | 20 | 76 | 76 | 76 | 76 | 76 | 76 | 76 | 76 | 76 |
| Nabi-HB | | 4,518 | 995 | 900 | 900 | 915 | 3,710 | 3,752 | 3,905 | 3,944 | 3,983 | 4,023 | 4,063 | 4,104 | 4,145 | 4,186 | 4,228 |
| BIVIGAM | | | | | | | | 17,224 | 42,949 | 59,744 | 65,008 | 70,459 | 71,875 | 77,633 | 74,794 | 76,297 | 77,831 |
| Contract and other products | | 6,500 | 400 | 1,614 | 1,200 | 1,200 | 4,414 | 750 | 788 | 4,000 | 5,000 | 7,000 | 7,350 | 9,000 | 11,000 | 12,000 | 13,200 |
| | | | | 3,530 | | | | | | | | | | | | | |
| Total Product Sales | 10,661 | 22,761 | 4,043 | 4,656 | 4,230 | 4,056 | 16,985 | 45,161 | 83,520 | 117,247 | 185,389 | 250,422 | 325,968 | 374,789 | 401,275 | 435,719 | 476,400 |
| Expenses | | | | | | | | | | | | | | | | | |
| Cost of Goods Sold (BIVIGAM) | 6,361 | 29,164 | 12,243 | 9,647 | 9,164 | 11,140 | 42,194 | 15,157 | 37,795 | 52,575 | 57,207 | 62,004 | 63,250 | 68,317 | 65,819 | 67,142 | 68,491 |
| % COGS (high) | | | | | | | | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% |
| Cost of Goods Sold (RI-002) | | | | | | | - | 6,754 | 9,991 | 14,057 | 32,570 | 49,791 | 71,869 | 84,236 | 92,373 | 101,892 | 113,211 |
| % COGS (low) | | | | | | | | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% |
| Cost of Goods Sold (Nabi-HB) | | | | | | | - | 1,126 | 1,171 | 1,183 | 1,195 | 1,207 | 1,219 | 1,231 | 1,244 | 1,256 | 1,268 |
| % COGS (high) | | | | | | | | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% |
| Cost of Goods Sold (all other bus. Areas) | | | | | | | - | 920 | 2,576 | 2,701 | 2,832 | 2,970 | 3,115 | 3,267 | 3,426 | 3,594 | 3,770 |
| % COGS | | | | | | | | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% |
| Total COGS | | | | | | | - | 23,957 | 51,533 | 70,516 | 93,804 | 115,972 | 139,453 | 157,051 | 162,861 | 173,884 | 186,741 |
| % COGS | | | | | | | | 47% | 62% | 60% | 51% | 46% | 43% | 42% | 41% | 40% | 39% |
| General and Administrative | 8,495 | 18,093 | 5,005 | 5,007 | 5,356 | 7,135 | 22,503 | 23,628 | 24,101 | 24,583 | 25,074 | 25,576 | 26,087 | 26,609 | 27,141 | 27,684 | 28,238 |
| Research and Development | 7,688 | 6,230 | 1,282 | 1,472 | 1,317 | (145) | 3,926 | 4,005 | 4,085 | 4,166 | 4,250 | 4,335 | 4,421 | 4,510 | 4,600 | 4,692 | 4,786 |
| Plasma Center Cost to Operate | | | | | | | 1,973 | 5,832 | 7,806 | | | | | | | | |
| Amortization of Intangibles | | | | | | | 211 | 634 | 845 | | | | | | | | |
| Total expenses | 27,991 | 62,071 | 20,575 | 18,075 | 18,022 | 20,603 | 77,274 | 51,590 | 79,719 | 99,265 | 123,128 | 145,882 | 169,962 | 188,170 | 194,603 | 206,260 | 219,764 |
| Oper. Inc. (Loss) | (17,330) | (39,310) | (16,532) | (13,419) | (13,792) | (16,547) | (60,290) | (6,429) | 3,801 | 17,982 | 62,261 | 104,539 | 156,005 | 186,620 | 206,673 | 229,459 | 256,636 |
| Interest Income | 50 | 57 | 27 | 33 | 76 | 60 | 195 | - | - | - | - | - | - | - | - | - | - |
