STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870

MONTGOMERY, ALABAMA 36104

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

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)