Operator: Good day, everyone, and welcome to today's program. At this time, all participants are in a listen-only mode. Later, you will have the opportunity to ask questions during the Question & Answer session. You may register to ask a question at any time by pressing the * and 1 on your Touchtone phone and remove yourself from the queue by pressing the # key. Please note today's call is being recorded.

It is now my pleasure to turn the conference over to Anthony Crisci. Please go ahead.

Anthony: Hello, everyone. Forward-looking statements included in this presentation are made pursuant to the Safe Harbor provisions of the Privacy, Securities, Litigation Reform Act of 1995. These statements relate to future events, or to our future financial performance and involve known and unknown risks, uncertainties and other factors that may cause our actual results, levels of activities, performance or achievements to be materially different from any future results, levels of activity, performance or achievements expressed or implied by these forward-looking statements.

In some cases, you can identify forward-looking statements by the use of words such as "may", "could", "expect", "intend", "plan", "seek", "anticipate", "believe", "estimate", "predict", "potential" or "continue", or the negative of these terms or other comparable terminology.

You should not place undue reliance on forward-looking statements because they involve known and unknown risks, uncertainties and other factors that are in some cases beyond our control, and that could materially affect actual results, levels of activity, performance or achievements. A more detailed description of these and other risks and uncertainties may be found in our annual report on Form 10-K and other public filings with the Securities and Exchange Commission. If any of these results or uncertainties materialize, or if our underlying assumptions prove to be incorrect, actual results may vary significantly from what we projected.

And, any forward-looking statements you read in this presentation reflect our current views with respect to future events and are subject to these and other risks, uncertainties and assumptions relating to our obligations, operations, results of operations, growth strategy and liquidity. We assume no obligation to publicly update or revise these forward-looking statements for any reason, whether as a result of new information, future events or otherwise.

Now, I'd like to turn over the call to Joe Moscato, President and Chief Executive Officer of Generex Biotechnology Corporation.

Joe: Thank you, Anthony. I would just like to preface the call first... we're going to stick to a pretty regimented call in regards to... just new things. We've gone through all the stuff that we've done in the past and what we're working on;

so, this call is really about all the new stuff, and then really for everybody to ask questions, because we get lots and lots of calls on a lot of different initiatives, and we're here to answer all those questions. So, we're going to get into the new stuff.

Good morning. I'd like to welcome and thank all of you for attending this morning's conference call. Today, we would cover the NuGenerex Immuno-Oncology spin-out and go-public strategy, our NASDAQ listing, and where we are in the listing process. The 1:1 dividend we are scheduled to pay at the end of this month, our highly-anticipated ALTuCELL acquisition, and today take a deep look into the science and the huge opportunity this acquisition is to Generex's go-forward diabetic strategy and beyond, and the value it brings to Generex's shareholders; as well as a brief snapshot of our value-adding, revenue-generating acquisitions we are in the process of additionally making, as well as a quick update on our Arizona operations as it pertains to our partnerships with two large patient-centered clinics, with our ophthalmology, podiatry, neurology, and pharmacy businesses within these clinics, our Arizona MSO, and our HMO we are building around the clinics with our partnering doctors and their patient populations.

And then we will open up to Questions & Answers format--this is probably the most important part of today's meeting. I know everyone has a lot of questions and we are more than happy to answer all the questions to clarify all Generex initiatives.

I would like to now move to our discussion of NuGenerex Immuno-Oncology spin-out. As you may have read today's press release, we have now secured a merger with a public company. The merger is scheduled to close on or around the end of November. There is much legal work and auditing work needed to bring NGIO public and its shares trading publicly. Our attorneys are preparing all the regulatory and legal documents, and necessary files. Once these documents are complete, NGIO would be public. We would immediately file a Reg A offering and receive all the necessary documentation to offer our shareholders a right to offer. We have discussed doing a right to offer with the shareholders; a lot of shareholders have called and asked for us to do a rights offering, and it's come up on many of the other conference calls that we've gotten. So, we've decided to rights to offering with NuGenerex Immuno-Oncology to Generex's shareholders.

The right to offer would be offered to our shareholders a very appealing and beneficial rate, with the proceeds to be used for operations, clinical trials, and immediately comply with the NASDAQ listing. Not only would Generex shareholders benefit from the dividend we paid in February of this year, as well as reap the benefits of special prices from a rights offering and the added value it would bring to Generex and its ownership of NGIO stock, and the value it would bring to its balance sheet and its stock value. Details would be

announced in the coming weeks about the merger, NGIO's stock trading, and the shareholder rights to offer.

I'd like to move to our NASDAQ listing. The process and application is ongoing. The next important piece to getting our listing is our 10-K to be filed. Why is this important? It's important because the NASDAQ has to verify two major listing requirements: one is shareholder equity and two, is assets under management. Our last K was hugely deficient in these two areas. For example, we were -43 million--negative--shareholder equity last quarter--last year on our K. This quarter that just passed, we were +13.5 million--more than enough for compliance; as well as our assets under management, more than enough to comply with the NASDAQ listing.

But the NASDAQ does not go by quarterly reviews, they go by K--K to K. So, it's important they review our case once it files; we're working diligently on getting that K done so it can be reviewed.

The K is not due until the end of this month, but we are trying to get that done as quickly as possible for the review. Within days our K being filed, Generex, along with its investment bank, will file its Form S-1. This would be important in removing Generex's going concern, which is another NASDAQ listing requirement. I'd like to add there is no way to know how long our listing process would take once these key components are completed and verified by NASDAQ, and what additional information or questions NASDAQ may have for us. But today, we've had no red flags or concerns about the process or what's needed to list on the NASDAQ, and I'm very optimistic this would become a reality in the near-term future.

I would like now to talk about Generex 1:1 scheduled dividend. Generex is happy to report that shareholders will receive the dividend at the end of this month. If that date of payment changes due to pending regulatory approval or scheduling issues, we would notify Generex shareholders immediately as _____ [00:08:56] make this available. Please remember this is a large dividend format, so that means you must hold your stock up through the ex date to receive your dividend. The reverse goes if you sell your shares before the ex date is over, your dividend travels with those sold shares and is given to the buyer. Also, if you buy shares up through the ex date, you would receive the dividend by the seller of those shares you bought.

Let me add that myself, the Generex team, and the board of directors, couldn't be happy this dividend will be paid to shareholders as we continue to build value in our stock and company. Congratulations, everyone.

I would like to introduce Richard Purcell, Executive Vice President, Research & Development, to discuss our next acquisition, ALTuCELL. ALTuCELL is a real winner and game-changer for Generex and its future. It's important for

our shareholders to understand the science, its patents, and the opportunity and value that this asset would bring to Generex and shareholders. Rich?

Richard: Thanks, Joe. I'm Rich Purcell, I'm the Executive Vice President, Research & Development here Generex. And we're continuing our strategy to build value for our shareholders through strategic acquisition, and this acquisition of ALTuCELL is a great example of our strategic focus on building value. We are finalizing our acquisition agreement with ALTuCELL and their CEO, Gary Harlem, who I'll introduce in a minute.

