

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES ADMINISTRATION
129 PLEASANT STREET, CONCORD, NH 03301

LICENSE

Under provisions of New Hampshire Revised Statutes Annotated Chapter RSA 151, a license is issued to:

Name: METABOLIC SOLUTIONS LLC
Located at: 460 AMHERST ST
Nashua NH 03063

To Operate: Laboratory

Licensee: METABOLIC SOLUTIONS LLC

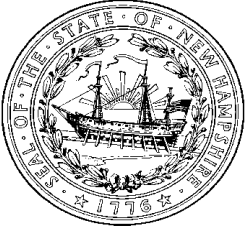
This license is effective under the conditions and for the period stated below:

License#: 04745
Effective Date: 05/09/2024

This license is the property of the State of New Hampshire and
must be immediately returned when no longer valid.
This license must be posted in a conspicuous place on the
licensed premises.

A handwritten signature in black ink, appearing to read "Michael D. Kelly".

Chief Legal Officer



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES ADMINISTRATION
129 PLEASANT STREET, CONCORD, NH 03301
ANNUAL LICENSE CERTIFICATE

Under provisions of New Hampshire Revised Statutes Annotated Chapter RSA 151, this annual license certificate is issued to:

Name: METABOLIC SOLUTIONS LLC
Located at: 460 AMHERST ST
Nashua NH 03063

To Operate: Laboratory

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

License#: 04745

Effective Date: 05/09/2024

Expiration Date: 04/30/2025

Administrator: DAVID A WAGNER, PHD

Lab Director: WILLIAM E OTTINGER, PHD

Total Number of Services: 1

A handwritten signature in black ink, appearing to read "Michael D. Kelly".

Chief Legal Officer