Case No.
Exhibit No. 2

GOVERNMENT OF THE DISTRICT OF COLUMBIA

C&RCFD Rev. 3/00

DEPARTMENT OF HEALTH
HEALTH REGULATION ADMINISTRATION

LICENSE FOR CHILD DEVELOPMENT FACILITY

License Number: 907245-CDC **Date Issued:** 07/11/01

Type of Facility: CHILD DEVELOPMENT CENTER **Date Expires:** 10/16/01

Maximum Number of Children Allowed: 80 **Hours of Service:** 07:00 AM - 06:00 PM

PERMISSION IS GIVEN TO (Name) BARBARA CHAMBER'S CHILD DEVELOPMENT CENTER

(Address) 1470 IRVING STREET, NW WASHINGTON, DC 20010

To establish, operate and maintain a Child Development Facility, subject to the following conditions, in accordance with Title 29 of the District of Columbia Municipal Regulations, Chapter 3, Child Development Facilities.

AGES: TWO AND ONE-HALF (2½) THRU FOURTEEN (14) YEARS OF AGE.

For the Director of Department of Health

By DENISE S. POPE, RN, MSN
Administrator, Health Regulation Administration

IVAN C.A. WALKS, M.D.
Director
Department of Health

APRIL L. BRAMBLE, M. ED.
Human Services Licensing Specialist/ Social Worker

THIS LICENSE APPLIES ONLY TO THE LICENSEE AND ADDRESS GIVEN HEREIN AND IS NOT TRANSFERRABLE.

BLRA-17
(Rev. 12/95)

District of Columbia Government
Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration Zoning Division
P.O. BOX 37200 — Washington, D.C. 20013-7200

B00181123

CERTIFICATE OF OCCUPANCY

JUNE 17, 1998
(date)

Permission is hereby granted to BARBARA CHAMBERS CHILDREN'S CENTER
to use suite(s) _____ on the BASEMENT AND FIRST floor(s)
of the building located on lot(s) 869 square 2673
known as premises 1470 IRVING STREET, N.W. for the following
purpose(s) DAY CARE SERVICES - 80 KIDS & 17 STAFF - 2-½ - 11YRS.
NOT SEXUALLY ORIENTED. [ ]
[su]

BZA #: _____ EXPIRATION DATE: _____

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, ONLY for the premises, or part thereof, and for the purpose(s), indicated above, and IS NOT TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE in the type of business, ownership of business, or part of premises used therefor, will render this Certificate VOID and a NEW Certificate must be obtained.

ZONE R5B FEE $ 39.86

Hampton Cross, Director

By _____
Designee