But to put this into perspective, on September 3, there was a press release from a company called Semma Therapeutics. It said "Vertex to acquire Semma Therapeutics with the goal of developing curative cell-based treatments for Type 1 diabetes," and Semma was acquired for $950 million in cash. And their entire platform is a production process for pancreatic islet cells, and a microcapsule for encapsulating those cells.

Well, ALTuCELL is in that space too, but ALTuCELL has a superior cell encapsulation technology and an advanced IP portfolio. They have a patent for microcapsules--which they call "Altucaps"--they are also purified microcapsules for cell encapsulation and that ultra-purification process enables them to completely eliminate anatoxins which makes the capsules toxicity-free. The microcapsules provide this environment to promote cell growth, and viability, and function, and they have long and deep publications and manuscripts that have shown that cell viability and cell function continues for years of implantation. These microcapsules also prevent the immune system from re-injecting the encapsulated cells... _____ [00:12:14] that ALTuCELL has come up with using these microencapsulated cells for implantation into laparoscopic surgery, forming pouches in the membrane that lines the abdominal cavity so they can be retrieved. This is a process that was developed by Wake Forest University.

And by implanting these cells, they've shown five years of human data for implanted data islet cells. This is far beyond what Semma has done--they're only in animals right now. And ALTuCELL's five years of implanted data with human islets.

They also have a very strong translational program in diabetes for both encapsulation stem cells and Sertoli cells which are developmental cells that send signals... and just like stem cells, Sertoli cells secrete cellular signals that can regenerate islet function and restore immune balance.

So, you see that they've got an IP portfolio that has microencapsulation of Sertoli cells and stem cell therapies for the prevention and treatment of autoimmune and inflammatory diseases, including Type 1 diabetes, and with this strong translational research program and five years of human implantation data without any fibrosis, without any toxicity, we feel like

we're at an advanced stage to move this potential cure for Type 1 diabetes into the clinics here in the United States and advance this through the FDA in a rapid, accelerated development process. The first human clinical trials are starting for the Sertoli cells in a population that has Laron's disease, which is a dwarfism--it's a pediatric orphan disease. So, we'll have pediatric orphan with Laron syndrome, and that will be demonstrated in this first human trial that's starting right now. And we'll be moving into the US with both Sertoli cells and--excuse me, microencapsulated stem cell therapies within the coming months.

And I'd also like to introduce Gary Harlem, the CEO of ALTuCELL. He's a got a wonderful story and we're so happy to have Gary in as our partner. So, maybe, Gary, give the audience a little bit of a background of yourself and how your work has led to Generex here.

Gary: Thank you, Richard. I think you summed it up pretty good. Yeah, my story is pretty novel and unique, I have to say. I came out of the nutraceutical field of about 30 years, so I was big on helping people with health and well-being.

Unfortunately, I had the misfortune, like many others, of having a son that was diagnosed with Type 1 diabetes at the age of about 11 years old. He's now 24. So, I made it a lifelong mission to travel the world applying what I felt was a cutting-edge and novel, but unique type of technology to get to the promised land.

I selectively chose a group from Italy-- the University of Perugia--because they had a vast amount of experience in stem cell work and encapsulation technology of about 35 years. So, that really basically intrigued me into traveling the globe and seeing a lot of the me-too type stuff out there, and subsequently, I realized that these guys had something that was as far as--from the field out there--was a vast amount of experience in the area of microencapsulation.

So, fast-forward the situation, I took over the rights to the technology, we globally developed IP property rights as Richard just alluded to, and we basically starting scaling up the technology. Many animal models have been transplanted with the procedure, and we're now prepared to go with the clinical trials. And one of the caveats of what we developed is, as Richard mentioned about the Laron study, which is a form of an orphan disease. So, it was a vehicle that we were able to use a proof of concept model in humans to bring over to the FDA, to put us more in the fast track to show the safety net of the cocktail. We know that the cocktail is very, very powerful, very effective, and for obvious reasons, it can't be soon enough to bring it to the promised land.

What really intrigued me and attracted me to Generex people, is that they developed a niche type of portfolio that seems to be very synergistic to our

goals and objectives. So that being the case, we're excited coming on board with Generex, and the fact that they recognize what we call the golden apple here, that we have this wonderful opportunity now to scale up and move in a more expeditious manner which we feel the foremost leaders of the pack right now, is led by our Chief Science Officer and Inventor, Dr. Riccardo Calafiori, who has probably published close to 200 peer-reviewed publications and is world-renowned and recognized in the field of encapsulation technology and cell-based technology.

So, that being the case, we're really excited. Obviously, there's many people suffering out there to the tune of over 400 million people, with some form of diabetes, and we couldn't think of a more opportune situation, especially with the connections that Generex has in this space, and having these new acquisitions with clinical setting of an environment [ph] that we believe will be a complement to where we're going and we hope to get there real soon, and we think this is going to be a game-changer.

Richard: Gary, thanks a lot. And you mentioned the Arizona Clinics--the clinics that we're putting together here with endocrinologists--we have 65,000 diabetics patients--and 25,000 are insulin-dependent. So, with our partnerships, with our MSL, we're providing ophthalmology services, podiatry services, et cetera.

We also have a population to run our clinical research trials, and we've announced that we'll be forming a diabetes center for research excellence in conjunction with our partners out there at the diabetes clinics. And bringing technologies like this and like our Oral-Lyn-2, which are reformulated Oral-Lyn products, which really have two sprays at mealtime to control glucose. These populations give us rapid patient recruitment for clinical trials, incorporated data from electronic medical records as well, so we have real-world data, and its opportunities to focus on diabetes and the treatment and potential cure of diabetes--both Type 1 and Type 2--with our population of diabetic patients is really exciting.

So, it all fits with our strategy of providing end-to-end solutions from discovery, to development, to distribution, right to our partners, and doctors, and patients who would be able to benefit from our mission.

So, I'll turn this back over to Joe now. Thanks a lot.

Joe: Thanks, Rich. Thanks, Gary. I really appreciate it. So, there you have it, everybody. ALTuCELL is our next big acquisition, we're highly confident in this acquisition, the science is, bar none, we're well ahead of everybody in this space. And again, having human data--and having five years' human data--as far an edge goes a long way.

So, we are looking at other acquisitions that are quite promising, we're always looking for specific fits into all of our platforms, and we're quite excited about one or two that we're in the process of additionally making, that would be announced over the next couple of weeks, as well as building out our podiatry, our neurology, our pharmacy, as well as ophthalmology in those two mass clinics in Arizona where they have such high patient populations, where those doctors--our partners--control those patients' lives. So, where most businesses have to go out and market, and get patients, we have a ready-made captive patients and business. So, it's a great fit for us... the great thing is we'll be able to start an MSL that'll lead into an HMO around our doctor partners, as well as utilize their patient populations to fulfill an MSO/HMO.

So, we're really excited about the future. We wanted to make this short and sweet, but this call is really about answering questions about all our initiatives because we get so many of them. So, I'm going to open this call up now to questions and answers. But stay tuned, we have a lot of exciting stuff coming down the pipe, and I look forward to answering everyone's questions.

So, please.

Operator: Great. Thank you. [Operator Instructions] And we'll talk our first question from Gerome Bauer. Please go ahead, your line is open.

