



State of Rhode Island and Providence Plantations
DEPARTMENT OF HEALTH
OFFICE OF FACILITIES REGULATION

This is to certify that SIGNATURE GENOMIC LABORATORIES LLC
2820 NORTH ASTOR STREET SPOKANE WA 99207
License Number: LCO00523

is hereby authorized to conduct and maintain an Out of State Clinical Laboratory in conformity with RIGL C23-16.2 and the standards, rules and regulations prescribed thereunder. This license is subject to biennial renewal unless sooner suspended or revoked for cause. The name on this license is the common name under which the licensee does business and may not reflect the legal license holder. Please call (401) 222-2566 for more information.

APPROVED SPECIALTY (IES)

CLINICAL CYTOGENETICS

A handwritten signature in cursive script, reading "Ray Rusin".

Ray Rusin
Chief, Office of Facilities Regulation

Expires: 12/30/2011

A handwritten signature in cursive script, reading "David R. Gifford".

David R. Gifford, MD, MPH
Director of Health

Issued: 06/24/2008