



June 17, 2025, Monthly Update

Zhittya's Mission and Urgency:

In last month's May 17, 2025, Update, some of you asked what I meant about the phrase I used: "44 months to Get it Done!". On May 27, 2025, a news story reported on RFK Jr.'s criticism of pharmaceutical barriers after seeking stem cell treatment in Antigua for his throat condition. He said, "I should not have to leave our country to get them" in an article entitled "RFK Jr. will 'end the war' against alternative medicine at the FDA, from stem cell therapy to chelation."

RFK Jr. wants to end the FDA's frozen bureaucracy that has not allowed the medical discoveries of the last 30 years to get to the people who need those treatments. Zhittya understands the problem because we have had to take our Parkinson's disease sufferers to the British Virgin Islands to treat them and to learn what works to improve our treatment to reverse Parkinson's disease. The London School of Economics reports that obtaining FDA approval for a medicine in the United States takes, on average, 18 years and costs \$1–\$2 billion USD. That is a very high barrier for a young company to overcome, and I know this since we

have already expended over \$190 million and 27 years of my life and despite having 100% safety and success in treating “No Option Heart patients”, we still do not have FDA approval. People are suffering and dying every day, and I believe our medicine could have saved many of these people. Unfortunately, the FDA bureaucracy has forced us to stand in line and watch and wait.

In July, I will turn 77 years old. Today in Washington DC, for the first time in my lifetime, we have people who are challenging the “**American Drug Cartel**”.

Diabetes costs are estimated at over \$400 billion annually in the United States and over \$800 billion worldwide. Even though, 12 years ago, the Salk Institute showed that FGF-1 reversed type-2 diabetes in animals with one injection. These studies were later repeated, year after year, at the Howard Hughes Medical Institute, Scripps, Yale, and the HHS. See a link to these papers here:

<https://www.zgm.care/diabetes>

Zhittya has dosed 10 type-2 diabetes patients in the British Virgin Islands, and all have reversed their condition. Will it last? What’s the optimal dose? We don’t know yet. The real question is: **Where has Big Pharma been for the last 12 years?**

Diabetes charities raise \$100 million yearly. Have they not seen these studies? Why have they not advanced this research that might be a cure to diabetes? Why have no medical schools acted on this animal data to potentially save hundreds of millions of sufferers worldwide? Why is only Zhittya trying to find out if FGF-1 can cure type-2 diabetes, as shown by many animal studies?

On May 19, 2025, Zhittya received Institutional Review Board (IRB) clearance to conduct a Medical Research Study to reverse type-2 diabetes in Nevada. In late March, Zhittya developed this medical research study for Type-2 diabetes and at

the start of April, I sought \$500,000 to fund a ten-person study. Now, in June, we have seen incredible investor enthusiasm for our funding proposal, which has led us to increase the study to 100 people and a total of \$5 million to fund it. Success with 100 people is more impressive than just 10 people, and with 100 people, we can try different dosing regimens. In animal studies, FGF-1 was injected into the brain. Zhittya is using a different delivery method — a painless intranasal delivery method. Our human results in the British Virgin Islands were good, but could different dosing strategies improve outcomes in our patients?

I believe we will be dosing soon in Las Vegas, and we already have wonderful volunteers ready to participate. This Medical Research Study will follow FDA rules known as “good clinical practices” (GCP). My target is to complete and have data by March 2026 and have one great announcement in the 2nd quarter of 2026 that “XX% of 100 type-2 diabetes patients reversed their condition with intranasally delivered FGF-1”. Will that announcement impress the US FDA? No. Will that announcement impress Big Pharma? No. Will that announcement impress the university hospitals and diabetes charities? No. But for the 400 million people living, suffering, and dying of type-2 diabetes, when they hear our results and learn that there is hope for a cure, they will care.

In 43 months, the government in Washington, D.C. may change again. Will the old regular bureaucrats return and stop everything if they come back? Will the \$800+ billion-dollar annual diabetes industry allow Zhittya to cure diabetes and end their profitable diabetes cartel?