[Technical Difficulty]

And once again, if you'd like to ask your question, please press * and 1 and Touchtone telephone. Meanwhile, we'll move to Emily Lee. Please go ahead, your line is open.

Emily: Hi, Joe.

Joe: Hi, Emily. How are you?

Emily: Good. I have a few questions. So, the first question is does CNBC [?] know if the price per share would be automatically adjusted at the time of the dividend? Meaning how would the PPS be adjusted? Because, sometimes, when the dividends get distributed... for example, the last time, the 20:1 dividend, it was divided by 20. So, now, I know that the restricted shares are not getting the dividend. So, I was just wondering how the PPS would be adjusted.

Joe: That's a good question. I don't know... we're an OTC company, so things are much different on the OTC than they are on the major exchange where we're looking to list. So, I was quite surprised when I retired 21 million shares, and doing a great thing for our shareholders--and the company--that the exchange will allow us to lose over $60 million in market cap. So, nothing was adjusted them. I don't know--I know we were auto-adjusted when we did the 20:1, I

don't know how they're going to handle 1:1. But that's a good question. I just don't know.

Emily: Is there a way to be able to find out or to be able to talk to the market makers to make sure they don't divide it in half?

Joe: I'm not sure that's up to a market maker, I believe it's up to FINRA, and FINRA has to approve the dividend. And so, I believe they do the ordering to the brokers on what treatment the 1:1 dividend will be and things like that. So, again, I don't know; I guess when we have the application and go through the process of the dividend, we'll find out more about how they'll treat it.

Emily: I see. So, that brings me to another question because... obviously, when the dividend gets distributed, there's a possibility they would adjust the price, right? So, if they adjust the price to half, or less than half--I mean more than half, because let's say they take the ratio, which now is going to be... _____ [00:26:49] is 29 million, right? So, are you going to distributing 29 million shares and then total earning is 44? So, if they adjust it according to the number of additional shares, that's going to be divided, then it's not going to be half.

So, in any case, the price per share would be adjusted down...

Joe: Again, I don't know.

Emily: Okay. But, anyway, after the dividend--I assume some people will sell, so that's going to take down the price.

Joe: I mean I would think we're pretty low right now, and with the kind of companies that we've acquired, with the kind of value that these companies bring into the future. I mean, I certainly don't want to be 2, or 3, or $4 stock into the future; the whole point of getting into the NASDAQ stock exchange, is to get all things that a big exchange gives, which is liquidity--we should go up about five to ten times more on liquidity. Then we'll have analyst coverage--we don't have analyst coverage down on the OTC.

So, companies need analyst coverage, and that's the differentiator hugely and that normally drives stock prices in addition that additional liquidity... stockbrokers are able to recommend your stock, they're not allowed to recommend OTC companies. So, there are many, many, many differentiators getting to major exchange, that increase value. I'm certainly not in this to get to a $3 stock, and I believe that all the things that we've been acquiring, just on their own initiatives, are 10, 20, $40 stocks.

So, currently, our goal here is not to 2 or $3 stock. So, I'm not even thinking what stock is going to go to a 2 from the dividend, I'm thinking about the

future and all of the great stuff that we have, that will drive this price and make us a major company.

So, I guess if you're looking at the short-term perspective and as a trade, then I guess you'd be concerned about $1, $2, $3. But for me, I'm not even thinking on those small lines, I'm thinking about building a large company that would be reflected in the stock price into the future.

Emily: Well, of course. I mean I have total faith in you and your company, and what you guys are doing--I mean, what you guys have accomplished has just been nothing but amazing, and I'm a big fan. My concern is more we need to meet the $2-requirement...

Joe: Yeah, we'll meet the $2 requirement, we're positive of that. We've now been trading... I believe it's just over 90 days now; we're getting to the 90-day period where, as part of the requirement for $2, you have to trade 90 consecutive days over $2 and close it over $2. So, I believe that we either we've hit that requirement right now or we're past it. Obviously, we need to continue on staying above $2, but yes we're highly positive that we met all the requirements necessary to get our listing.

But again, I don't see a problem with what our go-forward plans and anything whatsoever... red flag about getting to a NASDAQ listing. So, we're quite confident we'll get there.

Emily: What sort of timeframe do you think we'll be uplisted?

Joe: Well, like I said in my opening statement, it is necessary that we... our application is sent to NASDAQ. So, NASDAQ, the way that NASDAQ operates is there are checkboxes, and they go down and they check all those boxes based on all company requirements. So, one of those requirements is shareholder meetings; we're having our shareholder meeting this month to comply with that as far as what threshold that they require. We need to file out K, our annual report, and that is very, very important because that's the only way the exchange verifies, in a full audit, your shareholder equity, which, to take a look at our last Q, we were over 13.5 million-plus. But unfortunately, last year--we were starting out--we were -43 million. So, they have to go by the K to verify that we're well above the threshold or criteria that's necessary for listing.

So, shareholder equity is in the bag, and then access to the management. So, we need that K to come out; once that comes out, those other two checkboxes are checked, and we'll just did both of those.

Emily: Yes, I understand that. My question was... I guess my concern is it seems like there are some things that need to be done before the uplisting. So, I'm concerned that if the dividend comes before the uplisting, then the price is

going to be adjusted. And then, would we still meet that $2? So, that's my concern. Because the dividend seems--I know you mentioned there's possibilities it might be late or something, but...

Joe: We've stayed above $2 for close to 90 days now, I don't see us going below 90--we can, I don't control the market, unfortunately. And again, I don't know what the exchange is going to do on the dividend when it's paid. So, we'll find that out.

Emily: I guess my questions is: is the dividend going to come before the uplisting or is the dividend going to come after the uplisting? I mean, I think that makes a difference as to what the PPS is.

Joe: We have 15 days left in this month, so our whole finance team is working on getting this K done. The K is not due until the end of the month, but we're trying to get it done as quickly as possible so that NASDAQ can review those two categories. But our hope would be that we can get it done as soon as possible. But again, auditors, I don't control auditors, auditors are independent and we need our auditors to be independent, so there's nothing I can do to rush them.

Emily: Well, of course, I understand. My concern was what if the dividend comes before the uplisting, and before the uplisting gets approved and then price gets adjusted, and then how are we going to make sure that the price is $2 or above? That's my concern.

Joe: Well, it hasn't been one of mine; you just put that in my head. So, thank you.

Emily: I'm sorry, I just... if the uplisting comes before the dividend, that's possible. But if the dividend comes before the uplisting, I guess it's a concern--to me.

Operator: Thank you. [Operator Instructions] Meanwhile, we'll move to Jeff Malloy. Please go ahead, your line is open.

Jeff: Yeah. Kind of to follow up on her question, I think she was saying, Joe, is that if the dividend comes before the uplifting, and if the price of the stock is less than... the dividend comes and the stock gets cut to say $1.40 or whatever, and NASDAQ requires that the stock be at $2 per share, how would that affect the uplisting?

Joe: Well, again, the application goes in and it's a checkbox situation. So, it's 90 days of $2 consecutively... it's, I believe, ten days at $3 consecutively, and I believe five days consecutively at $4. So, the stuff that we have going on, we're hugely undervalued right now. So, I don't know. I haven't been looking at negatives as it pertains to what we've been doing only because we haven't sold on anything we've done today, we've only been executing... and Jesus, we're up over 3000 percent in one year.

