INNOVATIVE BIORESEARCH
WHITEPAPER

INNOVATIVE BIORESEARCH ICO

INNBC

THE FIRST ICO BY A BIOTECH COMPANY,
WITH THE GOAL OF DEVELOPING

-SUPT1 CELL INFUSION THERAPY,
OUR LOW COST AIDS CURE SOLUTION

-A DECENTRALIZED DATABASE FOR CLINICAL DATA,
TO OVERCOME THE LIMITATIONS
OF CURRENT CENTRALIZED DATABASES

-A SOCIAL APP FOR PROVIDING INFORMATION,
SUPPORT, AND SERVICES TO THE HIV SEROPOSITIVE
COMMUNITY

-AND A TOKEN (INNBC) SPENDABLE TO BUY CLASSIC
ICONIC JDM CARS AND THEREFORE BACKED BY THE
VALUE OF ACTUAL REAL PHYSICAL GOODS

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OUR AIDS CURE RESEARCH

Innovative Bioresearch is a privately held biotech company based in Italy (http://www.innovativebioresearch.com). Owned and founded by research scientist Jonathan Fior with the goal of bringing innovation to the field, with a focus on HIV, cancer and regeneration research. We are launching a Token Sale for supporting our AIDS (**A**cquired **I**mmunodeficiency **S**indrome associated with HIV infection) cure research, as well as to develop an application providing a on one hand a decentralized database for clinical data generated by our future human trials, to overcome the limitations of the current ancient centralized databases, and on the other hand a social platform for the HIV seropositive community and our future services. Let's start by focusing on the first goal of this Token Sale, which is to support our AIDS cure research, with an overview of the current state of SupT1 cell infusion therapy, the novel cell-based therapy for HIV conceived by Jonathan Fior, owner and chief scientific officer of Innovative Bioresearch.

SUPT1 CELL INFUSION AS A NOVEL CELL-BASEDE THERAPY FOR HIV

HIV infection usually leads to a progressive decline in number and functionality of CD4+ T lymphocytes, resulting in AIDS development. As explained in Jonathan Fior's scientific publications [1–3], the HIV virus has a higher tropism for SupT1 cells than for primary CD4+ T cells. Several hypotheses have been proposed as an explanation, most notably the higher surface expression of CD4 and CXCR4 receptors in SupT1 cells. In addition, in vitro studies of HIV evolution show that persistent growth in the SupT1 cell line results in a less cytopathic virus with a reduced capacity for syncytium formation, a higher sensitivity to neutralization, improved replication in SupT1 cells and impaired infection of primary CD4+ T cells [4–6]. Accordingly, Jonathan Fior proposed the infusion of irradiated SupT1 cells as a cell-based HIV therapy to exploit the therapeutic potential of these phenomena [1–3]. The rationale behind this approach is that moving infection toward the inoculated cells should prevent infection and depletion of the patient's own CD4+ T cells and, therefore, AIDS. In such a strategy, SupT1 cells would act as a "decoy target" for the HIV virus to prevent CD4+ T cell depletion as well as to render the virus less cytopathic. As previously mentioned, in vitro studies of HIV evolution show that prolonged replication in SupT1 cells renders the virus less cytopathic and more sensitive to neutralization. Accordingly, replication of the virus in the inoculated SupT1 cells should also have a vaccination effect; that is, the therapy should also induce the virus to become progressively less aggressive and harmful for the patient. The use of SupT1 cells as a decoy target for HIV has been investigated in vitro and in vivo, with interesting results [1,3]. In vitro data showed that, when primary CD4+ T cells are infected with HIV in the presence of SupT1 cells, the preferential infection of SupT1 cells can spare primary CD4+ T cells from infection and depletion. In vivo data in humanized mice showed that significantly lower viral replication (~10-fold) and potentially preserved CD4+ T cell frequency at Week 1 was scored in animals treated with SupT1 cell infusion. Of note, one animal exhibited a sustained decrease in HIV replication and CD4+ T cell depletion (no virus detected anymore at Weeks 3 and 4), a result that may hold the key to future HIV treatments. Given the urgent and global need for a cost effective cure for HIV, we believe that the millions of people infected by this

terrible disease deserve highly innovative HIV cure research strategies, such as SupT1 cell infusion therapy.

In summary, these are some of the potential therapeutic benefits of this cell-based treatment that go beyond what can be achievable with traditional drug based therapies such as cART:

•The vaccination effect. As previously mentioned, SupT1 cells have been shown to have a very powerful vaccination effect in vitro [4–6]. In this regard, in vitro studies of HIV evolution showed that upon prolonged replication in SupT1 cells, the X4 HIV-1 LAI virus evolves toward a less virulent phenotype with a reduced capacity for syncytium formation, thus losing the main cytopathic feature characterizing X4 strains, and most notably the virus adaptation to replicate in SupT1 cells results in gradually losing the ability to replicate in primary CD4+ T cells [4]. In addition, the variation to neutralization sensitivity after viral growth in tumor T cell lines has also been examined. Interestingly, one study reported that primary isolates that were initially resistant to neutralization acquired sensitivity to neutralization after continuous growth in tumor T cell lines, and that the sensitivity to neutralization progressively increased during the days of culturing [5]. Specifically, it was shown that after 14 days in continuous culture, 100 micrograms/mL of rsCD4 (recombinant soluble CD4) were needed to neutralize 1 TCID of primary isolate, while only 0.3 micrograms/mL of rsCD4 were needed to neutralize 1 TCID of the virus after 75 days in continuous culture. This means that there was a 300 fold increase in virus sensitivity to neutralization after prolonged replication in a tumor T cell line, which is really something remarkable. All these phenomena could therefore harbor a significant therapeutic potential that could be exploited with SupT1 cell infusion therapy to induce HIV infection to evolve into a more tractable state for therapy.

•Potentially no organ toxicity; cART is a drug based treatment and as such is associated with organ toxicity because the drugs are metabolized by various organs. By contrast, SupT1 cell infusion is a cell-based treatment and there is no chemical substance injected into the body that needs to be metabolized, which could significantly improve the quality of the patient's life.

•Be effective in patients in a terminal state of disease that developed drug resistant and very aggressive HIV strains. When a patient is treated with cART, the virus fights back because it strives to survive, which can result in the development of very aggressive and drug resistant HIV strains, especially in the terminal stage of the disease and in such cases cART becomes ineffective. By contrast, SupT1 cell infusion therapy provides the virus with a permissive cell-line in which it can preferentially replicate, so that a peaceful coexistence between virus and host becomes possible, which could dramatically improve the patient's health as the virus infection progressively moves toward the inoculated SupT1 cells and the virus becomes increasingly less pathogenic for its host.

•Possible association of the treatment with novel molecular compounds such as a Vif-inhibitor to act on HIV reservoirs. The HIV-1 Vif protein is essential for viral replication in primary CD4+ T cells but not in SupT1 cells [1]. Accordingly, pharmacologic inhibition of Vif could be combined with SupT1 cell infusion to further restrict viral replication to the inoculated SupT1 cells. Considering that APOBEC3G is expressed by different cell types, such as neuronal cells, astrocytes, and macrophages [2],

pharmacologic inhibition of Vif may also have the benefit of acting on HIV reservoirs in the brain and other body areas. There are several molecules with promising anti-Vif activity currently being tested [2]. Similarly, other HIV-1 accessory proteins that are not essential for replication in SupT1 cells (e.g., Vpr, Vpu, and Nef [3]) may also be the target of pharmacologic inhibition. It is important to point out that these drugs would not affect virus replication in the inoculated SupT1 cells, and therefore in combination with SupT1 cell infusion therapy, there should not be development of drug resistance normally associated with drug based treatments.

•A cost effective AIDS cure solution. Our mission is to provide a cost effective cure solution for AIDS. In contrast with traditional cell-based and gene-based therapies that make use of modified autologous cells and are therefore very expensive and often unpractical for a large scale application, using a standardized T cell line such as the SupT1 cell line should significantly reduce the treatment costs associated with SupT1 cell infusion therapy, allowing access to the therapy where access to traditional HIV therapies is restricted by economic and social limitations. *The social and economical impacts of a low cost HIV cure solution would be enormous*.

Below some considerations with regard to potential issues:

•Safety. We take this issue very seriously and are committed to performing very rigorous preclinical research to ensure there is enough data on safety to obtain approval from regulatory agencies for human experimentation. In this regard, injection of irradiated tumor cells as a therapy is already performed in cancer vaccination. In such cases, irradiating the cells prior to inoculation has been shown to ensure treatment safety both in animal and clinical studies [7]. We used the same protocol used in cancer vaccination studies (i.e., 30 Gy of radiation dose for the cells), which resulted in safe in vivo inoculation in our animal study as well [3]. Specifically, all animals successfully survived the treatment and presence of SupT1 cells was almost undetectable at late time points, which means that irradiating the cells prior to inoculation efficiently prevented SupT1 cell replication. Furthermore, we infused high doses of cells (40 million SupT1 cells were infused weekly), which in a highly immunodeficient mouse strain would rapidly lead to animal death in case of tumor development. Therefore, based on the clinical data we already have from cancer vaccination studies, and from the results of our first animal study, we believe that meeting the safety standards required for human trials is something feasible.

