This presentation includes forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. All statements regarding our expected future financial position, results of operations, cash flows, financing plans, business strategies, products and services, competitive positions, growth opportunities, plans and objectives of management for future operations, as well as statements that include words such as "anticipate," "if," "believe," "plan," "estimate," "expect," "intend," "may," "could," "should," "will," and other similar expressions are forward-looking statements. All forward-looking statements involve risks, uncertainties and contingencies, many of which are beyond our control, which may cause actual results, performance, or achievements to differ materially from anticipated results, performance, or achievements. Factors that may cause actual results to differ materially from those in the forward-looking statements include those set forth in our filings at www.sec.gov. We are under no obligation to (and expressly disclaim any such obligation to) update or alter our forward-looking statements, whether as a result of new information, future events or otherwise.
COMPANY OVERVIEW

INVO Bioscience is the developer of INVOcell™, a disruptive new fertility device and procedure. The INVOcell is the first intravaginal culture system, used for the incubation of eggs and sperm during fertilization and early embryo development, as an alternative to traditional in-vitro fertilization (IVF) and Intra Uterine Insemination (IUI).

- Revolutionary device and procedure provides natural, safe, effective and economical fertility treatment option.
- FDA clearance in November, 2015 through the De Novo pathway.
- Under Served Market - Only 1% of current market (150M infertile couples worldwide or $6.6B market) treated due primarily to cost and access.
- Currently available in 50 clinics in U.S. as well as Canada, Brazil, Columbia and India (compared to no clinics in 2015).
DISRUPTIVE NEW INFERTILITY TREATMENT

- INVOcell is the first new device and method for infertility treatment in more than 30 years.
  - The INVOcell utilizes the women's vagina (in vivo) as a natural incubator to support fertilization and embryo development unlike conventional IVF that uses incubators for fertilization and embryo development.

- Strong efficacy and greater access at lower costs
  - In clinical studies (450 cycles) and subsequent market studies the INVOcell procedure produced pregnancy rates equivalent to traditional IVF treatment.
  - Benefits include:
    - Creates greater access to care allowing for expansion of addressable market.
    - Approximately a 50% cost reduction compared to IVF
    - Fewer patient visits to doctors
    - Eliminates risk of wrong embryo transfer
    - Provides a more stable and natural incubation environment
During the INVO procedure, fertilization and embryo development occur inside the woman’s vaginal cavity in a disposable single use device called the INVOcell, which holds the eggs, sperm and culture medium.

**Inner Chamber:**
- Rotating valve allows opening and closing without interposition of air.
- Small orifice of the valve limits changes in pH and prevents loss of gametes.
- Micro chamber collects the embryos and allows their observation directly under microscope.
- The walls of INVOcell are permeable to CO₂ and O₂.

**Outer Chamber:**
- Perfect seal protects inner chamber from vaginal secretions and maintains sterile during vaginal incubation.

**Retention System:**
- Holding device with holes in the membrane maintains INVOcell in the vagina allowing normal flow of vaginal secretions.
THE INVO PROCEDURE

- The INVO procedure utilizes a mild ovarian stimulation where up to 7 oocytes are retrieved under light sedation
- The eggs, sperm and culture media are placed in the INVOcell
- The INVOcell is then placed in the patient’s vaginal cavity for an incubation. After a period of 3 to 5 days the INVOcell is removed.
- The outer vessel of the INVOcell is discarded and the inner vessel is placed in a Holding Block in a vertical position for 10 minutes. The embryos are then viewed under microscopy directly from the device and the best embryos chosen for transfer. The one or two highest quality embryos are then transferred directly from the device with a catheter back into the woman’s uterus.
EQUIVALENT EFFICACY TO IVF

Dr. Kevin Doody of The Center for Assisted Reproduction Embryo (CARE Dallas, TX)

Objective: Random 5 day study to compare pregnancy & birth rates of INVOcell versus traditional IVF
ADDRESSABLE MARKET