So, I haven't been thinking in terms of my plans not working out, because they've all worked out so far. That's not to say that the company can't go wrong, but to be honest with you, I haven't thought at all about that, whatsoever, because we've been executing and everything that we plan has been going according to that plan.

Now, if we were to drop on the $2, that doesn't mean that the application is over; it's just that checkbox that we need to adhere to. The application doesn't stop because one of the checkboxes doesn't get done--it's an open application, stays open, and as soon as you comply with all those checkboxes, you get listed.

Jeff: And then as a follow-up, concerning the 10-K--I know that... you said that there weren't any red flags which is great and wonderful--do you have--based on the timeline, do you have any idea of when--and I know that you have until the end of the month--do you have any idea of the timeline of how soon that it would be actually submitted to NASDAQ? I know NASDAQ has their timeline of when they're going to look at it and review it, and then get back with you. But a timeline of when it will actually get submitted to NASDAQ?

Joe: It's not about being submitted, the application is in. You don't run down there and say, "Here's my K, it's going to be filed." So, they'll review it as soon as it comes out. I'm sure _____ [00:38:59], our advisors will be on top of the NASDAQ when it does come out.

And again, we're trying... we're working diligently on getting that K done. We have to--Generex is a very complicated company now. We have at least six auditing firms that have to with our financials each and every quarter and our year-end. We've acquired so many companies this year, they all came with their own auditors... and just for the S-1, for example, I have to get auditor approval for an S-1 from all of those audit firms. So, it's not like I'm dealing with just one auditing firm--which I am for the overall Generex company--but there are other hurdles that just make a mountain of work for us each quarter.

Of course, I have all the different outside entities we need to complete our filings, Ks, Qs, and then, of course, the legal that goes along with it. So, there's no way of me knowing... will they have questions from the filing? Probably. Maybe. I don't know. But they will be able to verify the two things that are most important, which is our shareholder equity and our assets under management. So, I would hope that they would review that very quickly since those are one of the two last pieces we need.

Jeff: Okay. Thank you.

Joe: My pleasure.

Operator: Thank you. [Operator Instructions] We do have a question from Bryan Murphy. Please go ahead.

Bryan: Good morning, Joe. How are you, sir?

Joe: Doing fine. How are you, sir?

Bryan: I'm doing very well. I've never sold a share of your stock; I own quite a lot and everyone's been asking questions about price, price, price, price. Number one, come on people out there, let's ask about the company. These guys are busting their butts getting together, turning things over... stop wasting Joe's time. Joe, you are so patient, this is just silly. [Chuckles]

Quick question: tell me that with the way the market is collapsing with no federal regulation, that the company has dropped any plans to get the to the cannabis industry, please.

Joe: Well, it's an area that is interesting to us. I mean we're... a good of Generex's management team are drug developers. I'm all about day-to-day data, there's not a lot of folks out there doing day-to-day data in this space. And I have my own beliefs as to why not?

So, if there's an opportunity that presented itself and it's legal, and it adheres to compliance, we would look at it. But we have no immediate plans to get into any kind of cannabis-related drug therapy or medical types of therapies--at this point.

Bryan: Excellent. I appreciate all that you've done. And come on, people out there, let's ask some business questions. Let's go. Thanks, Joe.

Joe: Thank you, buddy. Thank you.

Operator: [Operator Instructions] Meanwhile, we'll move to Steve Fraser. Please go ahead, your line is open.

Steve: Hey, Joe. How are you?

Joe: Hey, Steve. How are you?

Steve: I'm doing alright. Yes, you guys have been doing a lot of things, and that is awesome. You've got so many pans on the fire there. Regarding the NGIO right offering, so any idea, after the rights offering is completed, what percentage of NGIO Generex's main corporation will maintain control of?

Joe: Well, we'll always control--we'll always try to make at least 51 percent, so this way... that asset is on our books as far as, is it the stock, which would be phenomenal for Generex's shareholders. Antigen is doing such a great job

right now, we're already... we're dosing patients on our trial right now with Keytruda with Merck, that's going quite well, as well as a bunch of other areas that we're looking at.

I got a contract on my desk yesterday from an investment bank to do a rights offering, they want me to review that--which I will in the coming days, and to get with them as to what that offering is going to look like. But I'm really happy that we'll be able to do a rights offering, especially since it's come up many times in the past, and I do get calls all the time from shareholders that would love to participate in the rights offering.

So, our goal would be to design one that's going to be advantageous to our shareholders, is going to give them value similar to what we've been doing at Generex, and at a great multiple for them, and be treated like a fund would be treated to get very, very positive discounts and rate to the offering.

Steve: Okay. So, is that right offering then, since you mentioned during your commentary, initially, the rights offering will provide capital structure for NGIO? So, will that rights offering come before the end of November for the possible uplisting you're looking at?

Operator: Well, my preference would be to do it simultaneous to the listing and the stock trading. But again, I have to speak to legal on that as well as come up with the best path for a rights offering with the investment bank that, at least, that specialize rights offering. So, I really need to... that's just so new that we haven't yet devised a--

Steve: Are you able to tell us who the investment banker is?

Joe: Investments banks don't like you when you tell who you're dealing with. I mean Generex has an investment bank, it's a top-tier bank... I have to ask permission to use their name, just like when I get a phrase below our sign, "We've used one the biggest and best." I couldn't use their names unless I've paid the $50,000 to use their name.

Steve: That was many, many years ago, and that appraisal [?] was around, what... it was 300 million? Is that still effective or do you think it's--obviously, we think it's a lot higher than and I could see it come a lot farther along--we have a lot more things that are underneath--Antigen at this point, especially with the ALTuCELL that you're going to incorporate--that's going to be incorporated into the NGIO, right?

Joe: No, ALTuCELL will be on Generex. And then obviously, ALTuCELL will get our oral and assets for Type 2, which has been reformulated, and that we will get back into the clinic. But first and foremost, see the FDA on what we could utilize from all those past trials, hopefully on safety and on efficacy _____ [00:47:04] for Type 2s instead of Type 1s.

Steve: Okay. So, what kind of value are you thinking NGIO has at this point? Are you getting another assessment done, another appraisal done that will be released? Or do you have a value in mind with the reverse merger and the listing?

Joe: Certainly, Generex is putting tens upon tens upon tens of millions of dollars into Antigen. So, there's a value on the money that we've put into the company, as well as we have looked into rekindling the appraisals on the platforms that we had done before. As you mentioned, it was... I believe over 300 million just on breast cancer. It is a platform technology with the IIT platform.

So, right now, we've reached out to appraisal companies that just do pharma, and that's going to help us establish pricing for when the company is public come towards the end of November. So, that's a play of our initiatives, get something like that done to establish what the value of Antigen is.

And then there are set parameters, partnerships with Big Pharma, where you are in the clinic, that all is part of how you value especially immunotherapy assets.

Steve: And now, I have a question about the MSO. I know you had to kind of turn it off or slow it down while you cleaned up some things, and then you turned it back on. Is that running full steam at this point, and are we going into some additional states at this point? I think the last count was five, maybe six states... how is that going along?