•Rejection issues. Tumors can develop because tumor cells are able to evade immune recognition. For example, SupT1 cells do not express HLA-DR, which is an antigen highly associated with immune recognition [8]. Accordingly, given the tumoral nature of SupT1 cells, they should be significantly less immunogenic than normal cells and as such should survive in the patient long enough to provide a therapeutic effect. However, it is possible that the HIV virus will eradicate the cells faster and more efficiently than the immune system itself in any case.

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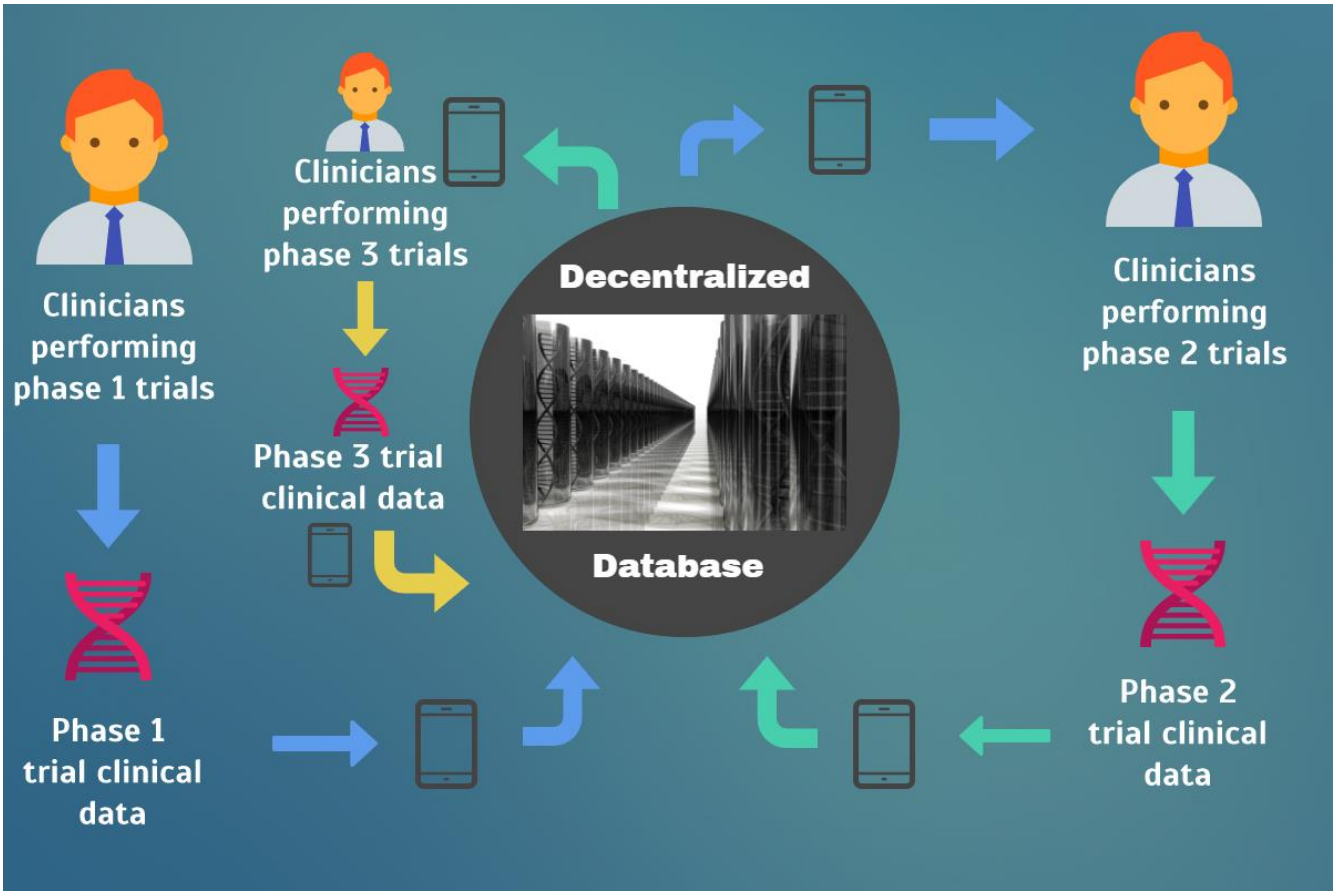
Let's now talk about the application, starting from the function of providing a decentralized databese for clinical data

THE CHALLENGE OF HAVING TO ACCESS CLINICAL DATA FROM THE CURRENT ANCIENT CENTRALIZED DATABASES

Traditionally, all data generated by scientific research is collected in the form of a scientific article, which is published in a peer reviewed scientific journal, and it is usually made available on a public database such as the NIH's pubmed database (https://www.ncbi.nlm.nih.gov/pubmed). When a novel therapeutic strategy, such as SupT1 cell infusion therapy, goes through the several stages of clinical research, different research teams all over the world may perform the research. And once the therapy is finally approved for human treatment, different clinicians all over the world may administer the treatment to patients. This means that when a research team wants to perform clinical research, they have to go through the tedious and time consuming process of searching for all the published data

from previous trials, read all the papers, select the useful data, and make the best possible interpretation of the data to create a protocol for their trial, personalizing it for their typology of patients. In fact, every patient may have different individual characteristics (e.g., age, ethnicity, HIV tropism) and thus may require personalized treatment protocols. And the same issue is present when clinicians begin to administer an approved treatment to patients; they have to go through all the papers and make a best guess on what treatment protocol should be used. As mentioned, this process of accessing clinical data can be quite tedious and time consuming, but it can also introduce human error.

A Possible Solution: A Decentralized Database Using the Blockchain to Store and Access Clinical Data



A possible solution to the challenge posed by having to access clinical data from the current ancient system could be provided by the creation of a decentralized database for clinical data using the blockchain technology. This is what we are proposing with the creation of the “You’re not alone” application. First, let’s focus on the blockchain aspect of the app, we will explain why it has such a name later. The “You’re not alone” app would feature a user-friendly interface allowing any clinician

running a clinical investigation to enter the data produced by their trials.

The application would allow the input of a broad range of individual parameters for each treated patient, such as age, ethnicity, disease progression stage, viral tropism of HIV virus carried, along with the clinical protocol used (e.g., dosage of SupT1 cells infused each week) and the outcome of the treatment (e.g., viral load, CD4+ T cell count). The app would then access and elaborate the data on the fly; statistical analysis (means, standard deviations, correlations, power) and even the elaboration of suggested treatment profiles that could work best for each type of patient could be performed. This would take away the burden of having to manually search and process all the data from current centralized databases, which often involves printing hundreds of papers. And such an application would have an infinite potential for growing. For instance, an amazing feature could be to store in the database the genotypic information of the HIV virus carried by each patient, allowing to keep track of all mutations and genetic modifications caused by the treatment as well as the resulting viral phenotypic changes. Therefore, such a database would be constantly growing and evolving as new parameters are added to it, and it would be always available, anytime, anywhere, and to anyone connected.

Another important aspect is that usually in a scientific publication the raw data is not published but instead a graphical representation is used to summarize the data; another amazing feature of a decentralized database is that due to not having the editorial constraints of a scientific journal, the whole raw data generated by any research could be included in the database. Such an app would help speed up tremendously the clinical development stages of our AIDS cure research; it could be a game changer. We would still publish the data through the traditional peer reviewed system, but once reviewed and published, the data would also be made immediately available for easy access through the application.

These are some of the potential advantages of using the blockchain technology for creating a decentralized database for clinical data

•Immutability. Scientific data need to be immutable. Once a study is peer reviewed and published, its data must be permanently stored and never altered. In the blockchain, all data is stored in every single node, never ceasing to exist, and always staying on the blockchain. *It is immutability that gives the blockchain its openness and BFT (Byzantine Fault Tolerance).*

