

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

DUPLICATE



Dear Laboratory Director:

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

Expiration Date: June 14, 2014
DUPLICATE

THERANOS, INC.
1601 S CALIFORNIA AVE
PALO ALTO CA 94304-1284

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.** You must submit a completed application for a new clinical laboratory license or registration within those 30 days or cease engaging in clinical laboratory practice. Mail written notification and/or application 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. Lab 146 Labcldp (2-13)

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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.

**THERANOS, INC.
1601 SOUTH CALIFORNIA AVENUE
PALO ALTO CA 94303-1111**

OWNER(S):
THERANOS, INC.

DIRECTOR(S):
HIRAKI SPENCER PHD
ROSENDORFF ADAM MD

Lab ID Number: CLF 00341367
Effective Date: June 15, 2013
Valid Until: June 14, 2014
CLIA Number: 05D2025714

Beatrice O'Keefe
Beatrice R. O'Keefe, Division Chief
Laboratory Field Services