Joe: No. Right now, we've been focusing on the NASDAQ listing and our S-1... raising money as an OTC company is never a pretty thing. So, to raise the money necessary for what the next year needs would be, we'd much rather do that as a NASDAQ company and moving into a NASDAQ listing. That's what we've been doing. So, we've been focusing our assets right now, and our capital into getting that NASDAQ listing, and doing all the appropriate legal and other works. So, we're in a better position to raise money at much better rates. And what we are doing is... right now, we're going to be closing on a very large loan. That loan is non-dilutive, it's to build out our Arizona operations. We have a partner that would be funding that, but it's not a stock type of a deal, it's a regular loan based on business, that's going into those markets. Non-dilutive, non-toxic fundraising is what we're most concerned about, and that's what we're not doing.

Steve: But are some revenue is being generated at this point, I think I mean some things just are picking up as normal, correct?

Joe: Oh, yeah, there's plenty of revenue coming; ALTuCELL is doing quite nicely on revenues, they have new products that are coming out as well--with high

demand. But the K is almost out, so you'll get the full picture of where we are as per the financials real soon.

Steve: Okay. I saw the wound closures with Excellegen, and I mean that's awesome, the wound closure pictures--I mean the pictures tell a thousand words, so that looks like an excellent process. And how are we coming along on manufacturing that product? Is there... what of time lag is it to grow that product or develop it to be able to be resold to help people?

Joe: There's always a time lag for manufacturing. But right now, we're still in the launch, right? So, let's put it like this--Rich Purcell could probably add to this... but you have to give out a lot, a lot of products, as far as samples, to doctors, institutions, to wound clinics, to hospitals, for them to go through their process of testing the product on patients before they actually start ordering and you start making money.

Steve: Good point.

Joe: So, we've gone through a lot of that already, and now everything has just really picked up and so have the costs of that. So, Rich, maybe you can add a little to that on the process.

Richard: Sure. Happy to, Joe. The first batch of products was made in the 0.8cc syringe, and they were distributed to hospitals and the VA, where the value-add committees--the VAT committees--evaluating the products to see if it'll go into surgical units, and this is where in the hospital, these units are using Excellegen for surgeries and for diabetics, put in all sorts of venous leg ulcers, for various treatments with 17 different wounds that Excellegen can be used for as cleared by the FDA.

So, there's a whole process that goes on in using this in a surgical suite under a DRG. And that's what's going on. We just launched a 3cc syringe, and now there's 0.5, 0.8, and 3 cc syringes, and they're all available, and they're being sold now, and there's an uptake in the market apparently right now. It's being distributed through McKesson, and we just signed another agreement with a distributor specializing in the VA, and they're under a federal supply contract, so they're an FFF supplier, and that should open up the VA to further distribution going forward.

So, we're really excited about the use of it; we've got very good feedback from the market. To date, we've got some great anecdotal evidence, and the SAWC just ended up where the whole team from all the regions has been out, and actually _____ [00:53:44] would be on the call right now, otherwise, he'd be on the plane coming back from SAWC.

But _____ [00:54:07] presented Excellegen data--the SAWC is the wound convention that was just held in Las Vegas. And there's a manuscript that's

just published as well. So, we're really excited about the efficacy... obviously, the safety is clear--it's a Collagen product, there are no safety issues whatsoever, and the efficacy is wonderful. We're getting great feedback from the physicians who are getting use out of it in the VAT Committee reviews, and we have private practitioners who can use the gel in the office to treat diabetic foot ulcers in office instead of sending everybody to a wound clinic every time.

So, I think there's a whole lot of--

Steve: That brings up a few questions. The three questions would be--again, not being a scientist, you said 0.5, 0.8, and 3cc syringes. So, the first question would be like what size of wounds does that treat? The second question then would be, are you able to share a cost structure as far as what it's being sold for? But I guess you probably don't want to do that for a couple competitions.

Richard: There's a couple of things here. There is a very easy answer on the coverage: the reason that it's sold in three different sizes, is to eliminate waste. One of the problems with the current cellular and tissue therapy products is that they come in sheets--they're tissue sheets; they have to be cut to the size of the wound, and you throw the rest away. So, these are thousands of dollars they cost.

Steve: Yeah, it's a frozen product versus our refrigerated product.

Richard: Right, and our products last for two months in the refrigerator--their products have to be thrown away after seven days. But it's not even about the competitors here, it's more about us and keeping the price of a cellular tissue therapy specific to what that patient needs. So, if you have a 30 square centimeter wound, that's a 3 cc syringe; an 8 square centimeter wound is a 0.8 cc. So, the square centimeter is defined by the size, and you can make mix match--it's all priced under linear pricing too, and you can get that pricing from the _____ [00:56:45] physician.

Joe: I'll give you one example of how. So, we sent the product to one hospital--they wanted samples--and one of the doctors had a patient that was scheduled for amputation. The wounds were hugely...

Richard: They venous leg ulcers and wounds that were open and wouldn't heal.

Joe: Yeah, and they wouldn't heal. And so, the doctor said, "Before I go in for an amputation, let's try this product out on him." He applied the product multiple, multiple times, now the patient kept his leg complete from the knee down, is walking around on it, it's vascular again, and all the wounds are closed up. So, the product has been far exceeding our expectations on even more tragic wounds it is working on.

Steve: That's awesome. I mean I guess Rich answered my question. I was curious as to a 3 cc size, and he mentioned it's 30 cm...

Richard: 30 square centimeters of 3 cc.

Steve: Okay, so that gives an idea of how much. Now, one last question for you, Rich, then, let's say we're totally out, how long does it take to manufacture--

Richard: Who's out? Who's out of what?

Steve: Well, I'm saying let's say you're totally out of product. [Laughter] [Crosstalking]

Richard: No, there's no question of being out. If we run out, everybody is going to be very happy. If we run out of all the products we've made, everybody would be very happy.

Steve: Sure. Well, as I said, I'm just trying to figure out, to make a 3 cc, it takes us a month--

Richard: Yeah, it's like market research. No, everything is on target for our manufacturing.

Steve: Alright. Thank you, Rich. Joe, I have one more question for you, and... not to beat a dead horse, I know Emily and the other gentlemen kind of brought it up. I know you did the 21--almost 21 million shares that you retired and we didn't, obviously, get the price change that we thought we'd get. Right now, FINRA is showing the 1:1 dividend that we're going to give at the end of the month as a two-for-one stock split. And I know that's not right...

Joe: Let me just say one thing: everyone makes mistakes--even exchanges. Not all data is exact. Look at the message boards. There are people that just get on message boards short stocks, they work for shorters, they don't own anything. So, the whole industry is littered with misinformation, that's why we enjoy doing conference calls as much as possible, and for people to ask questions as much as possible.

We don't even field our questions; most companies will know what the questions are before they get together. We don't believe in that; we believe in answering everything. So, again, I'm not in control of what an exchange has on their website, but if it's a 1:1 dividend, dividends are completely different than forward splits. Now, if the exchange treats you as if it's a forward split because they don't typically handle dividends, that's a different story. But with dividends, there is no _____ [01:01:11] number, there is no new cost basis for the shareholder, the cost basis is the same. So, forward split, the cost basis is not the same, it's additional income. So, it is--the dividend is completely different than a forward split, but...