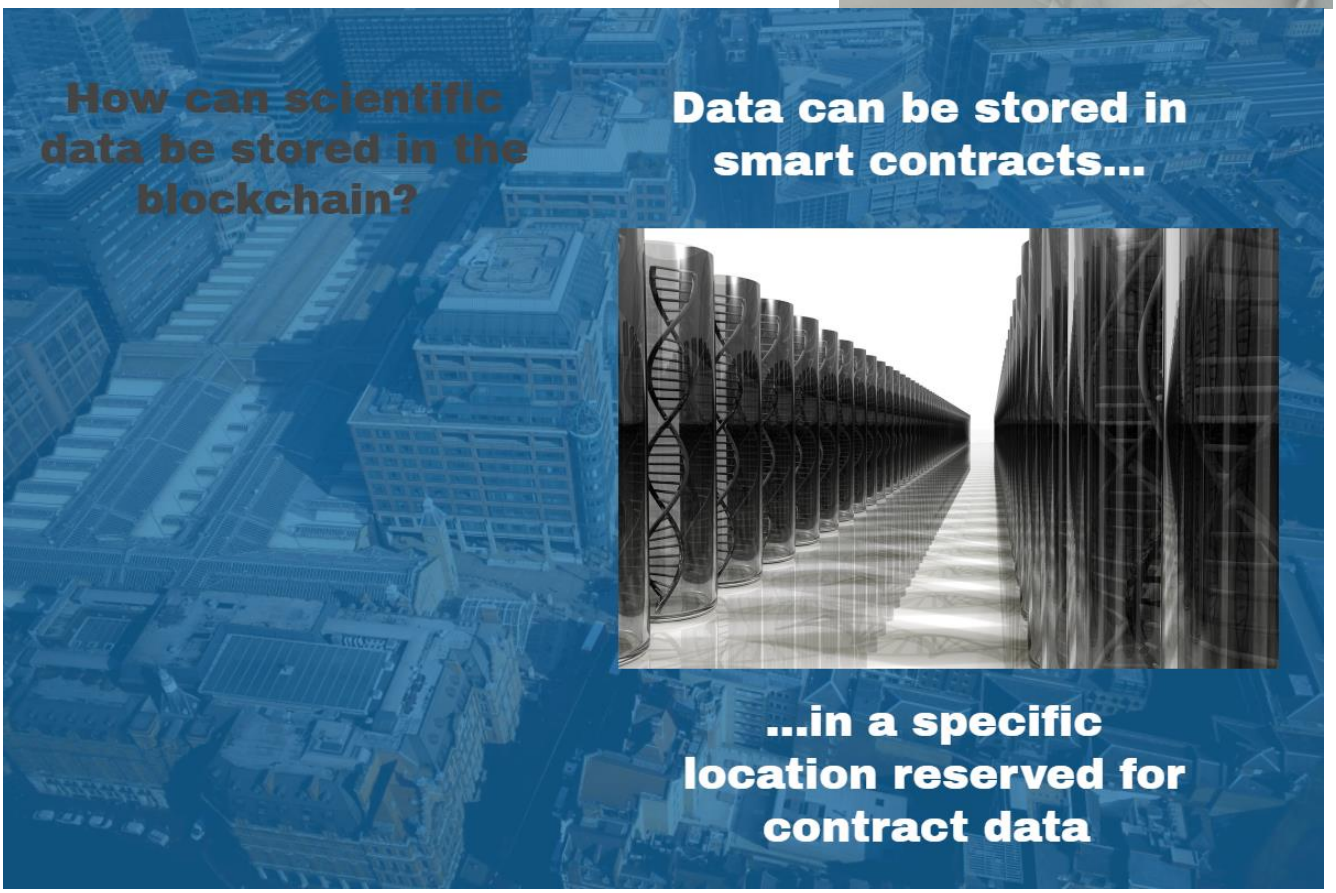
•Decentralization. The blockchain is designed to be distributed and synchronized across networks, making data freely available to anyone. *We believe that scientific data should be shared and not being hidden behind a firewall*.

•Security. The kind of transactions that can be performed are strictly defined in advance and stored in the blockchain as “smart contracts”; *this prevents fraudulent data from being added to the blockchain thus ensuring integrity of the database*. By contrast, it would be much easier to compromise a centralized database.

Here are some of the potential drawbacks

•Transaction slowness. Bitcoin has a limit of 7 transactions per second, while Etherum has 15. This could be a limit for applications that may require thousands or even million database transactions per second. *However, this would hardly be the case for a scientific database where data would be entered at a much slower pace,* given that it can require several moths to years for a clinical study to be completed and new data to be produced.

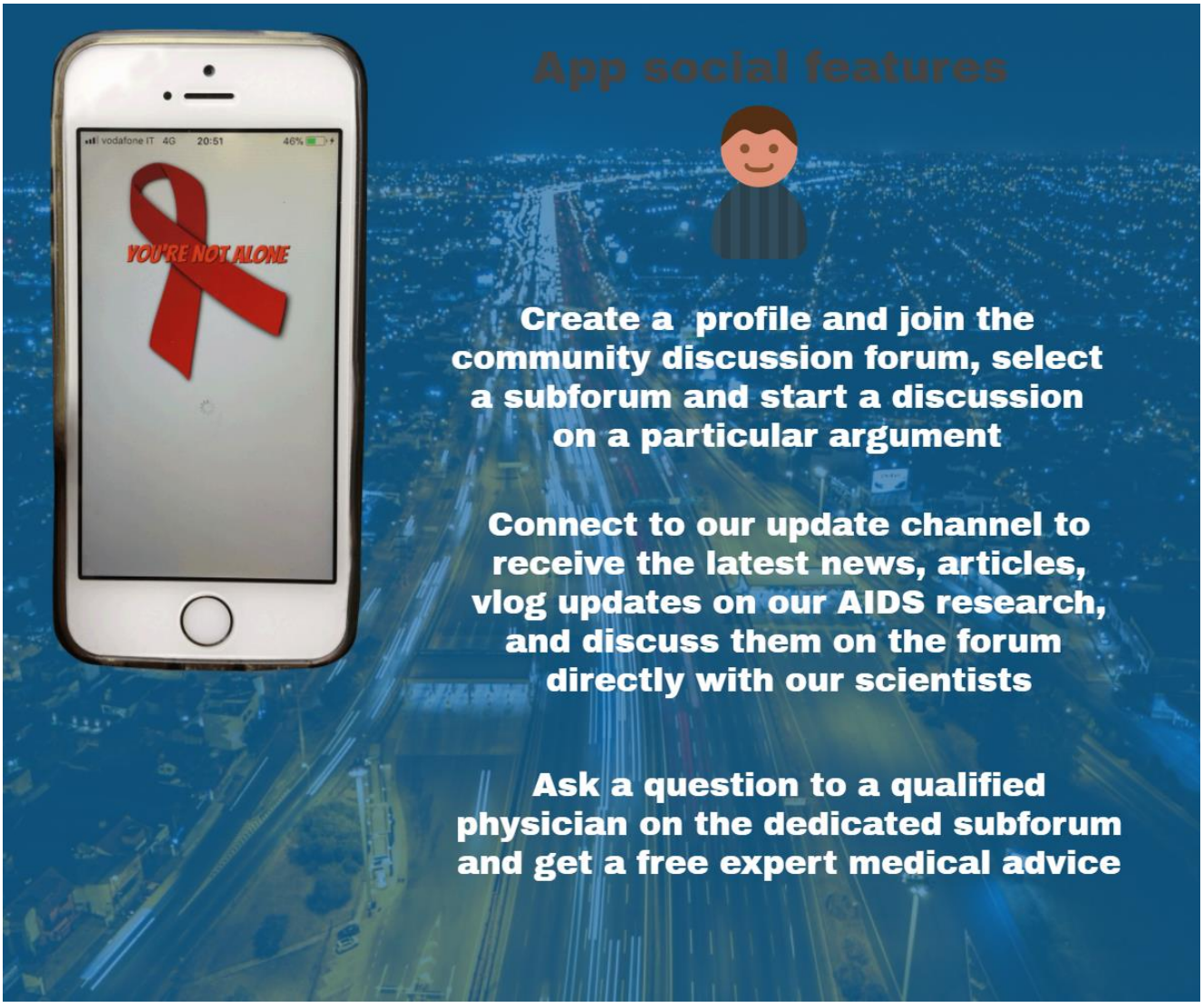
•Data storage is primitive. The blockchain uses a rather primitive key-value database. However, although this could be a problem for applications storing complex databases, *scientific data often consist of simple sets of alphanumeric data that could easily be stored in the blockchain by compressing and storing them in Hexadecimal format*.



We are planning to use this application specifically for our AIDS cure research, to overcome the limitations of current centralized databases. However, we believe there may be interest in using our application by other parties. After all, this would be an application designed by a research scientist for research scientists. Our database will be open to any company or institution interested in using our app for storing their clinical data. *Moreover, we will encourage them to do so as we believe that scientific data should shared publicly*.

Now, let's explain why we named the application "You're not alone". The application will also document the progress of our AIDS cure research project, featuring periodic updates such as articles, vlogs. This will create a community where HIV seropositive people can stay up to the date, comment, share, interact with us working on the cure, and with each others. Something that creates a bridge between HIV seropositive people and us, research scientists working on the cure. Something that allows the HIV seropositive community and anyone interested to be part of this journey. Something that can send the message that they are not alone in their battle. That we are fighting for them. That we care about them. A message of hope. Our vision and intention is therefore to create an application that will also act as a social app for HIV seropositive people to participate and create new topics and discussions to support each others and stand together in the fight against AIDS.

“YOU’RE NOT ALONE” SOCIAL FEATURES



The application will also provide our official channel through which patients will be able to access the therapy by providing information about all the ongoing clinical trials, how to participate, and once our HIV treatment is approved, it will provide information about the clinics and hospitals offering the treatment, and how to book appointments with legit clinicians that are officially collaborating with us, to offer the best services and rates.

