STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

410-1-7-.13
Forty-Fifth (45th) Day of the Review Period

CERTIFICATION OF RECORD

I HEREBY CERTIFY that the herein materials (*documents, charts, or graphs*) filed of record with the State Health Planning and Development Agency, is a true and correct copy and that the facts are true to the best of the preparer's knowledge, information and belief.

_____
(Signature of affected person)

SWORN to and subscribed before me,
this the _____ day of _____ 20_____.

_____ (SEAL)
Notary Public

My Commission Expires _____