I believe Zhittya has treatments that make life better for 65% of the adult population. We have shown success in the heart, the brain, the legs, the feet and

more, and now we have good data with diabetes. For 27 years, we have been trapped in a swamp where there is no common sense and no passion to stop innocent people from suffering. The urgency I speak of is because we now have government officials who are saying “People have the right to try and save their lives” and “People who are trying to end their suffering and extend their lives do not need the permission of a bureaucrat who has already lost their application somewhere on their desk”.

Less than 90 days ago, Zhittya realized how it could conduct a Medical Research Study in Las Vegas and now our company is cleared and funded to verify if type-2 diabetes can be effectively cured. Could diabetes, like polio, be entirely eradicated within the next decade? I believe so. So, let’s cure diabetes and ride the wave of urgency to get this done before our window of opportunity shuts and the swamp returns.

Neurodegenerative Diseases

Zhittya is presently working with our medicine to address neurodegenerative diseases including stroke, Parkinson’s disease, dementia, Alzheimer’s disease, autism, brain injuries, and more. Read Vika’s patient letters below. We have some outstanding letters, and one is from a medical doctor who came to the British Virgin Islands in pretty bad condition. Read his letter, it is long, but it is worth it. Also, read Katie’s comments and comments on Al and his one-year fMRI brain scan — a nice happy smile from a guy who was a Zombie 12 months ago!

Zhittya will continue our activities in the brain; however, we still do not know what the best treatment regimen is for brain disorders. Our dosing has gone from level one to now level 23. The length of dosing has gone from one time only to

three years of dosing. We have tried 5 different devices to dose up the nose, and Vika is now trying the 6th one (on me), searching for what is best. Zhittya has budgeted for the next year, and we will continue our efforts to fix the brain. Even though the brain's complexities make this a slow and deliberate process, we are making great progress.

IMPORTANT: The Swift 6:

Zhittya Change of Strategy

Zhittya does not know the correct dosing for neurodegenerative diseases, so we have to be slow and careful to escalate dosing, to make sure we “first do no harm!” However, we do know what dosing regime is needed to heal sick people in six other medical indications, and we have human data which supports that.

Those six medical indications and how long the dosing takes include:

- | | |
|-------------------------------|---|
| #1) Type-2 diabetes | Dosing for 30 days |
| #2) Neuropathy | Dosing for one hour |
| #3) Peripheral artery disease | Dosing one round of injections for 30 minutes |
| #4) Critical leg ischemia | Dosing 3 times, every 4 weeks, for 3 months |
| #5) Diabetic foot ulcers | Dosing for 3–5 months until closure of ulcer |
| #6) No Option Heart Patients | Dosing one round of injections for 20 minutes |

We can initiate all six of these indications with Medical Research Studies and expect to have data on them within 6 to 9 months. With that data, we will have public announcements to make, and the world will be aware that we have possible treatments for these diseases — diseases which are now incurable and are “**Unmet Medical Needs**”. Each of these indications has millions of sufferers,

and our FGF-1 would be their only real treatment option. Equally important, we already have data showing FGF-1 works in these indications, so I believe our odds of success are very high.

If we begin treating the first patients with type-2 diabetes in July 2025 and then initiate the other medical research studies as soon as possible, we could have 6 significant announcements to tell the world starting in the middle of 2026 and moving forward.

The **Swift 6** are now my priority. We should be able to accelerate the FDA approval cycle by a few years, now that the FDA's leadership is committed to approving revolutionary medicines. Four years from now, we could be treating millions of people with FDA-cleared medicines, which will be covered by insurance. We believe our drugs will allow many people to be healed from these debilitating diseases.

Medical Research Studies Funding

Since 1998 (27 years ago) when Dr. Jack Jacobs, Vika, and I, started this journey, we have expended over \$190 million US dollars. Until a biotech company completes its IPO and has its shares trade on a major stock exchange, obtaining money is challenging. From 1968 until 1998, I was an Investment Banker raising capital for young companies. High technology (computers, medical devices, semiconductors, etc.) were my areas of expertise. I avoided software (because I could not understand it) and biotech (because it was so slow and took a very long time to have positive cash flow). In the 1980s, there was a new financial vehicle called an R&D partnership. I did about 5 of these at that time, raising on average about \$5 million each. Today, that \$5 million would equal \$10 to \$20 million.