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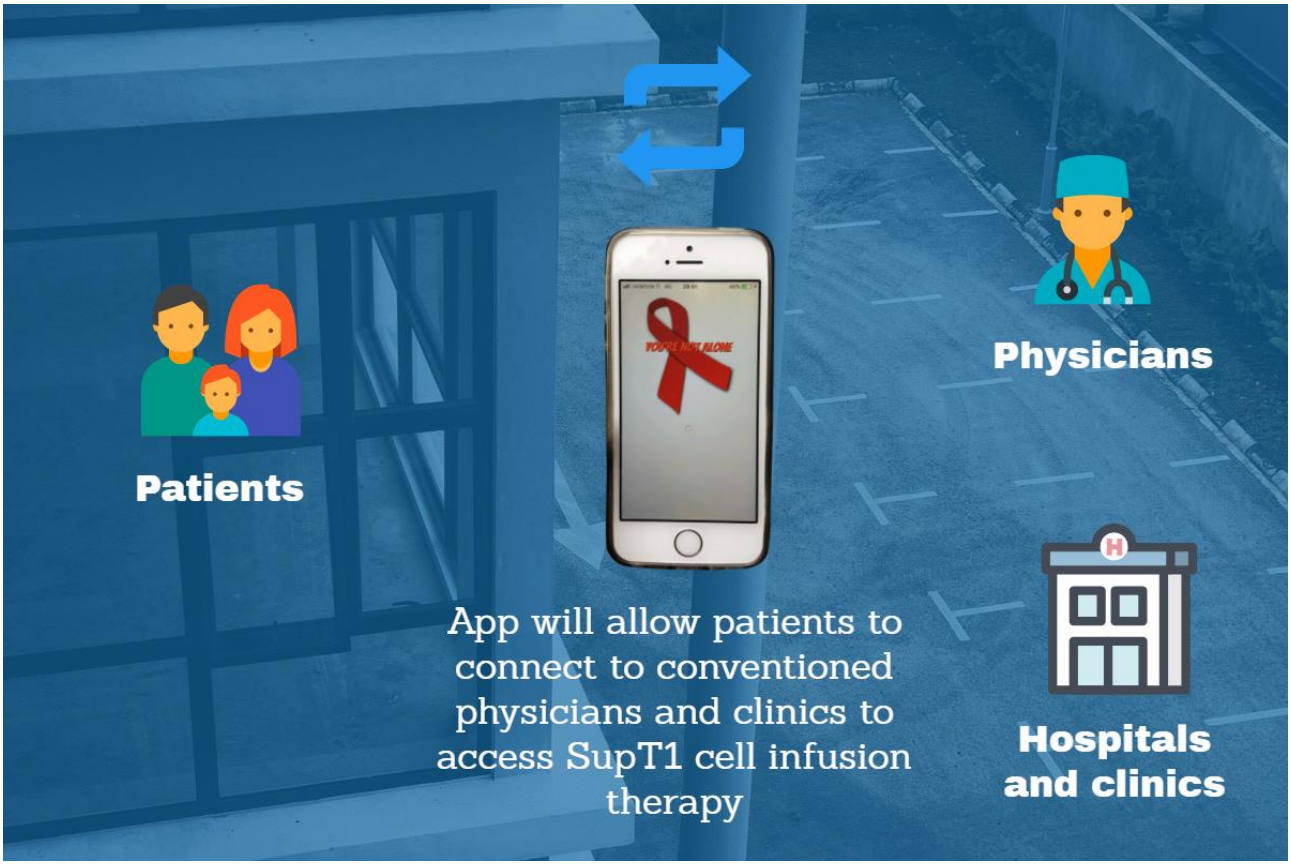
Patients
Physicians
Hospitals and clinics
App will allow patients to connect to conventioned physicians and clinics to access SupT1 cell infusion therapy

TOKEN UTILITY

What is the intrinsic value of a Token? Can you convert Tokens into physical goods? Tokens are not usually backed by the value of actual, real, physical goods, which means there is nothing stopping them from falling in value other than trust in the platform. However, we wanted to provide something more for our Token holders. We wanted our Token to be backed by the value of a physical good. Here at Innovative Bioresearch we love JDM cars. Because, let's face it; imports will always beat muscle cars. Therefore, at the first stage (right after the end of the Token Sale) we will launch our INNBC JDM ONLINE GARAGE, were INNBC tokens can be spent to buy cars from a selection of high quality JDM classic cars. Selection of cars will mostly concentrate on classic iconic JDM cars such as Skylines, Supras, Subaru, and EVOs. Wonderfully, when it comes to JDM cars, our founder, Jonathan Fior, has a great expertise as he is personally involved in the business of importing them and over the years he has therefore established a solid network of professional contacts, which makes us confident about providing a quality service.

We will offer amazing deals on our garage, along with providing worldwide shipping. In contrast with other tokens on the market, INNBC token value will be therefore backed by the value of real physical goods such as JDM cars. This will help the INNBC Token to hold its value. Now, the JDM cars from our online garage are from a selection of very high quality examples in mint conditions, and these cars are only going up in value, as they are true collector items. So they are also an investment. These are not common cars you can buy from a dealer; it is very hard to find them as you have to go hunting for good examples and source them from Japan.

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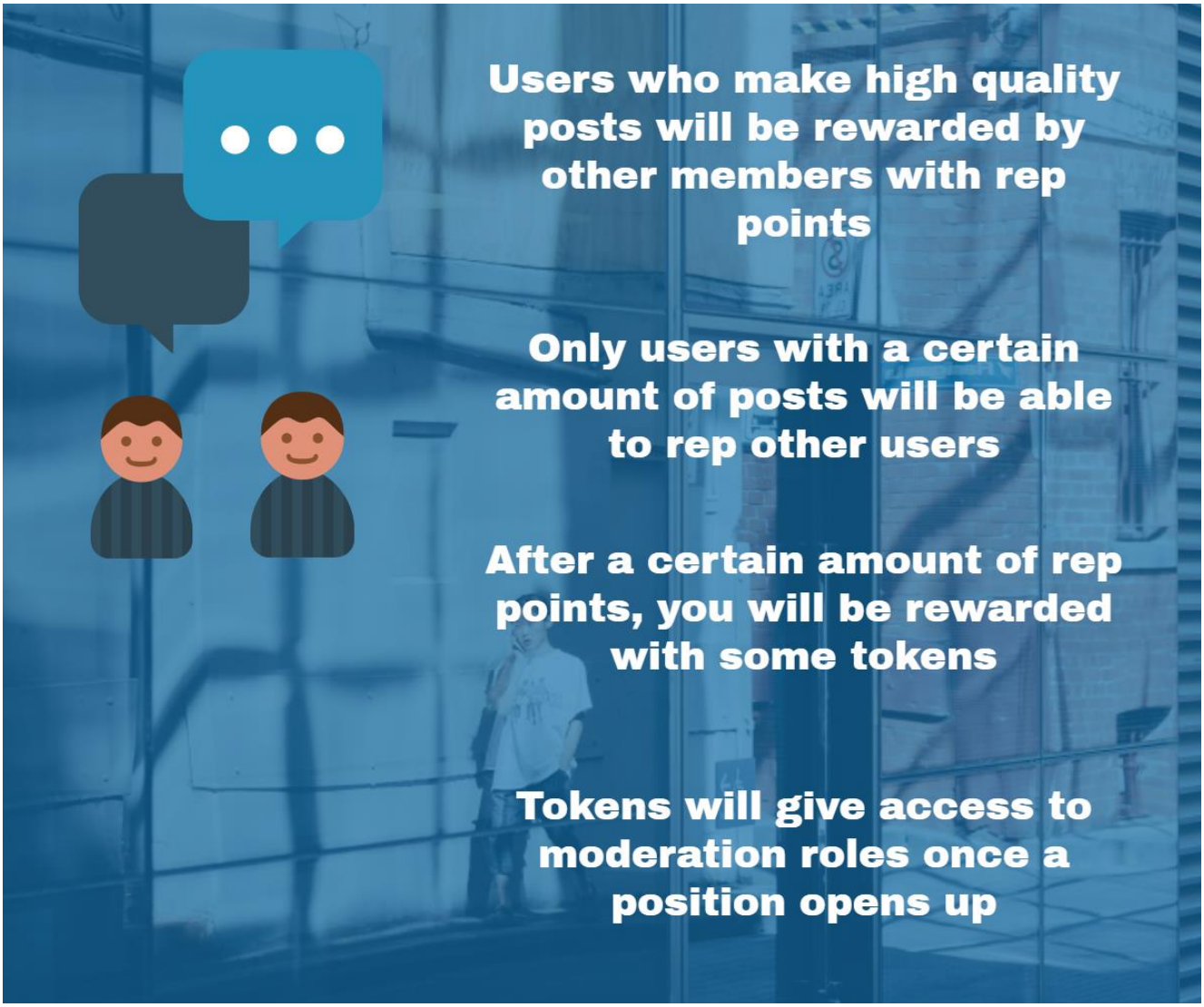
TOYOTA SUPRA
Specs
1994 Toyota Supra
Rz-s Twin Turbo
6 Speed manual
50k miles
Very clean car
PRICE: 40k INNBC Tokens

