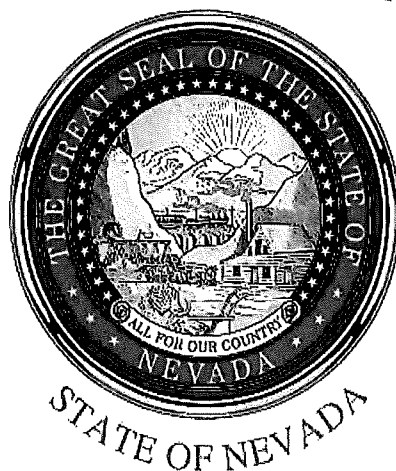


SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

SUNRISE HEALTH CLINICS, L.L.C.

Nevada Business Identification # NV20141642973

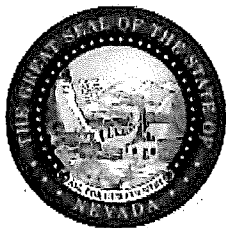
Expiration Date: 10/31/2022

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/06/2021.



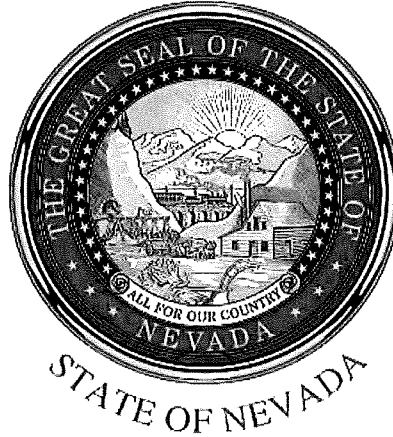
Barbara K. Cegavske

Certificate Number: B202110062051511

You may verify this certificate
online at <http://www.nvsos.gov>

BARBARA K. CEGAVSKE
Secretary of State

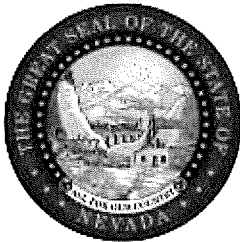
SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SUNRISE HEALTH CLINICS, L.L.C.**, as a **DOMESTIC LIMITED-LIABILITY COMPANY (86)** duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/13/2014, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/06/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202110062051521

You may verify this certificate
online at <http://www.nvsos.gov>

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS
SUNRISE CLINICS
6767 W TROPICANA AVE STE 100
LAS VEGAS, NV 89103

CLIA ID NUMBER
29D2106312

EFFECTIVE DATE
10/26/2020

LABORATORY DIRECTOR
CLEEANNE J BITUIN APRN

EXPIRATION DATE
10/25/2022

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Monique Spruill

Monique Spruill, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

2625 Certs1_033021

- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

CLIA ID Number: 29D2106312
SUNRISE CLINICS
6767 W TROPICANA AVE STE 100
LAS VEGAS, NV 89103

STATE AGENCY ADDRESS AND PHONE NUMBER:

NEVADA STATE HEALTH DIVISION
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE
727 FAIRVIEW DR SUITE E
CARSON CITY, NV 89706
(775)684-1060

LABORATORY MAILING ADDRESS:

Effective Date : 01/12/2021

Expiration Date : 10/27/2022

State of Nevada

Department of Health and Human Services
Division of Public and Behavioral Health

License Number

8533-EXL-0

Please display this license
conspicuously

This license was printed from an online
licensing system.

This Is To Certify That

SUNRISE CLINICS

6767 W TROPICANA AVE STE 100
LAS VEGAS, NV 89103

is hereby registered as an

EXEMPT LABORATORY

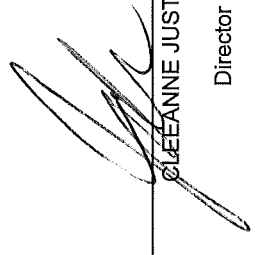
as provided for in Chapter 652 of the Nevada Revised Statutes and the Nevada Administrative Code
and the standards, rules and regulations adopted by the Board of Health.

This facility is licensed to provide the following categorized tests:

WAIVED TESTS PURSUANT TO 42 C.F.R. PART 493, SUBPART A - Blood glucose tests, Influenza, Mono, Rapid Strep, RSV,
Urinalysis/Dipstick Urine, Urine Drug Screen, Urine pregnancy tests, WAIVED COVID-19 TEST-ANTIGEN, Other: Lipid Panel

VERIFY LICENSE IS VALID BY GOING
TO: <https://nvdpbh.athent.com/login.aspx>

Go to License Verification, Facility Locator &
Inspection Reports "Click Here" and look up
by license number (Credential Number) to
verify that the license is active and valid.



CLEANNE JUSTIN BITUIN

Director



BESCHELLE LOCKHART,HERSCHEL ROPER

Owner



Lisa Sherych

Administrator

