Zacks Small-Cap Research

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Aethlon Medical (AEMD-OTCQB)

AEMD: Encouraging Meeting With Jim Joyce

Current Recommendation	**Neutral**
Prior Recommendation	N/A
Date of Last Change	03/12/2012
Current Price (02/11/14)	$0.18
Target Price	**$0.20**

OUTLOOK

AEMD's novel blood filtration device could have utility in the treatment of Hepatitis-C, HIV, sepsis, cancer and bioterror applications. Data from key clinical trial for HCV in India was announced throughout 2012. AEMD just got FDA approval to run a human study which is a major milestone and helps to de-risk the company in our opinion. Study to commence in near term. Compassionate use recently commenced in India. In Sept 2011 AEMD was awarded U.S. DARPA gov't contract related to development of a sepsis treatment device. AEMD completed the initial $2.0MM portion and is about to complete the year 2 contract. Yr 3 contract awarded in Sept 2013. Additional contracts for Yrs 3&4 could also be forthcoming. DARPA contracts provide near-term revenue/cash while also providing credibility of the technology and potentially facilitating the quest towards regulatory approval and commercialization.
Material risks remain but AEMD has made meaningful progress in mitigating some of these.

SUMMARY DATA

52-Week High	**$0.29**
52-Week Low	**$0.07**
One-Year Return (%)	**116.25**
Beta	**1.08**
Average Daily Volume (sh)	**301,187**
Shares Outstanding (mil)	**198**
Market Capitalization ($mil)	**$34**
Short Interest Ratio (days)	**N/A**
Institutional Ownership (%)	**0**
Insider Ownership (%)	**16**
Annual Cash Dividend	**$0.00**
Dividend Yield (%)	**0.00**
5-Yr. Historical Growth Rates	
Sales (%)	**N/A**
Earnings Per Share (%)	**N/A**
Dividend (%)	**N/A**
P/E using TTM EPS	**N/A**
P/E using 2014 Estimate	**N/A**
P/E using 2015 Estimate	**N/A**
Zacks Rank	**N/A**

Risk Level	**High,**
Type of Stock	**N/A**
Industry	**Med-Hmo**

ZACKS ESTIMATES

Revenue
(in '000 of $)

	Q1 (Jun)	Q2 (Sep)	Q3 (Dec)	Q4 (Mar)	Year (Mar)
2012	0.0 A	0.0 A	1.0 A	0.4 A	1.4 A
2013	0.2 A	0.4 A	0.2 A	0.4 A	1.2 A
2014	0.2 A	0.6 A	0.1 A	0.5 E	1.4 E
2015					1.9 E

Earnings per Share

	Q1 (Jun)	Q2 (Sep)	Q3 (Dec)	Q4 (Mar)	Year (Mar)
2012	-$0.03 A	-$0.00 A	-$0.01 A	-$0.04 A	-$0.08 A
2013	-$0.01 A	-$0.01 A	$0.00 A	-$0.02 A	-$0.03 A
2014	-$0.00 A	-$0.02 A	-$0.01 A	-$0.00 E	-$0.04 E
2015					-$0.02 E

Zacks Projected EPS Growth Rate - Next 5 Years % **N/A**

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WHAT'S NEW….

Q3 10-Q (ending 12/31/2013):
Aethlon filed their 10-Q for the fiscal third quarter 2014 ending 12/31/2013 on February 11th. Revenue of $76k was entirely from work under the subcontract agreement that the company has with Battelle related to the $22.8 million systems integrator contract with DARPA. Revenue missed our $496k estimate as AEMD did not book any DARPA related milestone revenue during the quarter but subsequent to quarter end billed DARPA $353k.

Through December AEMD had billed $3.4 million under the DAPRA awards, which represents $1.97 million under the initial year-1 contract and $1.42 million under the year-2 contract (worth $1.6 million and containing eight milestones), which was awarded to the company in August 2012. We forecasted the final $197k milestone under the year-2 contract and ~$300k under the year-3 contract (which was awarded to the company in September and, initially was to pay up to $1.53 million if all eight milestones were met) to be paid in Q3. We have now pushed back these forecasted receipts to fiscal Q4 and Q1 2015.

DARPA has the option of entering into the remainder of the proposed contract for years four and five. In the 10-Q AEMD notes that due to budget restrictions, DARPA plans to reduce the scope of AEMD's contract for years three through five. The three through five year contracts were initially worth ~$3.2M. Due to the budget change, this amount will now be ~$2.4M (the breakdown per contract-year was not disclosed). We have adjusted our model to account for the change.