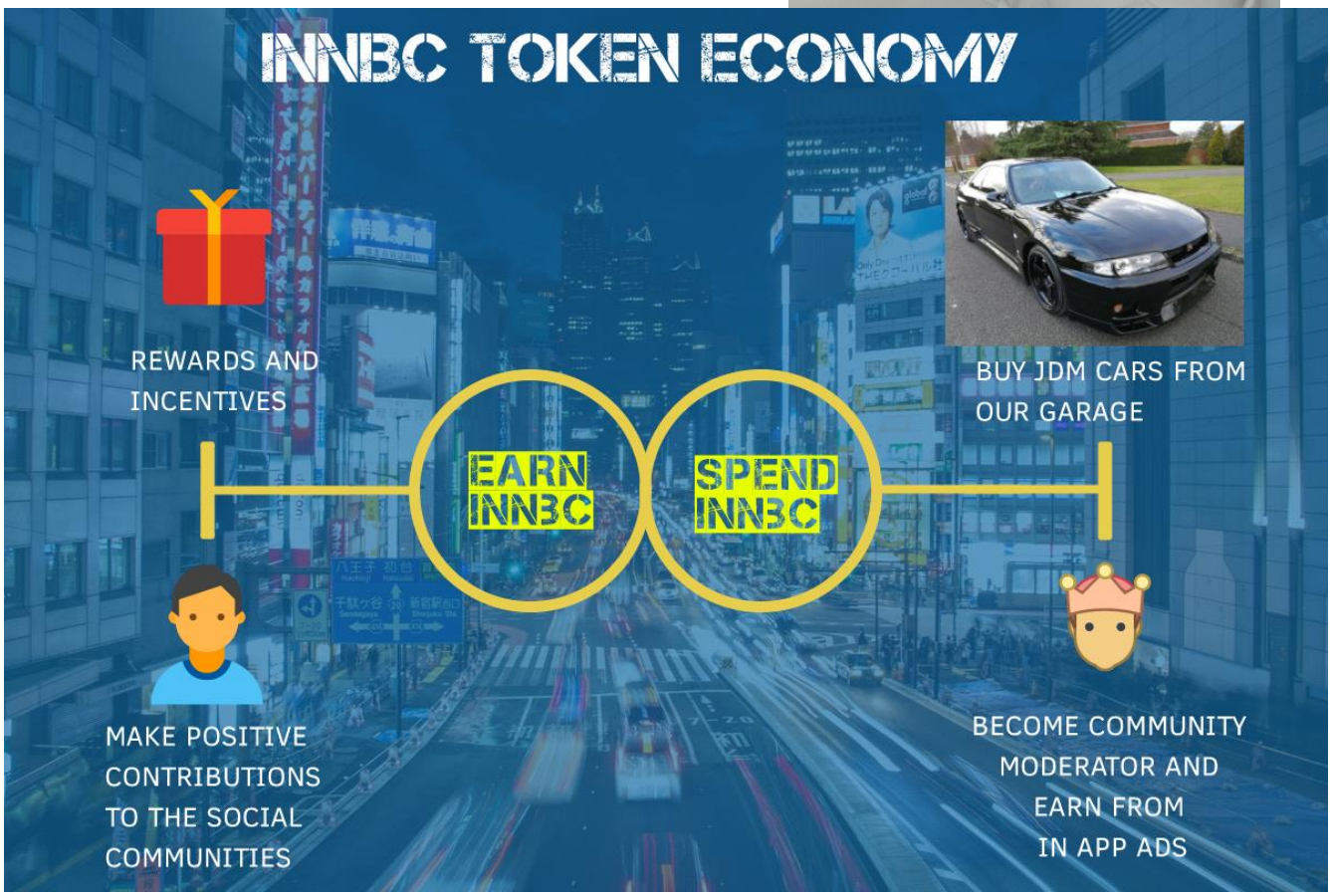
Note. Cars and prices listed here are just an indication to provide a general picture of the final product.

But why JDM cars for a biomedical research related project, other than because they are simply awesome? It isn't just about the access we have at providing this service for customers thanks to our founder, it's also about the community. The car enthusiast community is one of the most welcoming and sensitive community when it comes to supporting social issues such as fighting AIDS. Therefore, we believe that having classic iconic JDM cars backing the value of INNBC tokens is true to the spirit of this project, which is to solve a serious global health problem. In addition, the automotive industry is something very responsive and therefore we believe in possible future wonderful partnerships for further expanding our Token economy, making it constantly growing and successful. We also believe

that providing such a straightforward utility (i.e., you can directly use our Token to buy physical goods as you would with a fiat currency) can seriously help reaching those customers who are not normally into the crypto world.

At the second stage (3-6 months after Token sale) we will launch the first version of our “You’re not alone” app, were INNBC tokens can be spent to access a number of privileged features in the app ecosystem such as becoming moderator in the social communities. *The 1% of the revenue generated by in-app ads will go to community moderators as a compensation for their work*. In addition, Token economy will be integral part of the rep reward point system of the social community. Users who will make particularly useful contributions will earn Tokens.





One of the main missions of our Token sale is to develop SupT1 cell infusion therapy, our low cost HIV therapy, to allow access to the treatment for those individuals who are normally left untreated due to social and/or economic limitations. *In order to gain greater control over the market price of our therapy, we will also accept the INNBC Token as a form of payment for all our future medical services and products. The "You're not alone" app will be the platform through which patients will be able to spend INNBC Tokens to access them.*

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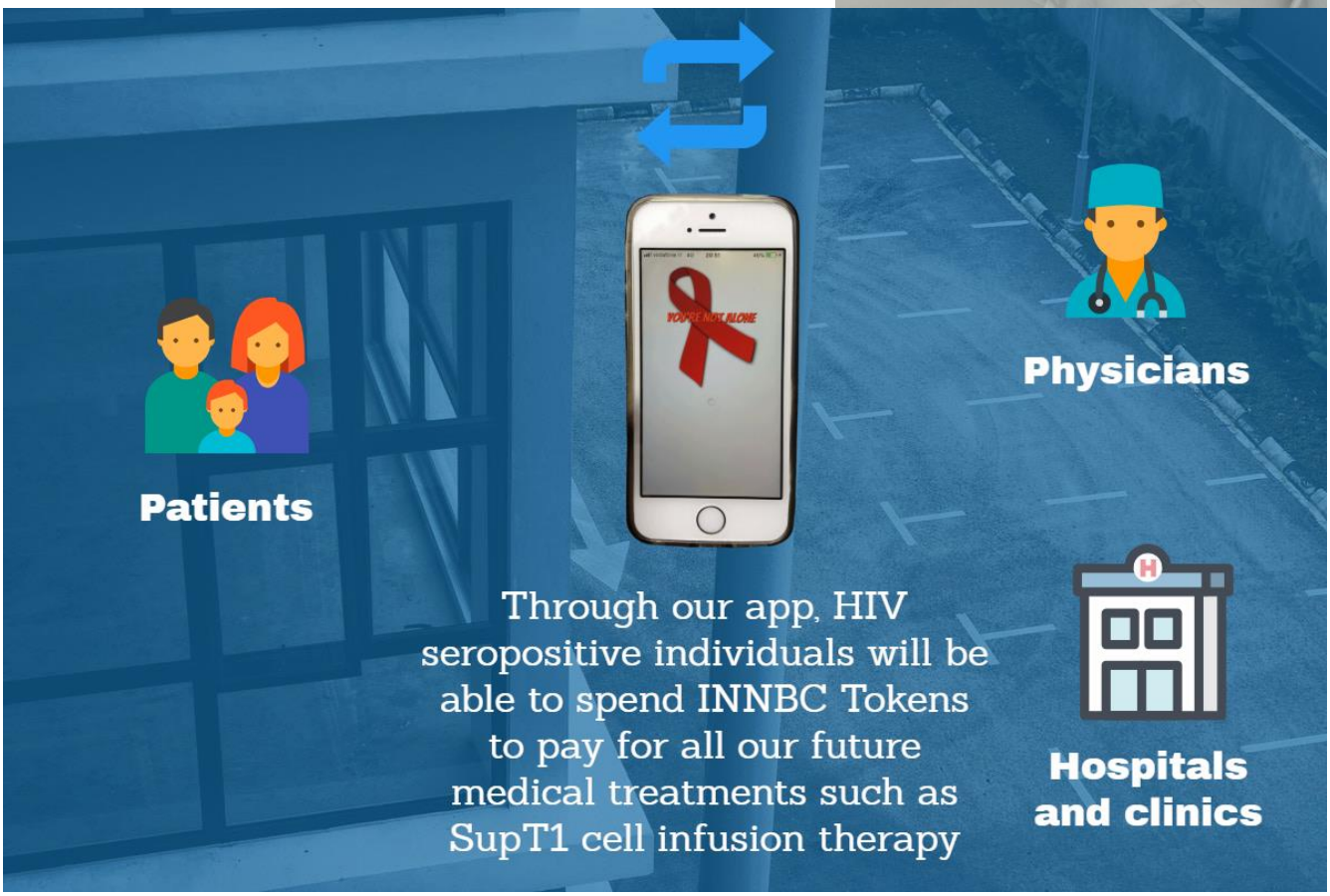

Patients
Physicians
Through our app, HIV seropositive individuals will be able to spend INNBC Tokens to pay for all our future medical treatments such as SupT1 cell infusion therapy
Hospitals and clinics

Token and Sale details

1. Hard Cap: 50million INNBC Tokens (including pre sale)
2. Payment Methods: ETH
3. Number of **INNBC** for Pre-Sale: 2,000,000
4. Number of **INNBC** for Sale: 5,000,000

The INNBC Token will be an ERC20 token released on the Etherum blockchain, and there will be only one initial limited supply of INNBC Tokens. Innovative Bioresearch intends to also use funds received during Token sale for further development of the project, payment of salaries and future expenses. This will help accelerate development and also enable the team to work full time with total commitment. A total of 7,000,000 Tokens are available for the Token sale, meaning that total supply will consist of sold Tokens plus Tokens reserved by Innovative Bioresearch. Innovative Bioresearch will reserve up to 93% of the total supply for supporting Token economy and these Tokens will not be available for the Token sale. The Tokens sold by Innovative Bioresearch are redeemable for actual physical goods such as the JDM cars sold by our INNBC JDM online garage, and the Tokens are therefore backed by the value of those goods. This should help regulate their price on exchanges.

