

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870 MONTGOMERY, ALABAMA 36104

410-1-10-.03 (b) <u>Project Modifications After Issuance of Certificate of Need</u>

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that I have served a copy of the foregoing upon the listed parties of record by placing same in the United States Mail, postage prepaid and properly addressed, on this the day of, 20
NOTE List name and address of all parties:

(Name of applicant requesting project modification)