Steve: I understand your education, and then letting us all know that. However, it still doesn't... [Crosstalking] Let me finish, Joe. Let me finish, Joe.

Joe: Steve, it's really simple. Nobody on the planet--and that's the problem with OTC companies--management teams are loaded with stock--I just gave back 21 million shares to the benefit of the shareholders, so the CEO doesn't have that kind of control. But what we do, is we do what's right for shareholders, what we do is what's right for the value of our stock. So, again, I can't control what the exchange does and how they mark something. All I can do is what's best for the shareholders. But right now, you're looking at a CEO that had no control over no shares whatsoever. And that's the way it should be.

Steve: But again, you did a tremendous thing to finally give that back to the shareholders--and you still did. I mean the value is still there because those shares are gone, and [Crosstalking] the NASDAQ to be there.

Joe: There are other huge values as to why I retired those shares. There is no apprehension in the market, investors don't want CEOs sitting more stock with them, it's perverted and it's piggery [?]. Like I said from Day 1, when I finish my plan, get back to NASDAQ, and finish this company, that's when I expect to be compensated--handsomely at that point, but not until then.

Steve: And you deserve it. I mean what you've done with this company is phenomenal in a year. Oh, I know it's been longer than a year, but the effective price movement has been over the past year. So, my only concern and point, Joe, is that I know you have no control over what the exchange is or what market-makers, or anyone does. However, hopefully, they are made aware that this is not being applied to the restrictive shares, it's only being applied to the unrestricted shares, so it's not going to be--so, if they do make an adjustment--an automatic adjustment, it's not a 2:1... kind of like the 21:1 a year ago, almost. So, that the price now gets, as Emily says, all of a sudden, the price gets down to $1 and we have issues moving up to NASDAQ, if this is done before the NASDAQ uplist.

Joe: Any of those issues that were done, that happened the last time we did the dividend--the first one--were rectified and were cleaned up by those entities that had made those errors. So, again, I'm not in charge or responsible for every single thing that's outside of Generex... things happen. All we can do is do our best at making sure that what we set out to do as far as corporate initiatives get followed, and that's what we do. So, it's a 1:1 dividend, we're on top of it, and we are sure that it'll be treated that way. The waivers that we have from insiders as well as outsiders, acquisitions, funds that we raise money with, insiders--all those waivers are accounted for at the transfer agent, they are logged, and those shares do not come with the dividend.

So, we've done what's necessary to ensure the dividend gets paid to only the float members that have stock, and we believe, with the retirement of the

shares ahead of time--which we just did--as well as the dividend getting done, we're going to be far under that 69 million original offer that is given.

So, my belief is that we'll be about 60 million total after everything is done, but then...

Steve: How is that though, if we get 29 million unrestricted, would we be generating 29 million at 58 million right there of total shares?

Joe: No, it's not 29. There are shares in that that don't have to do that. They may be unrestricted, but they don't have to do that.

Steve: Okay, then that makes it a 24 million number there. I think there's another number in there, 24 million.

Joe: About 24, 25 million would get a dividend. That would be around it. And I've been called and asked this question multiple, multiple times. When I originally came out with the 69 million number, approximately, that was six months ago--five months ago. So, the company is not stagnant, we've been doing a lot of things. We paid off an old debt from the founding management team of $3.1 million... I paid that. So, this way, it's not on our balance sheet anymore. It's a great thing because it goes towards our shareholder equity, which now even goes up even more substantially.

So, we've cleaned those types of things up, we've acquired many other things since I came out with the original 69 million-ish. So, we're a fluid business that, day by day, things change. And I'm a firm believer in value in is value out. And you may not get that value out right now as an OTC company, but when we get to an exchange, that value would be recognized and these assets will excel as well as get to the next level to build value in the stock.

Steve: Right. And just the Generex's ownership of NGIO would be worth... if we even use just a $300 million number from the breast cancer many, many, many years ago, you're talking about 150-plus million of Generex ownership of NGIO, which is almost twice our market cap now.

Joe: That's the full plan. So, when spin that out, that's public, Generex ownership well above 51 percent, we'll most assuredly make our balance sheet look hugely well.

Steve: Hey, one last question about the trial being down with Keytruda. Is there... I see other companies when they announce their joint trials they're doing with Merck, they get Merck's name in there with a symbol, so it kind of pops up on Merck's radar as well, as far as for Merck's investors. I know you have not done that, I know you probably have to get permission. I mean is there a reason that Merck wouldn't allow you to attach them to a PR about that?

Joe: That, we just haven't asked them. No reason why we wouldn't ask them. But we're just in the beginning throes of that trial...

Steve: But you would think they'd be excited about it too. I mean, obviously, they're doing the trial and providing you with Keytruda.

Joe: We provided Merck's name in the first press release about the first patient enrolled. So, we don't want to keep going back to Merck every time we... [Crosstalking] No, there's no reason for that.

Steve: Yeah, but if you don't have the stock symbol in there, it doesn't automatically get attached to their news feeds for people who are just following [Crosstalking], that's all I was saying.

Joe: No, you have to go through a process to get that; you have to go through a department to get permission to utilize their symbol, and then get it in writing, and then send it to wherever you're utilizing in the three news services. So, either business wires, PR newswires, or Globe--the ones we use--you have to provide a document that states that you can use their symbol. We just haven't asked for that.

Steve: If it was me--and I mean I don't know the process, don't know the cost, don't know whatever--but is there's any way they'd get their symbol and it pops up on other news feeds as Merck news, that would be awesome. Unless you just don't want that attention right this second for various reasons. Meaning that somebody else who might be negative, doing something bad to short-circuit things, that's all.

Anyway, Joe, great job.

Joe: Listen, I'm a firm believer in one thing: we get some good data, and that data is as good as what we've had in the past and triple-negative. Now, with the PD-1 inhibitor, Keytruda, if it holds up the way it has in the past, there's no question we'll be using their symbol.

Steve: Awesome. Okay, Joe and team, great job, keep up the good work. Sorry I took so much of your time, and this is... other companies don't give this much time to Q&A for regular shareholders, so you guys are doing a great thing by allowing that, and keep doing it going forward. Thank you.

Joe: Thanks, Steve. Thanks for calling in, Buddy.

Operator: Thank you. And next, we'll move to Scott Mann. Please go ahead, your line is open.

Scott: Hey, Joe. Thanks again for your time and all your efforts. One quick question to follow up on that last session there. Are you saying that the steady state,

including shares that were put out recently for purchases and debt payment will be 60, or did that not include--was that only including the split--sorry, the dividend?

Joe: Well, the shares with the dividend should be about 60, but then we've also issued more shares that those people have weighted dividends or acquisitions such as ALTuCELL, as well as taking care of old debt like that $3.1 million debt that stood on our balance sheet for... Jesus... ten years?

But again, every share we've given out now all has a waiver where they don't get the dividend.

Scott: And so are you thinking we'll still be in that 69 to 73 range short-term? Or lower than that?

