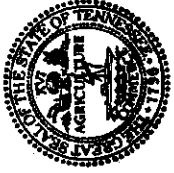


# State of Tennessee



License No. 00000004339

## DEPARTMENT OF HEALTH

This I Do Certify, that a license is hereby granted by the Tennessee Department of Health to:

BLOOD ASSURANCE, INC. COLUMBIA DONOR CENTER

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

Ownership Type CORPORATION

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

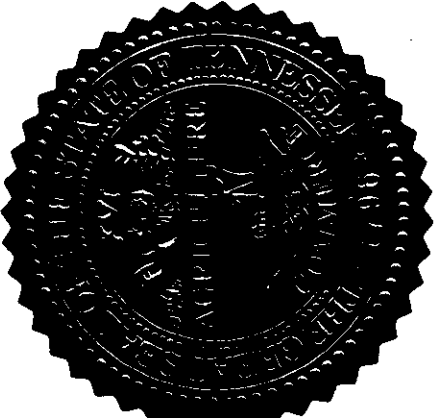
HEMOGLOBIN  
BLOOD BANK DONOR CENTER

On the premises located at 1412 TROTWOOD AVE STE 69, COLUMBIA, TN 38401-4984

County of MAURY

This license shall expire APRIL 30 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.A. Section 61-29-111 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 9TH day of MARCH 2023.

By Jennifer L. Rotzney, Esq.

ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

By [Signature]

By Jennifer Didcomb, M.D. (ASCP)

CHAIRMAN, MEDICAL LABORATORY BOARD

COMMISSIONER, DEPARTMENT OF HEALTH