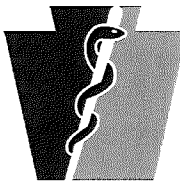


CLINICAL LABORATORY PERMIT



pennsylvania
DEPARTMENT OF HEALTH

Pursuant to the act of September 26, 1951, P.L. 1539 as amended, a Permit to operate a Clinical Laboratory is hereby granted to:

Laboratory Identification Number: 40920

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

**CLINICAL CHEMISTRY
TISSUE PATHOLOGY**

**BIOFIDELITY
HONEY V. REDDI, PH.D.
5151 MCCRIMMON PARKWAY, SUITE 230
MORRISVILLE, NC 27560**

Owner:

BARNABY BALMFORTH

ISSUE DATE: May 20, 2024

DATE EXPIRES: August 15, 2025

Debra L. Bogen MD

**Debra L. Bogen, MD, FAAP
Acting Secretary of Health**

DISPLAY THIS CERTIFICATE PROMINENTLY

This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.