



Dear Laboratory Director:

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

Expiration Date: JUNE 29, 2010

WESTCLIFF MEDICAL LABORATORIES, INC.  
1821 EAST DYER ROAD, SUITE#100  
SANTA ANA, CA 92705

**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.

Labclin 11/28/07

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**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.

**WESTCLIFF MEDICAL LABORATORIES, INC.**  
**44725 NORTH 10TH STREET WEST, SUITE 240**  
**LANCASTER, CA 93534**

**OWNER(S):**

WESTCLIFF MEDICAL LABORATORIES, INC.  
PARTHENON INVESTORS, II, L.P.  
ROBERT WHALEN  
WILL KESSINGER  
CASEY LYNCH  
BRIAN D URBAN

**DIRECTOR(S):**

DALAVARIAN HOOSHANG PHD

CLIA Number: 05D0686102  
Lab ID Number: CLF 11008  
Effective Date: JUNE 30, 2009  
Valid Until: JUNE 29, 2010

*Karen L. Nickel*

Karen L. Nickel, Chief  
Laboratory Field Services