

**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.

**SIGNATURE GENOMIC LABORATORIES LLC**  
**2820 N. ASTOR STREET**  
**SPOKANE, WA 99207**

**OWNER(S):**

SIGNATURE GENOMIC LABORATORIES LLC  
BOURGET HEALTH SERVICES INC  
SACRED HEART MEDICAL CENTER

**DIRECTOR(S):**

LISA SHAFFER PHD  
BASSEM BEJJANI MD  
BETH TORCHIA PHD  
ALLEN N LAMB PHD  
ROGER A SCHULTZ PHD  
MARILYN L SLOVAK PHD

CLIA Number: 50D1020924  
Lab ID Number: COS 800194  
Effective Date: OCTOBER 01, 2009  
Valid Until: SEPTEMBER 30, 2010



Karen L. Nickel, Chief  
Laboratory Field Services