The INNBC token may be used once all purchased INNBC tokens will be distributed to purchasers. Also, holders of INNBC tokens are free to sell their tokens to users who need those for access to our platform.

INNBC Pricing

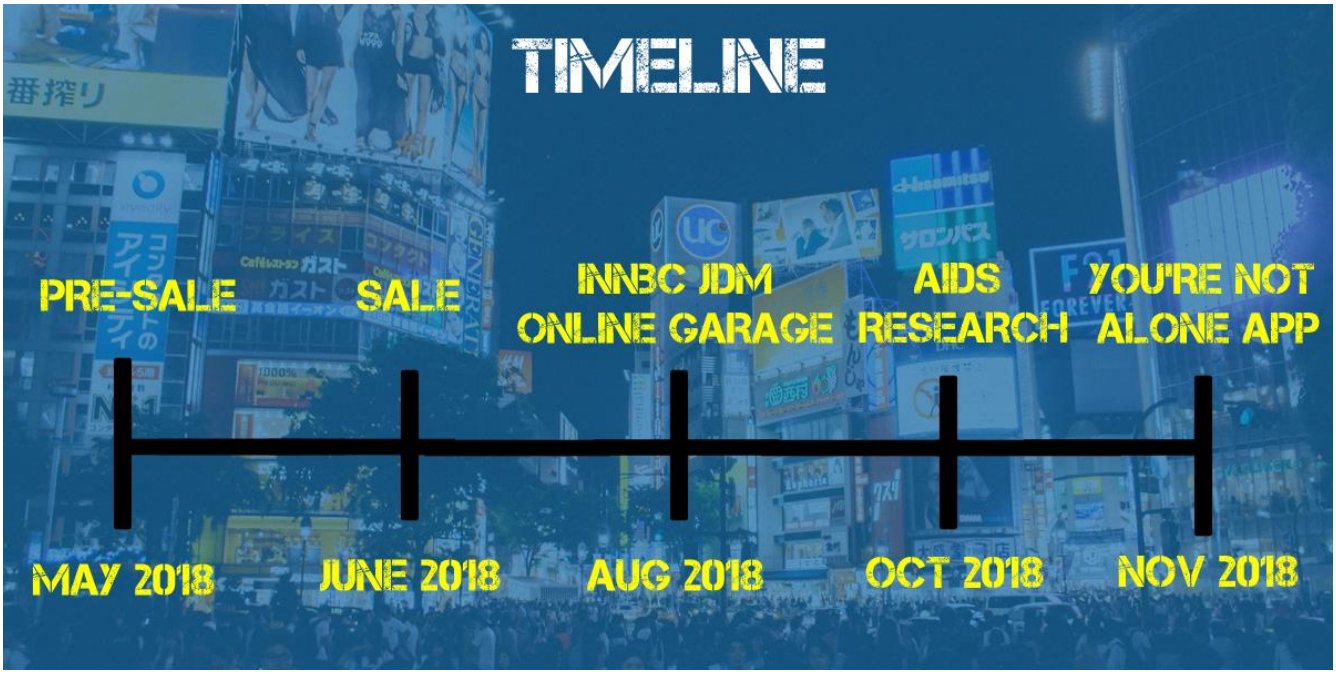
INNBC Token emission price is 1EUR (1,23USD) per 1INNBC, corresponding to 415INNBC per 1ETH, with respect to the ETH/EUR exchange rate on the day of smart contract creation (16 April 2018). Minimum purchase is 10 INNBC Tokens.

During Token sale, we will offer the following discounts

●20% discount for pre-sale (498INNBC per 1ETH).

●10% discount for the successive sale (456INNBC per 1ETH).

TIMELINE



●Token pre-sale. We expect to launch the pre-sale by the beginning of May 2018. Pre-sale will last for 1.5 months.

●Token Sale. Sale will take place shortly after the pre-sale. We expect to launch the sale by mid June 2018 and it will last for 1.5 months.

●JDM Online Garage. Our online garage will be launched shortly after the Token sale, so we expect it to be ready by the beginning of August 2018.

●AIDS research. We will start contracting our partners to perform preclinical animal research on SupT1 cell infusion therapy immediately upon Token sale completion. We expect to start animal research by October 2018, and to complete it by December 2019. We expect to start human trials by mid 2020 and conclude human experimentation (Phase 1,2,3 trials) in 5-8 years. So we expect to have SupT1 cell infusion therapy commercially available by 2025-2028.

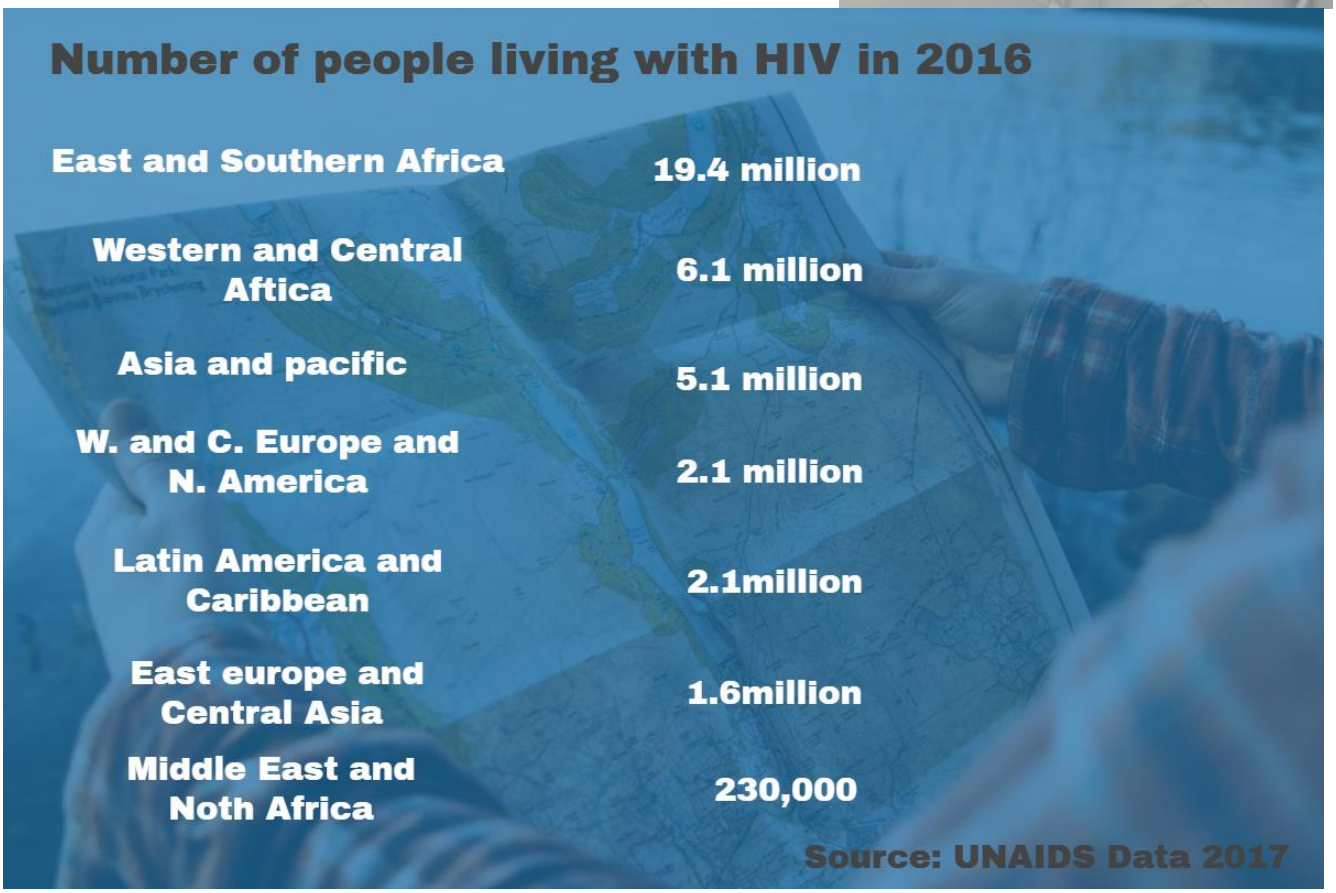
●You're not alone app. We expect to launch the application within 3-6 months after Token sale ends, so we expect it to launch between November 2018 and February 2019.

BUSINESS MODEL

We assume a first source of revenue represented by in app ads and car sales from our INNBC JDM ONLINE GARAGE, and a successive source of revenue from our HIV therapy upon its approval and commercialization.

*Revenues are dependant on RPM, which in turn is highly variable and depends on many factors such as traffic, CRT (click-through-rate), CPC (cost per click). Average RPM can be as low as 0.5$ for broad niches or as high as 100$ for competitive niches. With a very narrow nice such as the HIV seropositve community, we estimated for our platform ads from specific HIV related producs (e.g., PrEP medications used for a seronegative partner) generating an average RPM of 66$, which with 25k visits/day would generate roughly 50k$/month. *The key here is that we aim to have a highly targeted audience resulting in greater relevancy and therefore RPM*.

Additional revenue may be generated by sponsorship programs from the automotive industry that may want to use our store to sell/advertise their products.