We also model additional, although relatively minimal revenue from the Battelle contract throughout fiscal 2014 and into 2015. As a reminder, AEMD's subcontract is a time and materials contract so the total that AEMD will eventually bill will not be known until their work is completed. We do, however, think it's likely that there will be additional revenue contribution from this contract.

Q3 operating expenses were $1.3M, compared to our $1.1M estimate - the majority of the difference related to expenses of Exosome Sciences. Operating loss was $1.2M, compared to our $514k estimate - the difference mostly related to the delayed revenue relative to our forecast. Q3 net income and EPS were ($2.3) million and ($0.01) and included a $1.0M accrual related to a possible lawsuit settlement (if settled, it would be in the form of equity).

Cash
Aethlon continues to successfully raise operating capital on a regular basis and continues to make progress on cleaning up the balance sheet. During Q3 AEMD raised $3.2M from the sale of equity and repaid $200k of notes payable. We view the pricing, size and terms of the most recent equity raise as indicative of the continued and, potentially, growing interest in AEMD. Subsequent to quarter end another $17k in debt was repaid. Aethlon exited fiscal Q3 with $1.9M in cash and equivalents, compared to $9k at the end of fiscal Q2 2014 (9/30/2013). Cash used in operations was $839k in Q3.

We continue to expect cash generated from government and other contracts along with additional funds raised through the sale of securities to fund the company over the near-to-mid term.

Along with their ongoing ability to continue to raise operating capital, we have been encouraged, from the standpoint of strengthening their financial position and balance sheet, by the success of converting some of their outstanding debt to stock. While a substantial portion of debt remains in default, the company continues to make progress on cleaning up their balance sheet, which we view as meaningful from a de-risking perspective. We reiterate, however, as we have in the past, that Aethlon will need to raise a substantial amount of cash, enter into partnering arrangements or score additional valuable contracts/grants in order to complete the recently announced U.S. safety study and to be able to maintain operations for the longer-term. Nonetheless, we believe management's recent progress should not be marginalized.

On the operational side, AEMD now has another potentially significant iron in the fire with its Exosome Sciences business. In late 2013 Exosome Sciences was resumed and a lab opened in New Jersey where that business is working from. The recent relatively large capital raise provided initial funding to commence work at the lab. Initially this is expected to focus on exosomes' role in cancer diagnosis. We met with Jim Joyce at the JP Morgan healthcare conference in San Francisco in January and came away encouraged that the Exosome Sciences team has already made progress in advancing their lead diagnostic ELLSA assay. With research on exosomes still in its

infancy, AEMD clearly sees a real opportunity with the potential to be at the cusp of research and a leading knowledge base in the role that exosomes play in the progression of cancer.

And while we do not currently model a contribution from the Exosome Sciences business, we do view this has possessing potential upside to AEMD's core business, particularly over the longer-term. We will update our model to incorporate a contribution from Exosome Sciences depending on its progression and when there's more insight into likelihood and timing of revenue generation.

Relative to Hemopurifier AEMD remains focused on not only the HCV opportunity but also sees real potential with cancer secreted exosomes and other areas, including for bioterror agents and pathogens. Aethlon also remains encouraged that there is a potential opportunity for use of Hemopurifier therapy for compassionate use.

We have updated our model for Q3 results and made minor changes as a result of the decrease in DARPA budget related to contract years 3,4 and 5.

Exosome Sciences

In September AEMD announced the launch of Exosome Sciences, a subsidiary that the company had previously formed to pursue other exosome-related applications for their technology. Exosome Sciences (EIS) was created in 2009 by AEMD as a consequence of the company's research related to the development of Hemopurifier. In order to test the device's effectiveness, Aethlon needed a high-sensitivity tool to measure the presence and changes of exosome levels in the body. EIS, a wholly-owned subsidiary of Aethlon, developed an Enzyme Linked Lectin Specific Assay (ELLSA) that can identify and quantify the presence of exosomes in bodily fluids, including blood, which are present with HIV, tuberculosis and a variety of cancers including ovarian, melanoma, breast, lymphoma, and colorectal. Since then, however, with management's focus trained on the DARPA grants and clinical and commercialization activities related to Hemopurifier, EIS remained essentially dormant.

In September the company announced that EIS would be revived and subsequently announced the opening of a new lab in Monmouth Junction, NJ where EIS is now based. EIS will investigate exosomes' role in the progression of cancer and infectious diseases with initial involvement including commercialization of the ELLSA based assays. It will also build on the research already done in these areas including that done by leading universities and AEMD's own researchers into areas such as cancer-secreted exosomes and the progression of various cancers including breast, melanoma, ovarian and colorectal.

