DOES NOT EXPIRE



STATE OF GEORGIA

NARCOTIC TREATMENT PROGRAM PERMIT

This is to certify that a permit is hereby granted to

| | | | | (Name of Govern | ning Body) | |
|---|--------------------------|---|--------------------|-------------------|----------------------|---|
| to maintain and operate a DRUG ABUS | | E TREATMENT AND EDUCATION PROGRAM SPECIALIZING IN ONLY NARCOTIC TREATMENT | | | | |
| named a | ıs | | RELIAN | ICE TREATME | NT CENTER OF STA | TESBORO |
| | | | | (| Name of Facility) | |
| Said facility and premises are located at | | | 201 DONEHOO STREET | | | |
| | | | | | (Street) | |
| in | STATESBO | ORO | , County of | BULLOCH | | |
| | (City or Town | n) | | | | |
| | This permit is effective | | February 19, 2011 | | and remains in effec | ct unless revoked or suspended. |
| | million that the area | - | | | | |
| | | | | nd Regulations of | | munity Health on the date this license was issued |
| | HIS PERMIT IS NO | | | nd Regulations of | Permit No: | NTP001063 |
| TH | | OT TRANSFER | ABLE | | Permit No: | • |

Melanie Simon, Division Chief