State of North Dakota )
    )ss
County of Burleigh )

I, Charles E. Eder, do hereby certify that I am the duly-appointed State Toxicologist for
the State of North Dakota and an official custodian of the records and files of the office
thereof, that I have carefully compared the

SUBMISSION FOR BLOOD (104); KIT LOT #40346 (MARCH 19, 2018)

hereto attached with the respective original as the same appears of record on file in the
Office of the Attorney General, Crime Laboratory Division, in the County of Burleigh,
North Dakota, and find the same to be a true and correct copy thereof and of the whole
thereof. In witness whereof I have set my hand at the city of Bismarck, in said county
this:

19th day of MARCH, 2018

Charles E. Eder, State Toxicologist

State of North Dakota )
    )ss
County of Burleigh )

On this 19th day of March, 2018, before me personally
appeared Charles E. Eder, known to me to be the State Toxicologist for the State of
North Dakota, and acknowledged to me that he has executed the same.

Subscribed and sworn before me on this:

19th day of March, 2018

Deanna Dailey, Notary Public, State of North Dakota
My Commission Expires March 23, 2023

DEANNA DAILEY
Notary Public
State of North Dakota
My Commission Expires Mar 23, 2023

Notary seal/stamp
SUBMISSION FOR BLOOD (104)
Office of Attorney General, Crime Laboratory Division
2641 East Main Avenue, P.O. Box 937
Bismarck, ND 58502-0937 • (701) 328-6159
SFI 50491 (9/14)

Please Print All Information.

Subject (Last, First, Initial) | Birth Date | Height | Sex | Male | Female |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check One: [ ] Arrested for DUI/APC [ ] Fatally Related
[ ] Other (Specify) Driver's License Number
[ ] Other [ ] Drug Screen (List Meds/Suspected Drugs)

Specimen: [ ] Blood Analysis Requested: [ ] Alcohol
[ ] Drug Screen

Specimen Submitted By (Officer's Name) | Submitting Agency
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Submitting Agency Address | City | State | Zip Code
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remarks | County
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To Be Completed By Blood Specimen Collector

Check Each Item Performed:
[ ] Used an Intact Kit
[ ] Observed Powder in Blood Tube
[ ] Used Disinfectant Provided in Kit
[ ] Used Needle, Guide and Tube Provided in Kit
[ ] Drew Blood Into Tube and Inverted Several Times
[ ] Alternate Item(s) Used

Time Specimen Obtained: [ ] A.M. [ ] P.M.  Date Specimen Obtained: [ ] A.M. [ ] P.M. (Month/Day/Year)

Remarks

I certify that I withdrew the blood specimen from the above subject and the information given in this section is true and correct.

Specimen Collector's Signature

Please Print Specimen Collector's Name and Title

Facility Where Sample Was Drawn

For Laboratory Use - Do Not Write In This Space

Laboratory Case Number

Specimen Received From: [ ] US Mail [ ] Certified Mail
[ ] Hand to Hand [ ] Other

Time Specimen Received: [ ] A.M. [ ] P.M.  Date Specimen Received: [ ] A.M. [ ] P.M. (Month/Day/Year)

Received:
[ ] In a Sealed Container
[ ] In a Labeled Blood Tube

By

Remarks

Arresting Officer: Tear Along the Perforation and Retain Bottom Portion for Your Records.

To Be Completed By Specimen Submitter

Subject (Please Print Name-Last, First, Initial) | Time Specimen Obtained: [ ] A.M. [ ] P.M.  Date Specimen Obtained: [ ] A.M. [ ] P.M. (Month/Day/Year)
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Specimen Sealed By (Please Print Name-Last, First, Initial)

Time Specimen Sealed: [ ] A.M. [ ] P.M.  Date Specimen Sealed: [ ] A.M. [ ] P.M. (Month/Day/Year)

Check Each Step Performed:
[ ] Used an Intact Kit.
[ ] Affixed Completed Specimen Label/Seal Over the Top and Down the Sides of the Blood Tube.
[ ] Placed the Blood Tube Inside the Blood Tube Protector and Then Placed it in the Plastic Bag Provided. (Do Not Remove Liquid Absorbing Sheet.)
[ ] Placed the Plastic Bag and Completed Top Portion of This Form In the Kit Box and Closed It.
[ ] Affixed Tamper-Evident Kit Box Shipping Seal on Kit Box.

I Certify That All Information Given in This Section is True and Correct.

Signed

3.19.2018

If Sending by Mail, Affix Correct Postage

BAOND: SUB.17 9/14