- According to the Centers for Disease Control (2013 National Survey of Family Growth, CDC), there are 6.9 million women in the US who have difficulty conceiving\(^1\)
  - Approximately 170,000 IVF and 250,000 Intra Uterine Insemination (IUI) procedures are being performed each year in the U.S. to help infertile couples to conceive (avg. IVF cycle is $12,400, avg. IUI is $2,500)
  - Approximately $3 billion spent annually in the U.S. on IVF and IUI cycles
  - **5.6 million infertile couples go untreated\(^2\)**
  - Cost and geographic availability of treatment are biggest hindrance to treatment

- **150 million infertile couples worldwide (ESHRE Annual Meeting 2013)**
  - Approximately 1.5 million IVF cycles are performed annually corresponding to one cycle for approximately 1% of the infertile couples worldwide.
  - 1-2% of infertile couples who receive treatment (IVF and IUI) represents a $6.6 billion worldwide market.
  - 98% of the infertile couples remain untreated resulting in an estimated un-met market opportunity of **hundreds of billions of dollars**.
BARRIERS TO TREATMENT

INVOcell addresses the two most common barriers to treatment from IVF

- Cost
  - Cost has been identified as the number one barrier to utilization of IVF in United States.
  - Analysis indicates that a 50% reduction in the price of IVF services would translate into a 160% increase in utilization of such services.\(^3\)

- Geographic Availability
  - 250,000 population
  - High Infrastructure costs
  - Physician desired locations

LARGE UNTAPPED U.S. MARKET FOR INVO

- Approximately 80% of U.S. market is currently under or unserved due to cost or geographic accessibility
- ~5 to 6 million U.S. patients do not receive the treatment they need
  - Geographic
  - Cost
  - Religious or other cultural beliefs
### Significant Cost Advantages

<table>
<thead>
<tr>
<th></th>
<th>IVF</th>
<th>IUI</th>
<th>INVOcell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>$12,400 per cycle</td>
<td>$2,500 per cycle</td>
<td>$6,500 per cycle</td>
</tr>
<tr>
<td>Pregnancy Rate</td>
<td>~41%</td>
<td>~10%</td>
<td>~40-65% pregnancy rate</td>
</tr>
</tbody>
</table>

- **Cost Saving Areas**
  - Low stimulation (lower drug costs, less side effects, fewer doctor visits)
  - No IVF overhead costs in satellite office centers, INVO centers and OB/GYN offices
  - Lower embryologist costs, no manipulation for fertilization and culture media change
  - INVO center setup $1 M vs. $3 M for IVF

- Cost savings to payers and providers of approximately $8,000 per pregnancy
- INVOcell can replace IUI by allowing a much higher pregnancy rate at a lower cumulative cost.
CONCLUSION – THE INVO ADVANTAGE

- Significantly lower per cycle cost at ½ the cost

- **Natural fertilization:** INVOcell™ allows fertilization to occur within the women’s own body (in vivo). A powerful motivator for many patients and the only acceptable option available to some patients for religious and cultural reasons. Patients do not have to leave their gametes in a center’s incubator where they could be mixed up with another patient’s gametes.

- **Safety & Efficacy:** Equivalent results to traditional IVF.

- **Less Patient Visits:** Requires less visits to the fertility specialist saving time and expense for the patients.

- **Broadens the delivery of fertility care:** INVOcell™ will allow broader access to IVF treatment from a geographical perspective as currently the ~500 IVF centers in United States are exclusively located in large urban centers. With a requirement for significantly less capital equipment costs and leasehold space to start an INVOcell™ equipped center, cities or geographic areas with lower population can support a fertility center.
COMMERCIAL STRATEGY

- Currently 50 US centers are offering the INVOcell and INVO Procedure.

- The first INVO only center was opened by Dr. Paco Arredondo in McAllen, Texas in April 2017. 20 INVO Procedures to date.

- First INVO only center in Canada, Calgary, opened its doors in April 2017, 150 patients waiting for treatment.

- OUS activity, Canada, Colombia, Brazil and India through distributors.

- Training at the Effortless IVF Center in Dallas, Texas by Dr. Kevin Doody every other month.
EXPANDING CLINIC FOOTPRINT

- There are approximately 500 IVF Centers in the U.S (1,000 in Europe).
  - The medical staff at these centers can be trained to perform the INVO procedure and offer it as a lower cost treatment option for their patients through satellite offices.

