



Dear Laboratory Director:

Attached below is your clinical laboratory license.  
Your license is void after the expiration date below.

Expiration Date: OCTOBER 31, 2009

MOLECULARMD CORP  
2611 SW 3RD AVE, STE 280A  
PORTLAND, OR 97201

**DISPLAY:**

State law requires that the clinical laboratory license shall be conspicuously posted in the clinical laboratory.

**CHANGE OF LABORATORY NAME,  
DIRECTOR, OWNER AND/OR ADDRESS:**

State law requires that you notify this office **WITHIN 30 DAYS** of any change in ownership, name, location or laboratory directors. **YOUR LICENSE ALSO WILL BE AUTOMATICALLY REVOKED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE OCCURS.** Mail written notification of the above changes to the address indicated below:

California Department of Public Health  
Laboratory Field Services, Facility Licensing Section  
850 Marina Bay Parkway, Building P, 1st Floor  
Richmond, CA 94804-6403

Thank you for your cooperation.

Labclin 11/28/07

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**State of California Department of Public Health  
Clinical Laboratory License**

In accordance with the provisions of Chapter 3, Division 2, of the Business and Professions Code, the persons named below are hereby issued a license authorizing operation of a clinical laboratory at the indicated address or other site(s) on file with the department.

**MOLECULARMD CORP  
2611 SW 3RD AVE, STE 280A  
PORTLAND, OR 97201**

**OWNER(S):**

**BIOCATALYST INTERNATIONAL INC  
SHERIDAN G SNYDER  
BRIAN DRUKER  
MIKE HEINRICH MD  
CHAD GALDERISI DO**

**DIRECTOR(S):**

**CHAD GALDERISI DO**

CLIA Number: 38D1052238  
Lab ID Number: COS 800208  
Effective Date: NOVEMBER 01, 2008  
Valid Until: OCTOBER 31, 2009

*Karen L. Nickel*

Karen L. Nickel, Chief  
Laboratory Field Services