

State of Tennessee



DEPARTMENT OF HEALTH

License No. 0000003342

This I, Dr. Betty, that a license is hereby granted by the Tennessee Department of Health to:
BLOOD ASSURANCE, INC.-NORTH RIVER DONOR STATION

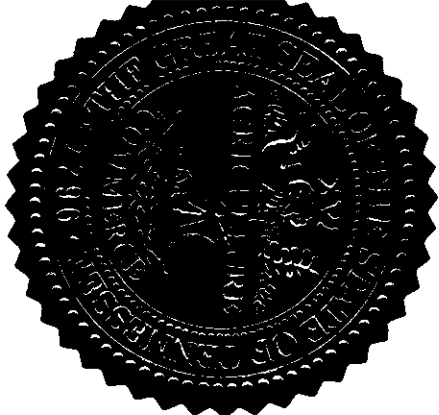
Medical Laboratory Director ELIZABETH E. CULLER, M.D.
CORPORATION

To conduct and maintain a Medical Laboratory in the Specialty (ies) of:
HEMOGLOBIN
BLOOD BANK DONOR CENTER

The premises located at 1920 NORTH POINT BLVD STE A, HIXSON, TN 37343-4089
County of HAMILTON

This license shall expire JANUARY 31 2024.

This license shall be displayed in a conspicuous place where it may be viewed by the public. The holder of this license is subject to the provisions of T.C.R. Section 05-29-111 and regulations thereto. This license shall not be assignable or transferable and shall be subject to revocation at any time by the State Department of Health for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.



In Witness Whereof, we have hereunto set our hand and seal of the State
this 13TH day of DECEMBER 2022.

By Yuanjin J. Retrum, Esq.
ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

By Melinda S. Watson
CHAIRMAN, MEDICAL LABORATORY BOARD

By Megan McDonald
COMMISSIONER, DEPARTMENT OF HEALTH