Biotech companies like Genentech and Amgen used “Special Purpose Entities” to fund their clinical studies (this was just another name for R&D partnerships) and they raised over \$1.4 billion USD in the 1980s. A friend of mine invested \$100,000 in each of those two R&D Clinical Partnerships. In 2010, he became one of our investors. He asked me why I did not try Medical R&D Partnerships to fund my clinical trials. He sent me an article from “Nature Biotechnology” from March 2004 showing that \$1.42 billion was raised through this vehicle in the 1980s. Here is a link to the article:

<https://www.zgm.care/invest>

He told me how he received 20 times his money back from each of those investments, and I should consider it. I have not thought about those R&D Clinical Development Partnerships for 15 years. When Zhittya decided to obtain the extra funds to pay for this new project, a Medical Research Study to verify if FGF-1 can Reverse Type-2 Diabetes, I put together a short proposal and sent it to about 15 individuals. One person called me within hours of receiving my email. He told me he gives donations to charities every year; however, in ten years, all he has ever received back are more letters asking for more donations every few months. He liked the idea that he would know within a year that his contribution made a difference in treating the biggest unmet medical need in the world: diabetes. He stated he likes the ten times return, if the medicine worked. He asked if I believed it would succeed. I replied that the highest I go is a 95% chance that I will wake up alive tomorrow, so I am 95% confident it will work. He then asked me: “Then Dan put your money where your mouth is and give me a put option: a 100% increase in my investment at 48 months at my decision”.

This man is self-made and earned a fortune, and he has a great heart, but he has a tough businessperson's brain. I looked out 48 months at all Zhittya has going: IPOs, Milestone Payments, revenues and profits from Medical Tourism, and more, and I said yes. I have already provided \$26 million personally for this project, so now that I believe we are near the finish line, it is time to go all in. We restructured the funding to be an R&D Contract with Zhittya: 10 times his investment as a royalty if the drug is successful and, at 48 months, a Put Option back to Zhittya at 2x if the investor is unhappy.

On March 26–29, my two sons, Sergiy Montano and Daniel H. Montano did a 4-day investor roadshow in Zurich, Stuttgart, Frankfurt, and Bielefeld to some of our existing investors, to some new possible investors and also, to some possible medical patients. The response has been excellent, which is why I have increased the reversing type-2 diabetes Medical Research Project to 100 patients now. We tested the waters, and sophisticated institutional investors liked it. If you read the Nature Biotechnology article “Biotechnology Financing” you will see on page 274, \$1.4 billion was raised by biotech companies in the 1980s: Genentech, Amgen, BioGen, and more. I explored the question: if these partnerships are so great, why are they not used anymore by biotech companies? In the 1980s, Amgen was in deep financial problems when it raised \$83 million USD to advance erythropoietin. My friend made 20 times his investment in the Amgen R&D investment. An officer of Amgen stated they stopped using the partnerships because the investors made too much money from them. My friend received 20 times his investment, and his investments in that R&D project got the medicine approved. Today, Amgen is worth \$155 billion USD because my friend and others took the risk to fund AMGEN's R&D clinical trials. If your investment makes me

worth \$155 billion, or \$15 billion or even if I just get my \$26 million back, I will not be upset at you for making money. We are saving lives and lowering the cost of providing treatments that are effective cures, and that is all good.

We have put together a great package and for the next few months I will be meeting with Institutional Investors, Family Offices, Wealth Investors, and more. Our financial structure complies with Sharia Law, so that is an added benefit to our Arab investors. One nice advantage for these money managers is that they all have family members affected by these diseases (either directly or friends of family members). They know we can treat these diseases, and they want us to succeed. They want a healthier and longer life for everyone.

