

State of New Hampshire
Department of Health and Human Services
Office of Program Support

LICENSE

In accordance with the provisions of Chapter RSA 151 and the regulations of said Department, a license is issued to
METABOLIC SOLUTIONS INC known as **METABOLIC SOLUTIONS**
located at 460 AMHERST ST NASHUA NH
to operate a(n) LABORATORY AND LAB SERVICES

This license is effective under the conditions and for the period stated in the annual certificate below:

LICENSE No **02731**

Effective Date: **2/22/2009**



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF PROGRAM SUPPORT

LICENSE NO: **02731** IS ISSUED TO METABOLIC SOLUTIONS INC
DBA METABOLIC SOLUTIONS

EFFECTIVE DATE 3/1/2009
EXPIRATION 2/28/2010

TOTAL BED
COUNT

LOCATED AT 460 AMHERST STREE NASHUA NH THIS FACILITY HAS COMPLIED WITH RSA 151 AND THE RULES
PROMULGATED THEREUNDER FOR LICENSURE AS THE
FOLLOWING:

TYPE ADMINISTRATOR MEDICAL DIRECTOR LAB DIRECTOR BED TYPE BED
LABORATORY AND LAB SERVICES DAVID A. WAGNER WILLIAM E. OTTINGER 0 0

Comments: ANNUAL CERTIFICATE "RENEW LICENSE WITHOUT SITE INSPECTION"
LICENSED TO PERFORM CHEMISTRY

Waiver:

May R. Castelli

Senior Division Director

POST ON LOWER PORTION OF LICENSE