

State of Tennessee



License No. 0000004270

DEPARTMENT OF HEALTH

This I, D. Peatly, that a license is hereby granted by the Tennessee Department of Health to:
BLOOD ASSURANCE DONOR STATION - JOHNSON CITY

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

Owner **CORPORATION**

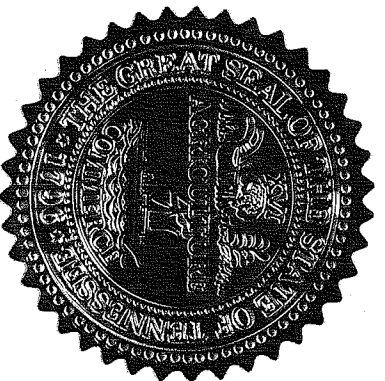
To conduct and maintain a Medical Laboratory in the Specialty (ies) of:

On the premises located at 1 PROFESSIONAL PARK DR STE 14, JOHNSON CITY, TN 37604-6588
County of WASHINGTON

This license shall expire APRIL 30 2017.

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.A. Section 68-29-111 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 29TH *day of* APRIL 2016.



By [Signature] OTD
DIRECTOR, HEALTH RELATED BOARDS

By [Signature]
CHAIRMAN, MEDICAL LABORATORY BOARD

By [Signature]
COMMISSIONER, DEPARTMENT OF HEALTH