My hope is Zhittya can fund **ASAP** the projects for:

- Type-2 diabetes
- Neuropathy
- Peripheral artery disease
- Critical leg ischemia
- Diabetic foot ulcers
- No Option heart patients

I was a California High-Tech Investment Banker from 1968 until 1998. I managed the IPOs of over 100 young companies and raised money in the USA, Europe, the Arab Gulf and Asia, and now I have the most important task of my life ahead of me — getting the Medical Research Studies done, so we can have public announcements in mid-2026. I love it! After 27 years working in a biotech start-up trapped in the swamp of bureaucratic delays, I am going back to Wall Street,

where **"The Kid is Back!"**

If you have an interest to learn about the Medical Research Study Funding investment opportunity (minimum investment \$25,000) please email me at: Dan333@aol.com or call me at 702-802-8373.

Report on FreedomFest 2025 in Palm Springs

We attended the June 11 through 14 FreedomFest in Palm Springs. We have been told they had over 1,500 attendees. Here is a picture of me giving a presentation to the convention on the Main Stage, where we had around 1,000 attendees:



Next is a photo of Dr. Jacobs presenting our medicine to a group in a private session. The response was outstanding. Many of the attendees have been

watching us for years:



Robert W. Malone, MD , at the FreedomFest a friend of ours introduced Dr. Malone, a physician-scientist and biochemist known for his early contributions to mRNA vaccine technology. He has been appointed by Robert F. Kennedy Jr., to the Advisory Committee for Immunization Practices (ACIP). Dr. Malone is a close advisor to Secretary Kennedy. Dr. Malone came to our booth and discussed with us our medicine, how it treats many Unmet Medical needs, and why I believe we should seek accelerated approval. He was kind and took a group picture with us: Dr. Jack Jacobs, John Laub, Vika, and I. FreedomFest has always been a good place for us to meet people who believe in freedom to succeed.



Zhittya's Outreach Program

In our March 17, 2025, Update, I introduced our Zhittya Outreach Program, which received strong interest. We have been busy, so advancing our Outreach Program has been slower than I would like. I will get to it soon.

Vika Montano's Patients' Comments Section: Every month, I receive emails and phone calls from our test subjects. Here I have selected a few of their comments so you can read what those who have joined our Medical Research Studies are reporting to us.

#1) Al (our first fMRI patient). Here are two messages, including one received after his one-year follow-up scan at Washington University in St. Louis.

Date: 5-15-2025 (two weeks before his 1-year fMRI scan)

Last Sunday was Mother's Day. We met our sister and her partner at Al's mother's assisted living home. We were sitting there talking when Al made some comment relevant to what we were talking about. His sister turned to me and said, "what was that?" I said to her, "you saw it too?" She said, "yes what was that?"

I said that was Al's mask being lifted. She said oh my gosh it was like I was talking to my brother 20 years ago! It was the old Alfred! I was so excited that we were able to share that moment with her. She has been such a great supporter of our going to the BVI and starting FGF-1. Al has had more and more of those moments the last month. He isn't sleeping all day and he remembers more of our recent conversations. He isn't 100% but every day I see little improvements in him. I Praise God every day that Al is taking FGF-1!

We are excited to see the results from the MRI that Al will be taking in June!! This will mark his 1-year anniversary using FGF-1!!

Second message (with photo) received on June 2nd after his one-year follow-up:

I know that Dr xxxxxx saw a different man than he met a year ago. On some of the items that he scored Al on- he rated a 0!!!! I think that should be in his report too!! Believe me he was impressed! Some interesting stuff!

Photo Al & Kate at Washington University Medical School:



#2) Roy

Dear Dan, Jack, and Vika,

I have great news to share with you; 6 months ago, I purchased two walkers, one for use at home and one for traveling which I used on our trip to St. Petersburg, Florida in February 2025. I purchased them because of my worsening instability walking, rigidity, lack of good balance, and fear of falling. I couldn't shower myself and discussed with my wife Marcia the need of an aide to help me with basic showering and dressing each day. I had difficulty getting out of bed in the morning and needed assistance. I asked my wife to drive me to Rock Steady Boxing because I couldn't trust my ability to get there on my own safely.

On May 20th, 2025, I had an in-person appointment with my neurologist, and she stated in her physical evaluation that I had improved considerably (motor skills

and balance) from the last visit with her 3 months prior.

This week I drove myself to boxing and physical fitness, Costco, Walgreens, etc. and my wife says my mood has improved greatly. I wonder why?