To lead this effort, AEMD brought on the husband and wife team of Dr. Cicek Gercel-Taylor and Dr. Douglas Taylor, both considered leading experts in the field of exosomes. Gercel-Taylor was appointed to the position of Clinical Research Director of EIS and Douglas Taylor to the position of Chief Scientific Office of EIS.

Using DCF To Value AEMD

Since initiating coverage of Aethlon Medical back in March 2012 we listed several risks and concerns, some of which we felt precluded us from assigning a reasonable value on the company. Among the greatest concerns, which we felt had the potential to essentially stop the company in its tracks, were AEMD's outstanding and non-performing debt as well as the real uncertainty of whether FDA would ever green-light the company to run U.S. human trials. And while the debt issue remains an overhang, we feel that the company's success in continuing to raise financing (particularly financing that is subordinate to the debt) and ongoing progress with converting some debt to equity, provides us much more comfort that their still tattered balance sheet can continue to meaningfully improve. We also view, as we explain below, the IDE approval as major positive and while this does not necessarily get the company substantially closer to eventual U.S. commercialization, it removes the most near-term hurdle that AEMD had to clear for that to happen and one that had it not happened, in our opinion could have doomed the company.

For those reasons, since our July 17th update we have used a discounted cash flow model to value the company as we now feel the company's future is less uncertain (or near-term risks are at least meaningfully mitigated). We continue to expect somewhat insignificant revenue in the near-to-mid term, largely from the DARPA contract and the subcontract with Battelle. We also think there may be a small revenue contribution from compassionate use of Hemopurifier in India. But, as we noted recently, a favorable decision by the FDA on the IDE application to begin U.S. studies would potentially provide some upside to our current financial estimates over the longer term. Following the FDA green-lighting the human study, we built a 10-year DCF model through fiscal 2024. AEMD continues to make meaningful progress with de-risking including cleaning up the balance sheet, raising additional operating capital and diversifying revenue sources (the most recent of which could come from EIS), including the Battelle contract (which we view as positive from both a revenue standpoint and a vote of confidence in AEMD's technoloogy), which is reflected in the slight change in our discount rate from 15% to 14%. We note, however, that

meaningful risk will likely remain for some time given the potentially lengthy runway until AEMD begins to generate meaningful commercial sales, which we still believe is contingent on launching Hemopurifier in the U.S. Based on our current DCF model AEMD is valued at about $0.20/share. We are maintaining our Neutral recommendation. We feel that continued progress in hitting operational and financial milestones would provide additional de-risking and potentially further upside to the value of the company.

Hemopurifier FDA Approved Human Study

After a years-long quest, Aethlon Medical (AEMD) cleared what we view as a major milestone, announcing in late June that they received IDE approval to initiate a human feasibility study with Hemopurifier. Whether FDA would approve an IDE was an ongoing question in our mind and, given that such an approval would be required as a first step towards potential U.S. commercialization (where we believe the bulk of potential opportunity lies) of the device, was something that could have been highly detrimental to AEMD had FDA denied the IDE request.

As a reminder, in early January 2013 AEMD announced that they submitted an IDE to the FDA seeking approval to commence a 10-patient safety and effectiveness feasibility study of Hemopurifier. Included in the submission was data from the recent and ongoing studies at hospitals in India as well as HCV capture data, the latter which that the FDA had requested at a pre-IDE meeting in 2011. Then in late-March, following response from FDA which included comments and study design considerations, AEMD resubmitted the IDE.

FDA subsequently communicated that they were withholding clearance of the IDE until AEMD addressed the agency's safety concern, namely that the company detail their training and monitoring procedures for heparinization - the anticoagulant used during dialysis and with the Hemopurifier. AEMD noted in early May that they were gathering the requested information and expected to have it submitted to FDA in the coming week (i.e. - by mid-May). Given this recent news of the approved IDE, FDA's safety concerns have clearly been satisfied.

The feasibility study will enroll 10 end stage renal disease patients infected with HCV to demonstrate safety of Hemopurifier therapy. The patients, which must not have received any HCV drug therapy for at least the preceding 30 days, will receive three treatments of standard dialysis in the first week (i.e. - control phase), followed by a total of six dialysis treatments using Hemopurifier over the next two weeks. The rate of adverse events during the control and Hemopurifier treatments will be compared. Viral load changes will also be measured in order to provide an indication of efficacy. AEMD also notes that they may also collect HCV capture data (another efficacy metric with positive results in trials in India and which FDA had previously indicated interest in). AEMD had previously announced that the study was expected to be conducted by the Renal Research Institute, a partnership between Fresenius Medical Care (FMS), a leader in dialysis products and services, and Beth Israel Medical Center in NYC. AEMD is now in the process of preparing for the study.