Joe: Yeah, I don't see it being more than 73. No, absolutely not. I think we'll be far below that. And again, we got all the necessary waivers that we needed from folks to waive the dividend. The business is fluid... day by day, it changes. And to keep up with those changes, we use our biggest asset right now, which is our stock. Now, unfortunately, to raise money with stocks to get horrible terms is something that we...

Scott: [Crosstalking] Yeah, that wasn't really my question. I just wanted to confirm. I thought that you were saying we're going to end up at 60, which was significantly below. So, we're still looking at somewhere in the upper 60s range... that's all I wanted to confirm.

Joe: I'm going below--originally, I said 69 million, right? And that was about five or six months ago. We'll be significantly lower than that without the new stuff we've given out. Without the new stuff we've given out.

So, we are below what I originally said--much below. But then, we've given out more stock with waivers on new initiatives--again, because the business is fluid.

Scott: Sure. Thanks for that. So, my real question was regarding the Arizona... the diabetes operations. And, as with a lot of people on this line, I'm not a doctor or related to the medical field. Could you, or Rich, or Gary, maybe expound on how the process--the FDA--would accept such a captive audience? Because I've heard from doctors, some concern that maybe that wouldn't be accepted as a true patient group--

[Crosstalking]

Joe: Rich should answer that. He's been a drug developer for 30 years and knows all the ins and outs of the FDA. So, go ahead, Rich.

Richard: Thanks for telling everybody I'm old, Joe. [Chuckles] The captive audience allows us to get the patients in that specific area for Phase 2 trials done very quickly. When we go to Phase 3, you'll expand geographically, and we'll include others. And from our clinical advisory panel, I mean we have--and I think Gary can attest to this--one of the clear thought leaders ____ [01:16:04] advisory board right now is from Tufts University. And so, we've got a site at Tufts, we've got a site down there. These are academic sites that we've been working with throughout the time that we've spent in the diabetes field. We're having these many patients who do rapid patient recruitment for new technologies regardless of what they are--it's just an amazing opportunity that surely can be beneficial not just for our drugs, but we're working with pharmaceutical partners. This is all for patients and doctors.

So, we have doctors, we have researchers, we have patients who need new therapies, and we have the Center of Diabetes Research Excellence that we're establishing out there in the clinic. It's just one of many initiatives that we'll do for clinical development. And we'll always have out thought leaders as part of our clinical development process, that are developing protocols, and for guidance to the FDA, and for doing clinical trials at the academic sites. We know how to this, we've been doing this for a long time.

Scott: And as a patient and a captive audience, am I happy to be part of this ongoing...?

Richard: If you have Type 1 diabetes and I have a potential cure for you that's not going to pose a significant threat to your health, I think you'd be very happy to have early access to that. And if you go to the academic medical centers, why do people go there? Because they have access to the most current treatments. Why are the best cancer treatments done at the cancer centers? They have the most experience with the most up-to-date therapies, the most up-to-date protocols, they know what's going on five years before an FDA approves the product. So yeah, when you're a patient, you want to be treated by the best experts with the latest technology, sure.

Scott: Makes total sense to me, I just wanted to hear it from you guys, because as I say, I'm not involved in any way with any of this stuff. So, it feels good to hear it from you guys, and I'm totally pleased with everything that's happening. And Joe, if it comes to the point where the shareholders are going to have an input on your handsome compensation package going forward, I believe a lot of votes would go your way. So, thanks for all your efforts and keep us in the loop.

Joe: Thanks, buddy. I appreciate that.

Operator: Thank you. Next, we'll move to Barbara Arandesh [ph]. Go ahead, your line is open.

Barbara: Yes, hello. My name is Dr. Barbara Arandesh, I'm a pathologist who just recently retired after 36 years. I have seen with my own eyes, pancreas tissues that had no islet cells in them, and I'm just very excited to hear about your data on microencapsulation of beta islet cells. It's just extraordinary exciting and I really just wish you the best for that.

My question that I had has already been answered, so I just wanted to make that comment.

Joe: I appreciate that thought. And yeah, we're really excited about the technology. It's the best we've seen, and it poses a real cure for Type 1, so it's very exciting. And the most amazing thing that come with ALTuCELL is the patent portfolio. I mean, you're talking about a patent for all autoimmune disease as well as anti-inflammatory disease, is covered under these patents, which Gary did a fantastic job with putting together this portfolio. That, in itself, is worth huge, huge value. Everybody would have to come to us in those categories for licensing.

Barbara: I guess I just wanted to clarify: have you made the acquisition of ALTuCELL or is about to happen?

Joe: We're in the process of closing that transaction.

Barbara: Okay. And do they have an idea of when they might go into Phase 3 trials?

Joe: Gary, maybe you might want to answer all these. Gary is CEO of ALTuCELL.

Gary: One of the wonderful things that we do right now is, it's basically showing a proof-of-concept efficacy study, which we considered probably on the radar of being classified as, perhaps, the No. 1 guy in the world for IGF-1. So, our goal is to show the FDA the safety net of using our _____ [01:20:23] in cocktail in humans. And although it's a shortened duration in the amount of patients that have Laron syndrome, the safety net is really what we're looking to ascertain. But by the same token, we're going to probably get--we will get a 2:1 out of it, because we have shown that our technology stimulates serum IGF-1 growth factor. Basically, it's--I don't know if you understand what the stimulation of that is--that basically is a game-changer. Nobody, to my knowledge, has been able to show efficacy and stimulation of that, and our technology, that's full of peptides and growth factor, basically just that.

So, really, that coupled with the fact that we have somebody at Tufts University, he's actually--and Rich touched on it briefly--is Chairman of Neonatal Advisory Committee for FDA, Dr. Davis--he's bigger than life in my book. So, basically, the goal is to then catapult right over into clinical trial at Tuft, is one of the relationships over there as well, that has run multiple

centers for diabetes care using vitamin D and stuff in about 40 different clinics across the country.

So, we have our repertoire already set up and in place, so we're trying to move as expeditiously as possible--as you can appreciate, having a son with Type 1 diabetes... it can't be soon enough. But we believe that with the pathway we have and people like Rich Purcell that has a vast amount of experience in clinical settings, and also somebody our team as a shareholder, Dr. _____ [01:22:10], he has run over 300 trials with all the big pharmaceutical companies, so they're basically on the sidelines right now waiting to take a poke at this whole thing.

So, that being the case, we're very close to breaking this open and I think it's going to be more than exciting. And that's where we're at right now. There are some things that we really can't delve into too much right now, because we have a lot on the table right now, and also in collaboration with Wake Forest University.

We basically set the table for the FDA to satisfy them with retrievability, and the fact that we've already gone to human with a post-five-year follow-up of success with our encapsulation, as Joe Moscato made mention of earlier on in conversation. We think we have all the nuts and bolts--well, we do have all the nuts and bolts right now to basically really get more on a fast track right now, and hopefully take this to the promised land sooner than later.

Barbara: Well, I'm sure all of us are looking forward to that. Thanks very much.

Gary: Yeah, it's really exciting.

Operator: Thank you. Next, we'll move to Jeffery Warsa [ph]. Please go ahead, your line is open.

Jeffery: Hello, Joe.

Joe: How are you, sir?

Jeffery: I'm well. How are you?

Joe: Good. Thank you.

