State of New Hampshire

Department of Health and Human Services

Office of Program Support

LICENSE

In accordance with the provisions of Chapter RSA 151 and the regulations of said Department, a license is issued to

METABOLIC SOLUTIONS INC known as **METABOLIC SOLUTIONS**

located at 460 AMHERST ST NASHUA NH

to operate a(n) LABORATORY AND LAB SERVICES

This license is effective under the conditions and for the period stated in the annual certificate below:

LICENSE No **02731** Effective Date: **2/22/2000**

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF PROGRAM SUPPORT

EFFECTIVE DATE **3/1/2011**
EXPIRATION **2/29/2012**

LICENSE NO: **02731** IS ISSUED TO METABOLIC SOLUTIONS INC

DBA **METABOLIC SOLUTIONS**

TOTAL BED COUNT: 0

LOCATED AT 460 AMHERST STREE NASHUA NH

THIS FACILITY HAS COMPLIED WITH RSA 151 AND THE RULES PROMULGATED THEREUNDER FOR LICENSURE AS THE FOLLOWING:

TYPE	ADMINISTRATOR	MEDICAL DIRECTOR	LAB DIRECTOR	BED TYPE	BED
LABORATORY AND LAB SERVICES	DAVID A WAGNER		WILLIAM E OTTINGER	0	0

Comments: ANNUAL CERTIFICATE "RENEWED WITH OUT ON SITE INSPECTION
LICENSED TO PERFORM CHEMISTRY

Waiver:

Senior Division Director

POST ON LOWER PORTION OF LICENSE