Assuming positive results, the expectation is this will lead to larger U.S. studies to support an eventual FDA approval filing. And while we do not expect U.S. commercialization to be a near-term event, IDE approval to conduct human studies is a huge positive, meaningful hurdle that's now cleared and significantly increases the likelihood of initiation of larger studies to support an eventual FDA filing.

In mid-October AEMD announced that they expect to begin manufacturing the Hemopurifier in the coming weeks which will be used in the FDA approved study and further noted that they now have a processing technique that optimizes the ability of the affinity agent in the device to bind to blood borne viruses and pathogens. AEMD's prior timeline was for manufacturing to be completed by the end of calendar 2013 with patient treatment to begin in Q1 2014. These timelines have likely been pushed back however.

Cancer / Infectious Disease Presentation

Dr. Annette Marleau, AEMD's Director of Tumor Immunology, made a poster presentation titled, "Extracorporeal Exosome Removal: A Therapeutic Strategy to Address an Evolutionary Survival Mechanism Shared by Cancer and Infectious Viral Pathogens" in April at the 2013 International Society of Extracellular Vesicles conference in Boston.

The presentation addressed cancer-secreted exosomes and the role these exosomes play in cancer progression. Aethlon's Hemopurifier directly targets exosomes in infectious diseases and is also being investigated to target cancer-secreted exosomes, something that current cancer drugs fail to sufficiently address. Pre-clinical studies with the Hemopurifier have shown that it can capture exosomes of various cancers including breast, melanoma, ovarian and colorectal.

While cancer currently remains somewhat of a back-burner application for AEMD, the company has been fairly active in pursuing additional research into the role Hemopurifier could play in cancer therapy. Aethlon's focus with cancer had until recently been mostly in the treatment of HER2 breast cancer, although they are also seriously

looking at other cancers including melanoma, ovarian, colorectal and lymphoma as they believe their device could also have potential utility with targeting different pathogens and with treating other types of tumors. In particular and based on recent research, melanoma may hold promise for treatment with the Hemopurifier which Aethlon may also pursue in the near future. Furthering AEMD's quest towards application of Hemopurifier in treatment of cancers, in October 2012 the company announced that a U.S. patent was issued to them entitled "Extracorporeal Removal of Microvesicular Particles" which gives AEMD the exclusive right to remove immune suppressive microvesicular particles, which include but are not limited to exosomes from the circulation of treated patients.

Relative to melanoma Aethlon noted in a press release in June 2012 that based on findings from a study led by Cornell University and published in the (online version) journal *Nature*, that the company may pursue a melanoma treatment study that has been proposed by a (unnamed) U.S. cancer research institute.

The Cornell study found that exosomes released by melanoma cancer cells facilitated the spread of the disease throughout the body and to other organs and bones. There was also a predictive relationship between exosome levels and severity of cancer with late-stage (IV) patients presenting with much greater exosomes levels compared to earlier stage patients. This indicates that removal of exosomes from circulation could reduce progression of the deleterious effects of melanoma to other parts of the body and potentially improve patient outcomes. Aethlon has previously demonstrated in pre-clinical testing that their Hemopurifier can capture exosomes from patients with late stage melanoma.

Melanoma, the incidence of which is growing rapidly, is the most deadly form of skin cancer, accounting for approximately 4% of all skin cancer cases. Melanoma can be lethal, especially if it penetrates the lowest skin layer and enters the lymph system. Statistics show that five-year survivability is as high as 97% if melanoma if diagnosed and treated at its earliest stage (IA) but this drops precipitously as the disease progresses. As such, a device that could effectively treat these late-stage melanoma patients would have massive appeal, not just in the U.S. but worldwide.

As a melanoma study is still in the early proposal stage and Aethlon remains focused on the near-term opportunities with HCV and the DARPA contract, management does not currently have a timeline when a melanoma or other cancer study may commence. This proposed melanoma study could potentially speed Aethlon's cancer program along, although still likely to be more of a back-burner application as Aethlon pursues their near-term endeavors. Nonetheless, we view this as a positive development, potentially offering another opportunity for Aethlon and their Hemopurifier.

In September 2012 AEMD made a presentation at the MD Anderson Cancer Center in Houston entitled, "The extracorporeal removal of tumor-secreted exosomes: An adjunct strategy to reverse immune suppression and inhibit metastases in melanoma". The presentation focused on the potential of the Hemopurifier to be combined with chemo and immunotherapies as a strategy to improve melanoma treatment outcomes.