Kind regards to all,

Roy

#3) Charlie XXXXX

It's going well Vika. I am feeling good and having more energy and more times when my tremors stop, so things are improving, I hope you and dan are well

Regards Charlie

#4) Lab Rat

Hi Vika,

In general, most things are improving. My sense of smell has returned somewhat. I can smell lilacs and orange blossoms that I had not smelled in 25 years. My balance and gait are also better at times (it seems to come and go). I didn't have a fall for 3 months after BVI, but I have fallen 3 times in the last week. My handwriting is getting better (I can recognize my signature now). My golf game has gotten better. I can finish 18 holes and I have dropped 5-10 strokes off my score. My drooling has also improved.

My freezing gate has not gotten better; I stumble a lot but my balance is better so I tend to catch myself. My left-hand tremor is still there and at times seems worse. My speech is about the same. It seems to be tied to the dopamine level I am at (lower dopamine= better speech.). The problem is also at lower dopamine levels, my tremor is worse and I can't exercise as well. It seems to be a learning

experience of balance that I am still trying to figure out. Fatigue is a continual problem.

Thanks

#5) Dr. Devin Mikles, MD

Dr. Mikles posted his thoughts on his experience and opinions on FGF-1. It is excellent reading for those who want an independent opinion from a medical expert on how FGF-1 has affected his life. It is long and detailed so I will give you the linked to his post so you can go there and read what he thinks.

Link to Post: <https://www.devinalaricmikles.com/post/fgf-1-and-the-road-to-the-british-virgin-islands-is-it-a-cure>

Cross Border Medical Tourism

Cross Border Medical Tourism services are for those people who want to be considered for Zhittya's future clinical trials or its current Medical Research Studies. Cross Border's focus is to fill all available slots in the Medical Research Studies in the British Virgin Islands and The Bahamas, while we wait for other clinics to come online.

Cross Border is working on filling the available slots for the next BVI Medical Research Studies (intranasal FGF-1 for Parkinson's disease) on the following dates:

Cohort #38: July 7, 2025 – July 12, 2025

Cohort #39: August 11, 2025 – August 19, 2025

Cohort #40: September 3, 2025 – September 8, 2025

I am showing cohorts further out in time since we are filling up faster and have fewer spots open each month.

Please get in touch with Sam Cross at Cross Border Medical if you wish to be considered for the BVI cohorts or slots in The Bahamas. Sam's email address is: sam.crossbordermedical@gmail.com.

In addition, if you are interested in participating in the brain scan studies which will take place at Washington University in St. Louis, please let Sam know. There are a finite number of slots for the imaging studies. These studies will look at brain blood flow before and after treatment with FGF-1.

Upcoming Events

Las Vegas, Nevada: June 26, 2025

I will be presenting at the Spring Mountain Republican Women's Club in Las Vegas, NV. The title of my presentation is: **Parkinson's Disease, Heart Disease, Stroke Disability, Type-2 Diabetes all reversed: Medical Breakthroughs with FGF-1 are Happening Now!**

The event will be a luncheon at the Suncoast Hotel at 11:30 AM, and all are welcome to attend, especially if you live in Southern Nevada! Email me if you wish more information at: dan333@aol.com

Las Vegas: Money Show, July 15 to 17

Dr. Jacobs and I will be presenting at the Las Vegas Money Show Workshop on the topic of:

Parkinson's Disease, Heart Disease, Stroke Disabilities, Type-2 Diabetes all

reversed: Medical Breakthroughs with FGF-1 are Happening Now!

The workshop will be on Tuesday, July 15th at 11:00 am – 11:45 am.

Dr. Jack Jacobs

In treating our Parkinson's disease patients, we followed them closely, which included a battery of laboratory tests to make sure our FGF-1 was not altering any of their blood chemistry values. In one cohort of our Parkinson's patients, it was established that 10 of the patients had blood sugar values which placed them in the category of being either "pre-diabetic" or diabetic before FGF-1 treatment was initiated. To our pleasant surprise, the FGF-1 treatment not only improved the patients' Parkinson's disease symptoms but also normalized 9 out of the 10 patients' blood sugar levels in one week, with the tenth patient's blood sugar normalizing within 3 weeks. This immediately led us to question whether FGF-1 could also be a viable treatment for type 2 diabetes. We performed a thorough search of the medical literature and discovered ample evidence that FGF-1 may indeed be a viable treatment for diabetes. An example of this evidence is given below.