There were 36.7million people infected by HIV globally in 2016, 17.5million of which were left untreated, according to UNAIDS. *Our mission is to develop a low cost cell-based therapy solution for HIV to allow access to the treatment for those individuals who are normally left untreated due to social and/or economic limitations*. We estimate our treatment to be significantly cheaper than antiretroviral therapy (ART), which is the conventional drug-based therapy for HIV, and substantially cheaper than any gene therapy product using modified autologous cells offered by our competitors.

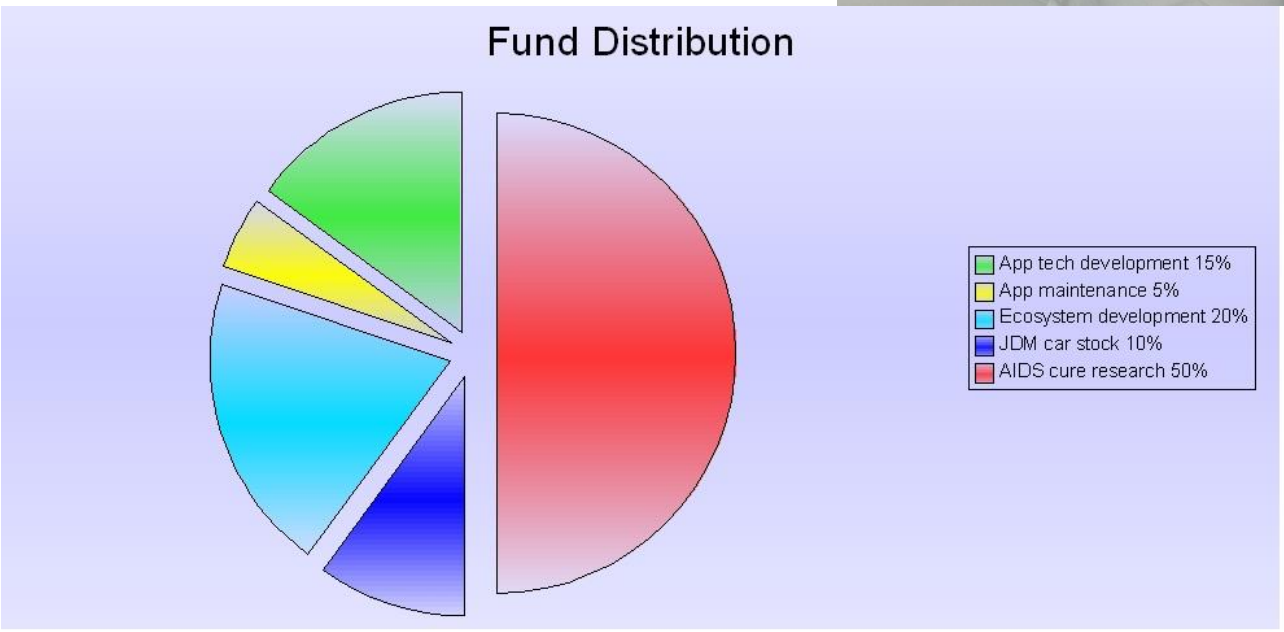
Average per patient cost for antiretroviral therapy (ART) in the US [*1]	19,912$/year
Estimated cost per patient of gene therapy autologous cell products by our competitors [*2]	100,000-1million$/year (depending on the number of infusions)
Estimated cost per patient for SupT1 cell infusion therapy [*3]	1,200$/year (with 4 infusions per month)

*1)Source; Gebo KA, Fleishman JA, et al. Contemporary costs of HIV healthcare in the HAART era. AIDS. 2010;24:2705-15.

*2)Estimated based on the complexity and costly operations required to produce and administer gene therapy autologous cell products for HIV; Stan R, Zaia JA. Practical considerations in gene therapy for HIV cure. Curr HIV/AIDS Rep. 2014;11:11-9.

*3)Estimated based on our previous experience in propagating and administering SupT1 cells in humanized mice; Fior, J. SupT1 Cell Infusion as a Possible Cell-Based Therapy for HIV: Results from a Pilot Study in Hu-PBMC BRGS Mice. Vaccines. 2016, 4:13.

With a potential target of 36.7million HIV infected individuals globally, *our AIDS cure solution could generate 9billion/year in revenue by successfully targeting 20% of the global HIV infected population,* which if our therapy will prove to be safe and effective as an HIV cure we believe is a realistic goal.



•App tech development. Funds used to develop the application, which we expect to launch within the first 6 months after the ICO.

•App maintenance. Funds devoted to general maintenance of the application to keep it live and running.

•Ecosystem development. Funds devoted to creating the infrastructures to support the app (e.g., integrating the app within the information systems of hospitals and clinics partnering with us for administering our HIV therapy), as well as for promotion of the app within the community (i.e., marketing costs).

•JDM car stock. Funds devoted to maintaining a constant stock of cars for the JDM online garage.

•AIDS cure research. Funds devoted to developing SupT1 cell infusion therapy. This includes preclinical animal research, and human trials (phase 1, 2, 3).

TEAM

Jonathan Fior

Owner and Chief Scientific Officer. Jonathan Fior is a research scientist specialized in the field of virology, immunology, cancer and regeneration*. He founded Innovative Bioresearch and conceived SupT1 cell infusion therapy, a novel cell-based therapy for HIV that uses SupT1 cells as a decoy target for HIV-1 to prevent CD4+ T cell depletion as well as to render the virus less cytopathic. Jonathan Fior is also a successful stock trader and thus he has a great financial competence as well. Other than science, one of his biggest passions are JDM classic cars from the 90s such as Skylines and Supras, which led him to get involved in the business of importing them.

Davide Bosetti

Social Media Manager. Davide Bosetti is a social media expert and is responsible for all social/community related aspects of the projects at Innovative Bioresearch.

Alessandro Gatti

Chief Legal Officer. Alessandro Gatti is a legal expert and he ensures that everything we do is in accordance with the law.

***Jonathan Fior publications**

Fior J. An Initial In Vitro Investigation into the Potential Therapeutic Use of SupT1 Cells to Prevent AIDS in HIV-Seropositive Individuals. PLoS ONE. 2012;7(5):e37511. https://www.ncbi.nlm.nih.gov/pmc/articles/pmid/22701517

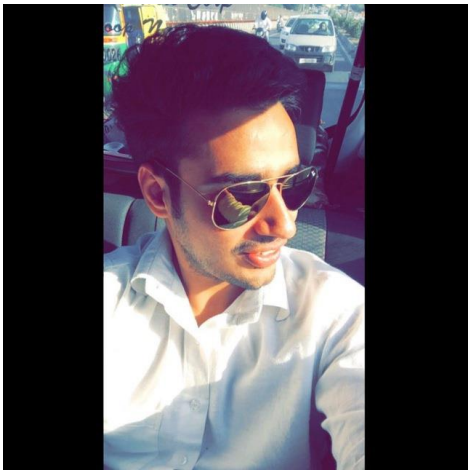
Fior J. Is a pacific coexistence between virus and host the unexploited path that may lead to an HIV functional cure? Viruses. 2013;5(2):753-7. https://www.ncbi.nlm.nih.gov/pmc/articles/pmid/23430684

Fior J. Salamander regeneration as a model for developing novel regenerative and anticancer therapies. J Cancer. 2014;5(8):715-9. https://www.ncbi.nlm.nih.gov/pmc/articles/pmid/25258653

Fior J. SupT1 Cell Infusion as a Possible Cell-Based Therapy for HIV: Results from a Pilot Study in Hu-PBMC BRGS Mice. Vaccines. 2016;4(2):13. https://www.ncbi.nlm.nih.gov/pmc/articles/pmid/27128948

Hasan Turgut

Advisor. CEO of Fixyapp, Hasan Turgut is an experienced businessman and investor. His professional career spans from technical roles to management positions in various renowned companies. He also did good deals with GER100 and AUT100 companies about IT solutions and PLM integration.



Raghav Sawhney

Strategy Advisor. CMO at BlockChainPRBuzz and where he have worked with around 55 ICO's, consulted them and holds the position of Marketing Advisor in several of these projects. Every customer should be provide with autonomy of valuable choice and I try to ensure value for all my clients. With the experience of working with many clients, he aspire to change the ideology that exists towards sales. A person with entrepreneurial skill set, he is looking forward to evolve various business processes.

Jatin Madhra

Business Development Advisor. CEO of BlockChainPRBuzz, Jatin Madhra is an in-depth technologist, having built various products from scratch in Blockchain and Crypto Ecosystem including ICO consultancy, Cryptocurrency Exchange, CryptoCurrency market place, Crypto Algorithmic Trading Platform and a Crypto Payment Gateway, and he is on the constant voyage of building utility products which create impact in the lives of people.

HOW WE OPERATE

For research projects, Jonathan Fior works as PI (principal investigator), conceiving the experiments and writing the experiment protocol. The work is then commissioned to a Contract Research Organization (CRO), which physically performs the experiments. Jonathan Fior then supervises all aspects related to the research communicating closely with the CRO. Once the experiments are completed, he analyzes the results and writes a scientific paper, which is published in a peer reviewed scientific journal. *We only publish on open access scientific journals as we believe in free information and don't want our data being hidden behind a paywall*. This means that although our team is not a big team, we actually have companies with 100+ people working for us. Therefore, our team does not need to be large. This way we can keep a small, yet strong and great, team.