Battelle Subcontract

In mid-April AEMD announced that they have been selected as a subcontractor by Battelle Memorial Institute under Battelle's $22.8 million systems integrator contract with DARPA related to the sepsis DLT program. The systems integrator is responsible for integrating the various component technologies developed under the DLT program by the various participating organizations, including AEMD. The contract could last as long as four years. Aethlon and NxStage are the two subcontractors which will work with Battelle to design, develop and test a mobile device to be used to treat sepsis in wounded warfighters. The device could potentially also be used with civilian patients. AEMD's focus under this contract is to develop and distribute the blood separation component technologies for the system. We view AEMD being chosen as one of the key subcontractors as a significant vote of confidence in their technology. The contract will pay AEMD on a cost (time and materials) plus margin basis so the total that AEMD will eventually bill will not be known until their work is completed. AEMD began work on this subcontract in early April and through fiscal Q3 (ending 9/30/2013) received a total of $108k under this subcontract.

AEMD's Bioterror Program Potentially Revitalized

Another somewhat back-burner application for AEMD's technology has been bioterrorism. Earlier in vivo studies conducted by Aethlon and in conjunction with other organizations, including the Centers for Disease Control and Prevention (CDC), have shown the Hemopurifier was able to rapidly clear viral particles and remove glycoproteins in cell cultures fluids. Pre-clinical studies have shown success with the capture of several Category A (i.e. most serious) pathogens including the Ebola virus, Dengue virus, Lassa virus, West Nile virus, Monkeypox virus, H5N1 Avian flu virus and the H1N1 Swine flu virus.

Aethlon, in collaboration with the United States Army Medical Research Institute for Infectious Diseases (USAMRIID) and other organizations, have worked in the past to validate Hemopurifier for use against Category A threats. Studies have yet to move forward, however - possibly as enrolling for a trial with Ebola infected patients would present serious challenges. As a result, Aethlon's bioterror program had been in somewhat of a holding pattern.

AEMD's bioterror program could potentially be revitalized, however, and sparked by renewed federal funding for bioterror countermeasures (including medical countermeasures) through the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2013. The CBO estimates that $11 billion will be spent on PAHPRA from 2014 to 2018. Included in the scope of the program is countermeasures against the new strains of bird flu. Given Hemopurifier's success in pre-clinical studies in capturing the H5N1 Avian flu virus and the H1N1 Swine flu virus, AEMD may be in a solid position to pursue any grant funding targeting the new strains of bird flu.

APPENDIX

Milestones Related to DARPA Year-1 Contract

Milestone 2.2.1.1 – Write requirements definition for the extracorporeal blood purification system and acquire necessary equipment with a milestone payment of $358,284. Management considers this milestone to be substantive as it was not dependent on the passage of time nor was it based solely on another party's efforts. We worked on this concept for a number of months beginning with a presentation to DARPA in late 2010. We subsequently filed for IP protection on certain of the key concepts in March 2011 and our management visited selected potential vendors to work out many of the details in the summer of 2011 before we were awarded the contract on September 30, 2011. We ordered the breadboard device from one of our vendors before the milestone payment was made. We designed the breadboard prototype and then presented the design to DARPA in order to achieve the milestone.

Milestone 2.2.1.2 -- Fabricate breadboard prototypes for anticoagulation-free anti-sepsis extracorporeal system (ASEPSYS) device. Fabricate prototype blood tubing sets. Acquire anti-thrombogenic surface modified hollow fiber plasma separators with a milestone payment $183,367. Management considers this milestone to be substantive as it was not dependent on the passage of time nor was it based solely on another party's efforts. The consideration for this milestone covers the cost of having the breadboard prototype developed to our specifications, hiring an engineer to supervise the project, acquiring specially coated cartridges and associated overhead. The report was accepted by the contracting officer's representative and the invoice was submitted thereafter.

Milestone 2.2.2.1 – Begin to develop the ADAPT device to efficiently capture sepsis precursors and acquire important equipment and supplies with a milestone payment of $426,424. Management considers this milestone to be substantive as it was not dependent on the passage of time nor was it based solely on another party's efforts. It was critically important to obtain certain pieces of lab equipment as early as possible after winning the contract in order to measure the binding ability of sepsis precursors. We demonstrated that we were able to capture one of the identified possible sepsis precursors as part of our submission for approval. The consideration was also designed to cover the salaries of new and existing scientists, lab space, materials as well as fringe and corporate overhead.

