



Dear Laboratory Director:

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

Expiration Date: December 31, 2011

HOME HEALTHCARE LABORATORY OF AMERICA  
320 PREMIER CT S STE 220  
FRANKLIN TN 37067-8252

**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.

Lab 142 Labclin (11-09)

Tear Here

Tear Here

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.

**HOME HEALTHCARE LABORATORY OF AMERICA**  
**320 PREMIER COURT, SUITE#220**  
**FRANKLIN TN 37067**

**OWNER(S):**

HOME HEALTHCARE LABORATORY OF AMERICA LLC  
CHIEFTAIN CAPITAL MANAGEMENT, INC  
LONGVIEW ASSET MANAGEMENT, LLC  
ENHANCED INVESTMENT TECHNOLOGIES, INC.

**DIRECTOR(S):**

WILLIAM M MITCHELL MD

Lab ID Number: COS00800291  
Effective Date: January 1, 2011  
Valid Until: December 31, 2011  
CLIA Number: 44D0940771

*Beatrice O'Keefe*  
Beatrice R. O'Keefe, Chief  
Laboratory Field Services