- There are also 5,000 OB/GYN physicians in the U.S. who offer infertility services (IUI) where INVO can be offered.

# of Clinics Offering INVOcell

- Referral Site
- Procedure site


0  2  3  6  10  14  19  21  29
UPTAKE: CASE STUDY

- Dr. Francisco Arredondo, MD MPH, Board Certified Reproductive Endocrinologist, RMA of Texas
- Dr. Arredondo first began offering the INVOcell procedure in June 2016

Cumulative Number of Cycles Post Training

<table>
<thead>
<tr>
<th>Time</th>
<th>Cycles</th>
</tr>
</thead>
<tbody>
<tr>
<td>+30 Days</td>
<td>2</td>
</tr>
<tr>
<td>+60 Days</td>
<td>5</td>
</tr>
<tr>
<td>+90 Days</td>
<td>10</td>
</tr>
<tr>
<td>+180 Days</td>
<td>20</td>
</tr>
<tr>
<td>+300 Days</td>
<td>54</td>
</tr>
</tbody>
</table>
## 4 YEAR GOALS

### Cumulative Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Owned/ Affiliated Clinics</td>
<td>6</td>
<td>$20 M</td>
</tr>
<tr>
<td>Physician Locations</td>
<td>400</td>
<td></td>
</tr>
<tr>
<td>15% High (200 cycles)</td>
<td>62</td>
<td>$5.8M</td>
</tr>
<tr>
<td>71% Medium (100 cycles)</td>
<td>282</td>
<td>$9.4M</td>
</tr>
<tr>
<td>14% Low (25 cycles)</td>
<td>56</td>
<td>$1M</td>
</tr>
<tr>
<td>International Distributors</td>
<td></td>
<td>$3.1M</td>
</tr>
</tbody>
</table>

### Pie Chart

- **Clinics**: 51%
- **International Distributors**: 8%
- **U.S. Physicians**: 41%
PATENTS AND APPROVALS

- Container assembly for intravaginal fertilization and culture and embryo transfer and method of intravaginal culture employing such a container
  - Patent #US 6,050,935 expires 2020
  - U.S., Canada, Europe, Australia, India, China, Japan, Russia

- Incubation and/or storage container system and method
  - Patent #US 7,282,363 expires 2024
  - U.S., Europe, Australia, UK, France, Germany, Russia and India
  - Plan in place to extend as well as next generation product

- Registrations
  - United States
    - FDA Clearance of De Novo Class II device in November 2, 2015
    - Successfully completed two FDA inspections (2012, 2014) with no observations or Form 483s issued.
  - Canada
    - Health Canada approved
  - Europe
    - CE Mark (re-certification in process)
  - India
    - Product registered
  - Brazil
    - ANVISA approved
  - Colombia
    - INVIMA Approved
  - Mexico registration in process.
KEY BALANCE SHEET ITEMS

**Equity**
- Authorized shares: 200 million
- Issued shares: 141 million
- Fully diluted shares after note conversions: 143 million
- Current free trading shares: 47.6 million
- Management and board own approximately 19% of the outstanding shares. Circle of influence represents another 26%, total of 45%

**Payables**
- Accounts payable: $675,000 all being managed, waiting for INVO success.
- Back salary, expenses and notes are owed to members of management and board: $3.6 million

**Inventory & Production**
- Fully functioning outsourced production process in multiple Massachusetts & New Hampshire locations
- 2,400 INVOcell Culture Devices in finished goods
- 5,000 INVOcell Retention Devices molded
### INCOME STATEMENT

