

STATE OF GEORGIA

NARCOTIC TREATMENT PROGRAM PERMIT

This is to certify that a permit is hereby granted to

		BEYON	ID YOUR OI (Name of Govern		INC.	
to maintain and op	perate a DRUG ABUS	E TREATMENT AN	•		I SPECIALIZING IN ONLY NARCOTIC TREAT	MENT
named as		NYGIL M C	ULLINS REC	OVERY T	REATMENT CENTER	
			(N	ame of Facility)		
Said facility and pr	remises are located at			2101 TEB	EAU STREET	
	WAYCROSS , County of WA		WARE	(Street), Georgia and remains in effect unless revoked or suspended.		
Th	This permit is effective		2023			
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g ., and signifies tha	•	with the Rules and R		-	Official Code of Georgia, Annotated, Section 26- t of Community Health on the date this license w	
g ., and signifies tha	nt the provider complies v	with the Rules and R	egulations of t	he Departmer	t of Community Health on the date this license w	