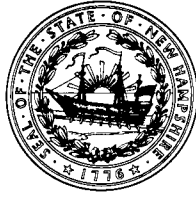


# *State of New Hampshire*

## BOARD OF PHARMACY

2010



2011

### MANUFACTURER/WHOLESALE/DISTRIBUTOR/BROKER OF PRESCRIPTION DRUGS/DEVICES/MEDICAL GASES

**This is to certify that the following facility:**

**METABOLIC SOLUTIONS INC.**

460 AMHERST ST

NASHUA, NH 03063

**Is duly licensed under the provisions of New Hampshire RSA 318 and 318-B to do business within this state.**

**Permit No 2827**

**THIS PERMIT IS VALID FROM JULY 1, 2010 TO JUNE 30, 2011**

A handwritten signature in black ink, appearing to read "Joseph A. Freeman".

*Executive Secretary*