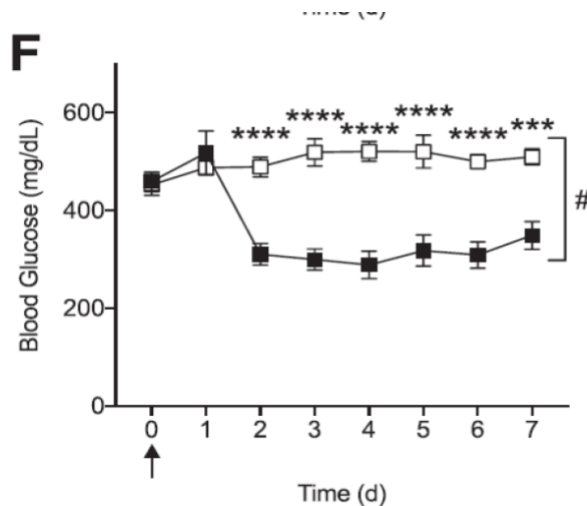
Multiple research groups (for example, groups from the Salk Institute and NIH) have identified fibroblast growth factor 1 (FGF-1) as a potential type 2 diabetes therapeutic. FGF-1 has long been known to play an active role in embryonic development, endothelial cell proliferation (angiogenesis), and neurogenesis, but its role in diabetes has only recently been appreciated.

In humans, low serum levels of FGF-1 are associated with an increased risk of weight gain and obesity. In rodents, diabetic mice with their FGF-1 gene knocked

out exhibit severe hyperglycemia and insulin resistance when fed a high fat diet. Whereas the absence of FGF-1 is associated with severe and adverse metabolic outcomes in these diabetic mice, administration of exogenous FGF-1 reverses their hyperglycemia.

As shown in Figure 1 below, when administered peripherally as a single subcutaneous injection, FGF1 reduced blood glucose in diabetic rodents, without creating a hypo-glycemic event in the animals.

Figure 1: A single subcutaneous dose (arrow) of FGF-1 (0.5 mg/kg) reduces serum glucose levels to normal starting at day 2 in diabetic rats

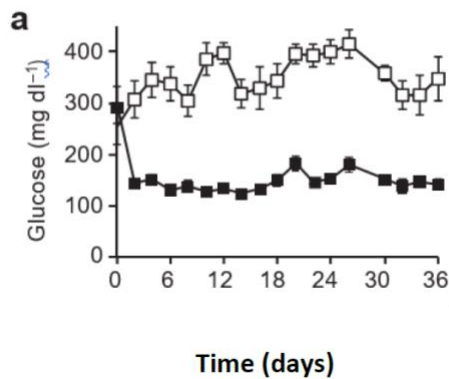


Although the mechanisms for FGF-1-mediating the return to normoglycemia in the diabetic mice are unclear, it is thought unlikely due to a centrally acting effect because of the relatively poor penetration by FGF-1 of the blood brain barrier.

A second series of experiments in diabetic rats was next performed, where FGF-1 was administered every other day by subcutaneous injection, and the chronic effect of FGF-1 administration over a 36-day period was studied. As seen in Figure 2 below, long-term FGF-1 injections returned the diabetic mice to a state of

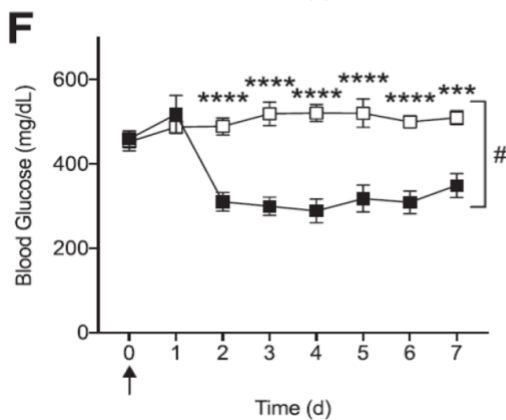
normal blood sugar without the development of hypoglycemia.