Milestone 2.2.2.2 - Perform initial screening of the different proposed capture agents by measuring binding affinity and kinetics using surface plasmon resonance (SPR) or biolayer surface interferometry (BLI) with a milestone payment amount of $216,747. Management considers this milestone to be substantive as it was not dependent on the passage of time nor was it based solely on another party's efforts. We demonstrated that we were able to capture several of the identified possible sepsis precursors as part of our submission for approval. The consideration was also designed to cover the salaries of new and existing scientists, lab space, materials as well as fringe and corporate overhead. The report was accepted by the contracting officer's representative and the invoice was submitted thereafter. DARPA made the milestone payment in full.

Milestone 2.2.1.3 - Assemble and test breadboard ASEPSYS devices. Evaluate the use of different techniques and approaches to eliminating anticoagulants. The milestone payment amount was $183,367. Management considers this milestone to be substantive as it was not dependent on the passage of time nor was it based solely on another party's efforts. The consideration for this milestone covers the cost of assembling and testing the breadboard prototype that we had developed to our specifications, hiring an engineer to supervise the project, testing specially coated cartridges and associated overhead. The report was accepted by the contracting officer's representative and the invoice was submitted thereafter. The report was accepted by the contracting officer's representative and the invoice was submitted thereafter. DARPA made the milestone payment in full.

Milestone 2.2.2.3 - Perform preliminary quantitative real time PCR to measure viral load, and specific DNA or RNA targets. The milestone payment was $216,747. Management considers this milestone to be substantive as it was not dependent on the passage of time nor was it based solely on another party's efforts. We demonstrated that we were able to measure viral load of one or more targets

as part of our submission for approval. The report was accepted by the contracting officer's representative and the invoice was submitted thereafter.

Milestone 2.2.1.4 - Obtain all necessary IRB documentation and obtain both institutional and Government approval in accordance with IRB documentation submission guidance prior to conducting human or animal testing. The milestone payment was $183,367. Management considers this milestone to be substantive as it was not dependent on the passage of time nor was it based solely on another party's efforts. We obtained all of the required documentation from both institutional and Government authorities. The report was accepted by the contracting officer's representative and the invoice was submitted thereafter.

Milestone M2 – Target capture > 50% in 24 hours for at least one target in blood or blood components. The milestone payment was $216,747. Management considers this milestone to be substantive as it was not dependent on the passage of time nor was it based solely on another party's efforts. We demonstrated that we were able to capture > 50% in 24 hours of one of the agreed targets in blood or blood components. The report was accepted by the contracting officer's representative and the invoice was submitted thereafter.

Milestones Related to DARPA Year-2 Contract

Milestone 2.3.3.1 – Build the ADAPT capture cartridges with the identified affinity agents. Measure the rate of capture of the specific targets from in ex vivo recirculation experiments from cell culture and blood. The milestone payment was $208,781. Management considers this milestone to be substantive as it was not dependent on the passage of time nor was it based solely on another party's efforts. We demonstrated that we were able build the ADAPT capture cartridges with the identified affinity agents and to measure the rate of capture of the specific targets from in ex vivo recirculation experiments from cell culture and blood. The report was accepted by the contracting officer's representative and the invoice was submitted thereafter.

Milestone 2.3.2.1 – Demonstrate the effectiveness of the prototype device in vivo in animals preventing platelet activation or clotting in at least a 2 hour blood pumping experiment at 75 mL/min blood flow. The milestone payment amount was $195,581. Management considers this milestone to be substantive as it was not dependent on the passage of time nor was it based solely on another party's efforts. The prototype device was successfully used in vivo in animals preventing platelet activation or clotting in at least a 2 hour blood pumping experiment at 75 mL/min blood flow. The report was accepted by the contracting officer's representative and the invoice was submitted thereafter.

Milestone M4 – Target capture > 50% in 24 hours for at least 5 targets in blood or blood components. The milestone payment was $208,781. Management considers this milestone to be substantive as it was not dependent on the passage of time nor was it based solely on another party's efforts. We demonstrated that we were able to capture > 50% in 24 hours for at least 5 of the agreed targets in blood or blood components. The report was accepted by the contracting officer's representative and the invoice was submitted thereafter.

Milestone 2.3.2.2 – Formulate initial design based on work from previous phase. Begin to build and test selected instrument design and tubing sets. The milestone payment amount was $195,581. Management considers this milestone to be substantive as it was not dependent on the passage of time nor was it based solely on another party's efforts. We demonstrated that we had begun to build and test selected instrument design and tubing sets. The report was accepted by the contracting officer's representative and the invoice was submitted thereafter.

Milestone 2.3.2.2 – Write and test software and conduct ergonomic research. Begin discussions with the systems integrator. The milestone payment was $195,581. Management considers this milestone to be substantive as it was not dependent on the passage of time nor was it based solely on another party's efforts. We obtained wrote and tested software and conducted ergonomic research and began discussions with the systems integrator. The report was accepted by the contracting officer's representative and the invoice was submitted thereafter.