To maximize results and reducing costs, we perform our highly specialized research by partnering with state-of-the-art CROs and Institutions. Some CROs we hired in the past are listed below

AXENIS

bertin pharma
care. innovate. deliver.

SOFTWARE DEVELOPMENT

Along with performing our AIDS cure research, the other important aim of this project is developing the "You're not alone" application. For developing the application, a professional software development company will be hired for the job. Some potential candidates we selected are listed below

Patacaum

WillowTree, Inc.®

Dogtownmedia

For this ICO, we are partnering with

Risk Factors

The purchase of INNBC token (hereinafter in this article "Risk Factors" referred to as the "Token" or "Tokens") may be associated with a high degree of risk. To protect the interests of Tokens' potential purchasers, the Innovative Bioresearch (hereinafter in this article "Risk Factors" referred to as the "Company") team conducted an analysis of such potential risks and outlined the result of this analysis in this chapter of the Whitepaper. IMPORTANT: THE LIST OF RISK FACTORS DESCRIBED BELOW IS NOT EXHAUSTIVE. IN ADDITION TO THE RISKS DISCLOSED IN THIS WHITEPAPER, THERE MAY BE EXISTING OTHER RISKS WHICH THE COMPANY'S TEAM AT PRESENT CAN NOT REASONABLY FORECAST. These risks can materialize in other forms of risk than those specified here. Prior to acquiring Tokens, each potential Token purchaser is advised to carefully review all the information and assess the risks of such purchase, including but not limited to, the risks set forth in this Whitepaper and to decide upon purchase of Tokens based on such assessment.

1. Technical and technological risks.

1.1. Risks of the blockchain. Tokens are released on Ethereum blockchain. In this regard, any malfunction of the Ethereum protocol may lead to a restriction in the use of Tokens, and / or to the fact that Tokens or the platform will function in an unforeseen manner.

1.2. Risk of hacker attacks on the platform, smart contracts, or Tokens. Tokens can be expropriated and / or stolen, by hacking Tokens, or otherwise. Hackers or other groups or organizations may attempt to intervene in a smart contract or Tokens in various ways, including, but not limited to, virus attacks, DDOS attacks, concerted attacks, network attacks, and denial of service attacks, and others. In addition, since the Ethereum platform is based on open source software, there is a risk that Ethereum smart contracts may contain intentional or unintentional errors or shortcomings that could adversely affect Tokens or lead to loss of Tokens, or loss of access or control Tokens. In the event of such an error or weakness of the software, there can be no remedy, and tokens owners are not guaranteed any compensation or compensation.

1.3. Risk of hacker attack on the computer of tokenholder, or loss of passwords / of private keys. Purchased Tokens can be stored by the tokenholder in her\his digital wallet or safe, for which a password, a digital key or a combination of digital keys is required. Accordingly, the loss of the necessary keys associated with such digital wallet or safe, can lead to loss of access to Tokens. In addition, any third party that gets access to such passwords and / or private keys (by way of getting (through hacking, or negligence of tokenholder) access to login credentials of tokenholders' hosting-wallet, or otherwise), will be able to use Tokens of the tokenholder. Company assumes no liability for such losses.

1.4. Risk of using new technologies, and changes in technology in the future. Tokens and blockchain are fairly new and relatively untested technologies. Although at the moment they have largely proven their efficiency, reliability and security, there is no guarantee that in future these technologies do not

fail in any way. Further, as technological progress develops, flaws can be found in these technologies, which flaws will prevent their functioning in the way that they function at the moment. Finally, there is no guarantee that these technologies will be compatible with any new technologies invented in future. In the event of such incompatibility, use of Tokens and blockchain can be found unreasonable and stopped.

1.5. Risk of incompatibility of the cryptowallet service. An electronic cryptowallet or wallet service provider that tokenholder has chosen \ will choose for obtaining and storing Tokens, must be technically compatible with Tokens. Failure to comply with this condition may lead to the fact that the tokenholder will not be able to get access to her\his Tokens. Tokenholders must independently determine the fact of the compatibility of the cryptowallet she\he registered, with the Tokens. Company assumes no responsibility for any errors related to wrong determination of the above fact.

2. Regulatory Risks.

2.1. Risk of regulatory uncertainty. Regulatory status of cryptographic tokens, digital assets and blockchain technology, is unclear or not defined in many jurisdictions. It cannot be excluded that such technologies, and, in particular, Tokens, will in future become subject to one or more (adopted or new) interpretations of laws (or other regulations), court judgments, or actions by various regulatory bodies around the world, including, but not limited to, the imposition of restrictions on the use or possession of digital tokens, such as Tokens. Such changes can adversely affect Tokens in various ways, including, for example, by determining that Tokens are regulated financial instruments that require registration or compliance with other legal requirements and procedures. Company may stop distributing Tokens, developing a platform or terminating operations in a particular jurisdiction if the actions of regulatory authorities of the relevant jurisdiction make it illegal or not commercially viable to proceed.

2.2. Risk of inability to obtain, maintain or renew licenses and permits. As of the date of Tokens sale, there are no statutory requirements requiring Company to obtain any licenses and permits necessary for the sale of the Tokens, but the risk that such legislative requirements may be enacted in the future cannot be ruled out. In this event, possibility of sale and further use of Tokens will depend on the procedure of issuing such licenses and permits, and on compliance with their terms. We cannot exclude that requirements of the law will be technically or economically unachievable for Company. Company may stop distribution of Tokens, develop a platform or terminate operations in a particular jurisdiction in the event of economic, technological or other inability to obtain the required licenses or permits under such jurisdiction.

2.3. The risk of governmental action. The industry of blocking and reversing tokens is new, and simply by virtue of novelty can be subject to increased supervision and regulatory control, including investigations or enforcement actions. There can be no guarantee that the government will not study the activities of the parties. All this can be investigated, which in turn can have a significant negative impact on Tokens and / or platform development.

3.Business risks.

3.1. Risk of failure in development. It cannot be excluded that for various reasons, including but not limited to, for reasons of insolvency of business or technological strategies or business arrangements, technological problems, emergence of new technologies, etc., that the model that Company developed and described in this Whitepaper, will not achieve the desired functionality, be inoperative, or work in a way different from what developers designed it for. Also, we cannot exclude the risk that for these or different reasons, development and implementation of the model can take longer than Company predicts at the moment, and when the model is ready, it will appear to be outdated and\or irrelevant.

3.2. Risk of insufficient implementation. It cannot be excluded that, for various reasons, including, but not limited to, for reasons of insolvency of marketing strategies, external constraints, or competitors' actions, the model developed by Company and described in this Whitepaper model may appear to be unpopular and\or unclaimed, lacking use and application.

3.3. Risk of dependence on third parties. Even after the launch, the model developed by Company and described in this Whitepaper will rely, wholly or partially, on third parties, for adoption and implementation of certain functions, as well as for continuing its development, maintenance and support. Though above-mentioned third parties are carefully selected by Company's team, there is no insurance or guarantee that these third parties will do their job properly, or otherwise meet users' needs, and this can have a significant adverse impact on the platform.

3.4. Risk of loss of cash. The project described in this Whitepaper, the model developed by Company, the platform being created, as well as any funds collected within the framework of the Token sale described, are not insured. In case of failure of the project for any reason, loss of functionality of the Token or platform, there is no private or public insurance representative to whom token holders can apply for reimbursement.

3.5. Risk of force majeure. In the future, there may be extraordinary circumstances that Company cannot reasonably anticipate or prevent and that may be subject to restrictions or impediments to the operation of the Company or Token platform. Company performance may be interrupted, suspended or delayed due to force majeure circumstances. For the purposes of this Whitepaper, force majeure shall mean extraordinary events and circumstances which could not be prevented by Company and shall include: acts of nature, wars, armed conflicts, mass civil disorders, industrial actions, epidemics, lockouts, slowdowns, prolonged shortage or other failures of energy supplies or communication service, acts of municipal, state or federal governmental agencies, other circumstances beyond Company's control, which were not in existence at the time of Whitepaper release.

3.6. Value of Tokens. Once purchased, the value of Tokens may significantly fluctuate due to various reasons. Company does not guarantee any specific value of the Tokens over any specific period of time. Company shall not be held responsible for any change in the value of Tokens.

4.Other risks.

4.1. Taxes. Token holders are solely responsible for determining if the transactions contemplated herein are subject to any applicable taxes whether in their home country or in another jurisdiction. It will be the sole responsibility of Token holders to comply with the tax laws of any jurisdictions applicable to them and pay all relevant taxes.

4.2. Disclosure of Information. Personal information received from Tokens holders, the information about the number of tokens owned, the wallet addresses used, and any other relevant information may be disclosed to law enforcement, government officials, and other third parties when Company is required to disclose such information by law, subpoena, or court order. Company shall at no time be held responsible for such information disclosure.

4.3. Risk of Insufficient information. Tokens are at a very early developmental stage and its philosophy, consensus mechanism, algorithm, code and other technical

specifications and parameters could be updated and changed frequently and constantly. While the Whitepaper contains the up-to-date key information related to Tokens at the date of the Whitepaper, it is not complete nor is final and is subject to adjustments and updates that Company may make from time to time. Company is not in a position, nor obliged to report on every detail of the development of Tokens and other elements of the system presented by Company and therefore will not necessarily provide timely or full access to all the information relating to the Tokens, but will use reasonable efforts.