**INVO Bioscience**  
Consolidated Statements of Operations

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Product Revenue</td>
<td>$50,901</td>
<td>$11,689</td>
<td>$16,588</td>
<td>$27,063</td>
<td>$56,377</td>
<td>$71,503</td>
</tr>
<tr>
<td><strong>Cost of Goods Sold:</strong></td>
<td>15,094</td>
<td>7,810</td>
<td>7,682</td>
<td>10,884</td>
<td>20,880</td>
<td>17,912</td>
</tr>
<tr>
<td><strong>Gross Margin</strong></td>
<td>35,807</td>
<td>3,879</td>
<td>8,906</td>
<td>16,479</td>
<td>35,497</td>
<td>53,591</td>
</tr>
<tr>
<td><strong>Selling, general and administrative expenses</strong></td>
<td>2,146,221</td>
<td>598,953</td>
<td>1,689,482</td>
<td>621,712</td>
<td>587,796</td>
<td>756,717</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td>2,146,221</td>
<td>598,953</td>
<td>1,689,482</td>
<td>621,712</td>
<td>587,796</td>
<td>756,717</td>
</tr>
<tr>
<td><strong>Loss from operations</strong></td>
<td>(2,110,414)</td>
<td>(595,074)</td>
<td>(1,680,576)</td>
<td>(605,233)</td>
<td>(552,299)</td>
<td>(703,126)</td>
</tr>
<tr>
<td><strong>Total other expenses</strong></td>
<td>13,838</td>
<td>4,364,173</td>
<td>51,896</td>
<td>155,446</td>
<td>114,155</td>
<td>94,345</td>
</tr>
<tr>
<td><strong>Income (Loss) before income taxes</strong></td>
<td>(2,124,252)</td>
<td>(4,959,247)</td>
<td>(1,732,472)</td>
<td>(760,679)</td>
<td>(666,454)</td>
<td>(797,471)</td>
</tr>
<tr>
<td><strong>Provision for income taxes</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Net Loss</strong></td>
<td>$2,124,252</td>
<td>$4,959,247</td>
<td>$1,732,472</td>
<td>$760,679</td>
<td>$666,454</td>
<td>$797,471</td>
</tr>
<tr>
<td><strong>Basic net loss per weighted average shares of common stock</strong></td>
<td>($0.02)</td>
<td>($0.04)</td>
<td>($0.02)</td>
<td>($0.01)</td>
<td>($0.01)</td>
<td>($0.01)</td>
</tr>
<tr>
<td><strong>Diluted net loss per weighted average shares of common stock</strong></td>
<td>($0.02)</td>
<td>($0.04)</td>
<td>($0.02)</td>
<td>($0.01)</td>
<td>($0.01)</td>
<td>($0.01)</td>
</tr>
<tr>
<td><strong>Basic weighted average number of shares of common stock</strong></td>
<td>139,186,557</td>
<td>128,567,615</td>
<td>112,672,160</td>
<td>107,055,085</td>
<td>89,061,776</td>
<td>78,656,439</td>
</tr>
<tr>
<td><strong>Diluted weighted average number of shares of common stock</strong></td>
<td>139,186,557</td>
<td>128,567,615</td>
<td>112,672,160</td>
<td>107,055,085</td>
<td>89,061,776</td>
<td>78,656,439</td>
</tr>
</tbody>
</table>
BOARD AND MANAGEMENT

Kathleen Karloff, Chief Executive Officer, has over 30 years of experience in medical device and pharmaceutical manufacturing, clinical operations, regulatory affairs and quality systems with 13 years at Boston Scientific and 18 years on the senior management teams of start-up organizations.

Robert Bowdring, Director & Acting CFO, has a strong history in senior financial management with over 30 years experience as CFO, VP Finance and Controller. Rob has been in both public and private manufacturing and service companies during his career primarily in start up to midsize companies.

Lori Kahler, Vice President of Global Operations, has over 25 years domestic and international experience in operations, quality, regulatory, compliance and clinical affairs, with proficiency across a full range of business functions and systems. Lori was instrumental in achieving FDA De Novo clearance for INVO Bioscience’s innovative INVOcell System.

Kevin Doody MD, Medical Director & Director, is a renowned fertility specialist who is the founder and Medical Director for the Center for Assisted Reproduction (CARE Fertility) and Effortless IVF located in Bedford Texas. Dr. Doody is President of the Society for Assisted Reproductive Technology (SART), on the Board of Directors of the American Society for Reproductive Medicine (ASRM) and a member of the RESOLVE Physician Council.
Thank you and Questions?
REFERENCES