Milestone 2.3.3.2 – Cartridge construction with optimized affinity matrix design for each potential target. Complete the capture agent screening. The milestone payment was $208,781. Management considers this milestone to be substantive as it was not dependent on the passage of time nor was it based solely on another party's efforts. We completed the cartridge construction with optimized affinity matrix design for each potential target and completed the capture agent screening. The report was accepted by the contracting officer's representative and the invoice was submitted thereafter.

Milestone M5 – Target capture > 90% in 24 hours for at least three targets in blood or blood components. The milestone payment was $208,781. Management considers this milestone to be substantive as it was not dependent on the passage of time nor was it based solely on another party's efforts. We demonstrated that we were able to capture > 90% in 24 hours for at least

three of the agreed targets in blood or blood components. The report was accepted by the contracting officer's representative and the invoice was submitted thereafter.

PROJECTED INCOME STATMENT

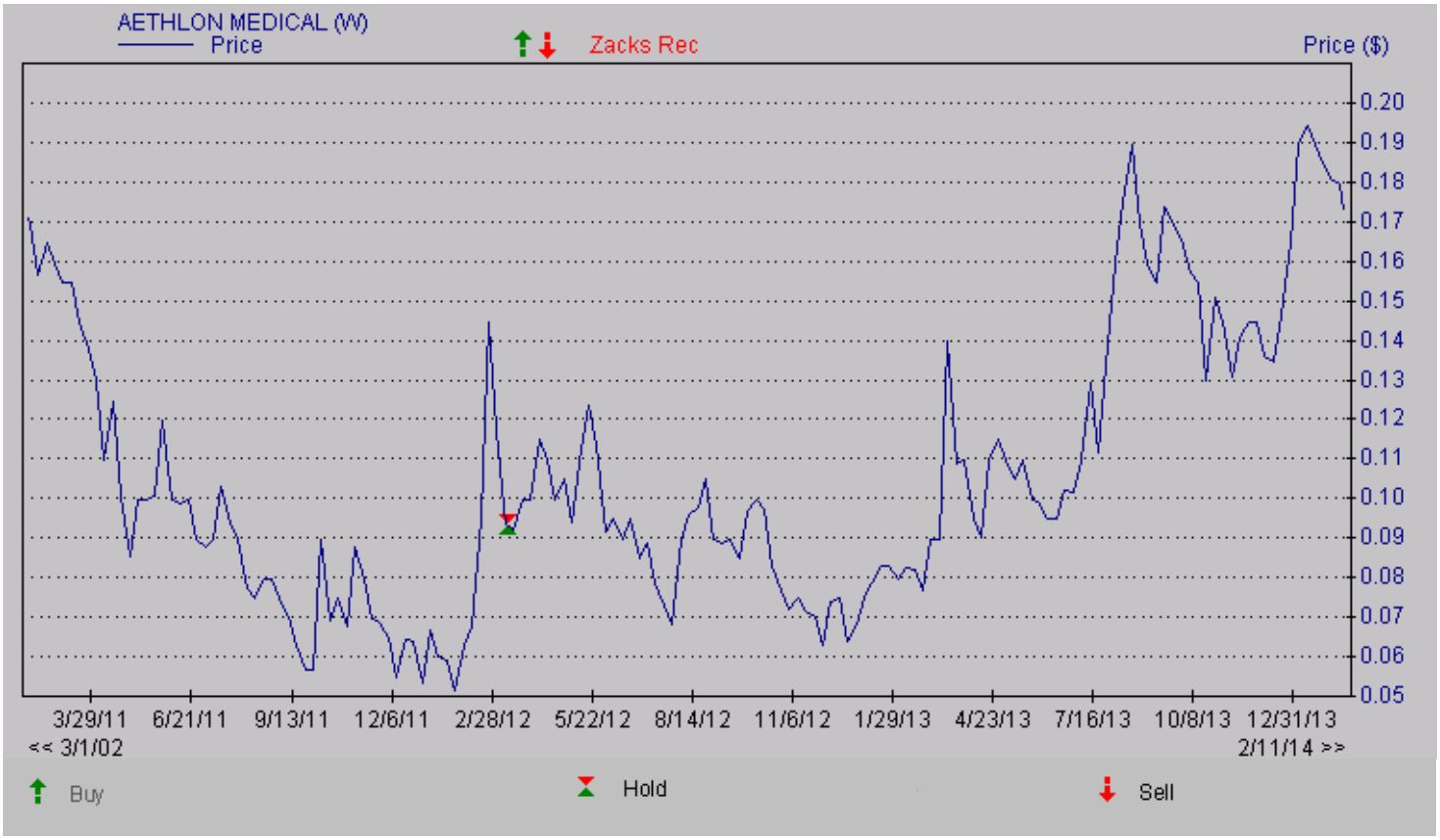
Aethlon Medical, Inc.