Figure 2: Repeat FGF-1 subcutaneous dosing (0.5 mg/kg every other day) maintains normal serum glucose levels in diabetic rats



Unlike peripheral administration, which requires multiple injections to reverse diabetes, a single central injection of FGF-1 has been shown to restore blood glucose to normal levels for up to 18 weeks in the obese diabetic mouse model as shown in the Figure below.

Figure 3: A single intracerebral injection of FGF-1 (3 µg) reduces blood glucose levels to normal for 7 days. The arrow points to the time of injection of FGF-1 into the brains of diabetic mice.



Although the mechanisms for FGF-1-mediating the return to normoglycemia in the diabetic mice are unclear, researchers have shown that central FGF-1 is likely to target the hypothalamus, as demonstrated by increased activation of nerve

cells (tanycytes) in the hypothalamus of the mice's brain. In contrast to central administration of FGF-1, it is unknown whether peripheral administration of FGF-1 affects the brain, but it is thought unlikely due to the relatively poor penetration by FGF-1 of the blood brain barrier.

Information on Distribution of FGF-1 to the Hypothalamus After Intranasal or Intravenous Delivery

In a research collaboration with a group of Minnesota scientists, a study was performed in rats comparing how much FGF-1 gets into various regions of the brain following intranasal or intravenous administration. We were pleasantly surprised to find that almost twice the amount of FGF-1 gets into most regions of the brain when comparing intranasal to intravenous dosing of FGF-1. In addition, no adverse effects of intranasal delivery of FGF-1 were noted in the brains or nasal cavities of all animals tested. These studies confirm our belief that the intranasal delivery of FGF-1 represents a safe and effective way to deliver this growth factor to the brain and support our efforts to initiate larger human studies to see if intranasal FGF-1 can be a safe and effective treatment for type-2 diabetes.

Conclusion by Dan Montano

First, it has been wonderful the last 30 days talking to some of our investors, who responded to our May 17, 2025, Update when I proposed I would like to talk to them to keep them posted. We are getting close to the IPO that will bear the financial fruits of your faith in us.

Everyone at Zhittya has a sense of urgency about the next 43 months. We have many, many things going on, and we have to succeed, as lives depend on it. We

believe FGF-1 can change the world by treating diseases that are responsible for 65% of all deaths and suffering of adults. Every month, we are introduced to additional possible applications of our FGF-1. Fatty liver disease affects millions of people, and we have just been presented with data that indicates FGF-1 can treat it. We are overwhelmed with tasks and opportunities. Now we can see the finish line where we are able to obtain approvals and get our medicine to people who need it.

When I was young, I boxed Golden Gloves. People were shocked that a skinny, weak, near-sighted kid won all his fights (all but the last one- my opponent showed me he really wanted it). People would ask my father, "How does Danny do it, win his fights?" My dad always answered the same: "Danny knows the secret of winning; it is being the last guy left standing!" After 27 years and spending \$190 million USD, surviving the Great Financial Crisis and COVID-19, overcoming insurmountable problem after problem - we are still standing, advancing and succeeding. We have great safety data; great human results, and we address the **biggest Unmet medical needs in the world.**

People who compete a lot will tell you, there comes a moment when you can smell the victory, and you know it is time to pour it on. I smell it! I believe Zhittya has 43 months ahead of us to get it done.

I thank all the great people who have gotten us here. Some have passed during these 27 years, but you are still in our memories, and we and the world owe you a debt of gratitude forever! Some nights when I am tired and worn out, I sit up in my bed and complain to the walls, why is it so difficult? Then I remember to thank Bob Levin, Wolfgang, Phil, Fouad and so many other wonderful people for backing

us “when all men doubted us.” Zhittya must accomplish what we have started – so many lives depend on us being right, and many great people, patients, investors, believers and more have all picked up part of this load and helped carry us further. Yes, we have a sense of urgency. We know that when the bell rings and the next round starts, we have to be in the fight and we have to win. I smell it!

When God gives you a purpose: DO IT!

I pray we all succeed! Bless you all!

Dan Montano, CEO

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