Jeffery: Thank you. I want to just want to give thanks. Your leadership, communication, and patience has been noted. I am not an astute investor, however, I did come across the stock, I did invest in it around early July. If things go as planned, is there someone on your team who could briefly explain what should happen as far as dividend is concerned? I'm sorry to beat a dead horse for you guys.

Joe: What do you mean by the dividend? Again, if you're asking what the calculation is going to end up being, I don't know what FINRA is going to order the brokers. So, again, I don't know. We'll find out in the coming days as we go to FINRA for the approval for the dividend. And then obviously, once they approve it, it'll be posted on their site. But again, I don't know how it's going to be treated or handled, and how it's going to reflect on the stock price at this point. It is completely different than the last one; the last one was 20:1, this one is a 1:1. So, I'm not quite sure how they're going to treat it.

Jeffery: But purchasing in July, if it goes as planned, get uplisted, everything about 2, it should split--or not split, it should double 1:1, we just don't know where our price is going to land is basically what you're saying.

Joe: Yeah, again, I don't know where it's going to end up. I mean, obviously, for a NASDAQ company, all the other floodgates open up. So, analyst coverage, which is something that we desperately need and want--that makes you a real company as far as being a company goes. So, recommendations by brokers are important... people who by an OTC right now have to go through a lot of hurdles to buy that stock with any brokers.

So, it's... a lot of it is unknown what's going to happen. I don't think a lot of companies do what we do--or have done what we've done, which is presenting shareholders with this. So, I just don't know.

Jeffery: Right. Well, hats off to you. I'm behind you guys, I'm keeping my money there. I appreciate your time today, and I'm looking forward to seeing what you guys do in the future. I know when you say it's complicated... maybe it's office complicated, but it sounds like you guys know what you're doing and you're getting it done, and that's what matters at the end of the day. So, great work, and thank you for your time today.

Joe: Thank you very much for calling in. I really appreciate it.

Operator: Thank you. Next, we'll move to Scott Mann. Please go ahead, your line is open.

Scott: Hey, Joe, I just wanted to circle back to the MFO, if I could, real quick. Could you confirm the number of states that we're currently in and give a new projection now that we're through some of the headaches as to where we would be and number of states, 12 months, 18 months, from say uplist date of--without giving an uplist date, but uplist plus 12 months or 18 months, where you think we'll be at this point?

Joe: Well, honestly, we plan on getting to as far as we can get. But to forecast that far out, we need to get to NASDAQ, we need to be able to raise the significant money to light up all our companies that we've acquired as well with their own products.

So, it's really important that we get listed. We have a plan in place, that plan, once we go fully funded, very, very, very modestly, would get us to 250-plus million in revenues our first year. So, the goal is to get to NASDAQ like I said, raise the capital that we need as a NASDAQ company that will allow us to really put that capital into all the varying areas to really make this company a huge enterprise.

So, doing it here is something I don't want to do... and we're sticking to a plan. The plan is... we have our pro forma in place, once we raise money to get rid of our going concern and be able to fund all our new initiatives, our old initiatives, and our future initiatives, you're looking at a company that's going to have significant, significant revenues.

So, all the pieces are in place, they're all parts of Generex. But as in anything... ____ [01:29:10] needs money to fully commercialize more; Regenesis needs to get into its ongoing clinical trials and be able to pay for those trials to get approval--get good data, which would move the needle significantly. We need to keep paying for our cancer trials, which will also bode very well once we get data, if the data is anywhere near as good as it used to be.

So, it's an ongoing process, the most important piece of that that process is our NASDAQ listing and our S-1 being filed immediately after. And then our investment bank would go to work and do the necessary money raises necessary to get everything lit up and to get to our pro forma, which modestly is, Year 1, well over $250 million. So, that would be a game-changer.

Scott: And would you say that... I don't want to get back into the NASDAQ issue, but do you see... what percentage do you see currently for the NGIO stock staying within Generex control and if that's above 51 percent--which I hope you'll always keep it as? Let's say you're keeping 60, would you see, if we had needs for money that came about, let's say, because we didn't get uplisted, for discussion purposes? Would you see that as an avenue of selling some of that additional stock in the future to fund some of the initiatives or where do you see the NGIO fitting in?

Joe: From the approximately 95 percent that we own today, there's a lot to give once that company is public. So, if we needed to sell stocks to not dilute our shareholders in our own entity, keeping at least 51 percent, then of course, we're going to do that. It's all going to be market-centric, where we are in the market, how liquidity is, what type of... the cost of money there is to raise money is so important.

So, if we have that at our disposal, we'll utilize it. But again, the goal would be exactly as you said, not give up that 51 percent--

Scott: Not give away the farm, yeah. But for people who are concerned with the NASDAQ listing in the short term, let's say we don't get uplisted here in the next few months, but NGIO since has had some success...

Joe: We certainly hope it's going to _____ [01:32:12] in a couple of months. I mean we're right there...

Scott: Yeah. But I'm just saying for discussion purposes, for people who are afraid that we'd dip below $2 for three days and it hits the fan, and "Oh, no, let's all sell...", I mean there are other avenues for cash that are becoming available that could help us re-bump back over that threshold and move forward. So, I'm just trying to quell the panic some people seem to have.

Joe: Oh, easily. Well, right now, we're revenuing in a few of our entities, there are huge valuation bumps in the entities that we have that are in the trials and getting data. So, for me, building this size of a company and continuing on building a larger enterprise, there are going to be so many different avenues of bringing capital in as well as increasing shareholder value.

So, whether a one-trick pony, a two-trick pony, or a three-trick pony, for me, we're building a large pharmaceutical company. That's what we're doing. So, if you take a look at any large pharmaceutical company, you have ten guys at the top, and then you have 20, 30, 40 divisions. In those divisions, you have management teams that are responsible for the P&L, they have great products, they have great services... but each quarter, they bring that P&L upstairs to the ten guys at the top, and they do the filings. Basically what we're doing. We're acquiring great management teams, either great products and great services that have great shots at getting commercialized, developed, and have future long-lasting sells that will build this company.

So, nothing different from that model. That's what we're doing. So, we'll continue to look at opportunities, we do have a few that we're quite confident we're going to close, one being a big OTC line… quite confident that we're going to be able to make that acquisition... that would give us huge revenue. Of course, all these products are well known; everyone knows the product. And we believe that that would be a great acquisition for us into the future--immediately as well as a bunch of others.

So, you just got to keep at the plan, and that's what we're doing. Execute, execute, execute in all the rest of the company.

Scott: Okay, Joe. I appreciate it. Thanks, again, for your time.

Joe: Thank you, buddy.

Operator: And at this time, we have no further questions.

Joe: Terrific. Well, I just like to thank everybody for calling in today. I really appreciate it. Hopefully, we cleared up a lot of questions that we're constantly getting by phone or that people may have. It's important for us to be as communicative as possible to our shareholder base; our most valuable asset is shareholder, we believe that firmly, that's why everything we do is shareholder-centric, and we'll continue to do that into the future.

So, I appreciate the call-ins, I appreciate everybody's time this morning, I thank you very much, and I look forward to what the future would bring not only to Generex, but to our shareholders into the future.

Thank you all.