	2011 A	2012 A	Q1 A	Q2 A	Q3 A	Q4 A	2013 A	Q1 A	Q2 A	Q3 A	Q4 E	2014 E	2015 E
Revenue	$0.0	$1,359.6	$216.7	$400.1	$208.8	$404.4	$1,230.0	$195.6	$644.9	$76.3	$478.0	$1,404.8	$1,884.0
YOY Growth	-	-	-		*-78.2%*	*0.7%*	*-9.5%*	*-9.8%*	*61.2%*	*-63.4%*	*18.2%*	*14.2%*	*34.1%*
Cost of Goods Sold	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$5.0	$5.0	$65.0
Gross Income	$0.0	$1,359.6	$216.7	$400.1	$208.8	$404.4	$1,230.0	$195.6	$644.9	$76.3	$473.0	$1,399.8	$1,819.0
Gross Margin	-	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*99.0%*	*99.6%*	*96.5%*
SG&A	$4,117.1	$3,385.0	$915.7	$839.8	$774.4	$835.4	$3,365.4	$641.5	$581.1	$766.3	$635.0	$2,623.8	$3,800.0
% SG&A	-	*249.0%*	*422.5%*	*209.9%*	*370.9%*	*206.6%*	*273.6%*	*328.0%*	*90.1%*	*1004.1%*	*132.8%*	*186.8%*	*201.7%*
R&D	$440.0	$1,089.0	$291.9	$360.1	$371.2	$416.8	$1,440.0	$337.9	$293.6	$542.4	$625.0	$1,798.9	$2,500.0
% R&D	-	*80.1%*	*134.7%*	*90.0%*	*177.8%*	*103.1%*	*117.1%*	*172.8%*	*45.5%*	*710.7%*	*130.8%*	*128.1%*	*132.7%*
Impairment	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
Operating Income	($4,557.1)	($3,114.3)	($990.8)	($799.8)	($936.8)	($847.9)	($3,575.4)	($783.8)	($229.8)	($1,232.3)	($787.0)	($3,022.9)	($4,481.0)
Operating Margin	-	-	-	-	-	-	-	-	-	-	-	-	-
Loss on extinguishment of debt	$3,306.3	$77.3	$0.0	$71.1	$26.7	$42.0	$139.8	$22.8	$17.5	$0.0	$65.0	$105.3	$250.0
(Gain)/ loss on derivative liability	($6,079.8)	$766.9	($687.6)	$326.1	($1,384.3)	$1,790.4	$44.7	($609.1)	$2,992.0	($78.2)	$0.0	$2,304.7	$0.0
Interest (income), net	$3,927.7	$3,792.7	$688.6	$224.3	$106.8	$87.5	$1,107.1	$106.0	$110.4	$113.4	$105.0	$434.9	$375.0
Other expense	$0.0	$360.2	$25.0	$0.0	$0.0	$0.0	$25.0	$0.0	$0.0	$1,000.0	$0.0	$1,000.0	$0.0
Pre-Tax Income	($5,711.4)	($8,111.4)	($1,016.8)	($1,421.3)	$313.9	($2,767.9)	($4,892.0)	($303.5)	($3,349.7)	($2,267.6)	($957.0)	($6,867.8)	($5,106.0)
Taxes (benefit)	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
Tax Rate	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*
Net Income	($5,711.4)	($8,111.4)	($1,016.8)	($1,421.3)	$313.9	($2,767.9)	($4,892.0)	($303.5)	($3,349.7)	($2,304.7)	($957.0)	($6,867.8)	($5,106.0)
Net Margin	-	-	-	-	-	-	-	-	-	-	-	-	*-271.0%*
EPS	($0.08)	($0.08)	($0.01)	($0.01)	$0.00	($0.02)	($0.03)	($0.00)	($0.02)	($0.01)	($0.00)	($0.04)	($0.02)
YOY Growth	-	-	*-72.7%*		*-136.9%*	*-58.6%*	*-58.9%*	*-78.6%*	*81.7%*	*-688.2%*	*-72.7%*	*8.3%*	*-41.3%*
Diluted Shares O/ S	69,611	101,766	126,316	144,701	158,759	167,119	149,224	176,222	187,644	198,153	212,000	193,505	245,000

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