| Interest Expense Biotech | (2,240) | (3,286) | (1,323) | (1,359) | (1,402) | (1,438) | (5,523) | (900) | (900) | (900) | (900) | (450) | - | - | - | - | - |
| Interest Expense Marathon | | | 7 | (4) | (17) | (112) | (127) | (3,600) | (3,600) | (3,600) | (3,600) | (1,800) | - | - | - | - | - |
| Change in Fair Value of Warrants | | | | | | | | | | | | | | | | | |
| Loss on extinguishment of debt | | (10) | | | | | | | | | | | | | | | |
| | | (1,210) | | | | | | | | | | | | | | | |
| Total Other Expenses | (2,185) | (4,449) | (1,290) | (1,330) | (1,344) | (1,490) | (5,455) | (4,500) | (4,500) | (4,500) | (4,500) | (2,250) | - | - | - | - | - |
| Pretax Income | (19,515) | (43,758) | (17,822) | (14,749) | (15,136) | (18,037) | (65,744) | (10,929) | (699) | 13,482 | 57,761 | 102,289 | 156,005 | 186,620 | 206,673 | 229,459 | 256,636 |
| Income Tax Benefit (Provision) | - | - | - | - | - | - | - | - | - | 674 | 4,043 | 9,206 | 15,601 | 22,394 | 24,801 | 34,419 | 46,194 |
| Tax Rate | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 5% | 7% | 9% | 10% | 12% | 12% | 15% | 18% |
| GAAP Net Income (loss) | (19,515) | (43,758) | (17,822) | (14,749) | (15,136) | (18,037) | (65,744) | (10,929) | (699) | 12,807 | 53,718 | 93,083 | 140,405 | 164,225 | 181,872 | 195,040 | 210,442 |
| GAAP-EPS | (1.61) | (1.91) | (0.39) | (0.35) | (0.33) | (0.39) | (1.45) | (0.24) | (0.02) | 0.27 | 1.14 | 1.97 | 2.96 | 3.45 | 3.80 | 4.06 | 4.36 |
| Non GAAP EPS (dil) | (1.61) | (2.00) | (0.39) | (0.35) | (0.33) | (0.39) | (1.45) | (0.24) | (0.02) | 0.27 | 1.14 | 1.97 | 2.96 | 3.45 | 3.80 | 4.06 | 4.36 |
| Wgtd Avg Shrs (Bas) - '000s | 12,153 | 22,896 | 45,317 | 42,712 | 46,350 | 46,396 | 45,189 | 46,512 | 46,699 | 46,886 | 47,074 | 47,262 | 47,452 | 47,642 | 47,833 | 48,024 | 48,217 |
| Wgtd Avg Shrs (Dil) - '000s | 12,153 | 22,896 | 45,317 | 42,712 | 46,350 | 46,396 | 45,189 | 46,512 | 46,699 | 46,886 | 47,074 | 47,262 | 47,452 | 47,642 | 47,833 | 48,024 | 48,217 |

Source: Dawson James.

Companies mentioned in this report:

Biotest (BIO3: Not Rated)
CSL Behring, (CSL: Not Rated)
Creat Group of China (private)
Grifols Biologicals, (GRFS: Not Rated)
Wuhan Zhong Yuan Rui De Biological Products Co. Ltd. -Ruide (private)

Important Disclosures:

Price Chart:



Price target and ratings changes over the past 3 years:

Initiated – Buy – December 28, 2018 – Price Target \$7.00

Update – Buy – April 3, 2019 – Price Target \$7.00

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| Ratings Distribution | Company Coverage | | Investment Banking | |
|----------------------------|------------------|------------|--------------------|----------------|
| | # of Companies | % of Total | # of Companies | # of Companies |
| Market Outperform (Buy) | 36 | 88% | 10 | 28% |
| Market Perform (Neutral) | 5 | 12% | 0 | 0% |
| Market Underperform (Sell) | 0 | 0% | 0 | 0% |
| Total | 41 | 80% | 10 | 24% |

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