



Dear Laboratory Director:

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

Expiration Date: MARCH 17, 2009

COMBIMATRIX MOLECULAR DIAGNOSTICS, INC.
310 GODDARD STE 150
IRVINE, CA 92618

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.

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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.

COMBIMATRIX MOLECULAR DIAGNOSTICS, INC.
310 GODDARD STE 150
IRVINE, CA 92618

OWNER(S):

COMBIMATRIX CORPORATION

DIRECTOR(S):

KAVITA S REDDY
SHELLY GUNN



CLIA Number: 05D1052995
Lab ID Number: CLF 334116
Effective Date: MARCH 18, 2008
Valid Until: MARCH 17, 2009

Karen L. Nickel

Karen L. Nickel, Chief
Laboratory Field Services