

410-1-7-.13 Forty-Fifth (45<sup>th</sup>) 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 \_\_\_\_\_ 2005.

\_\_\_\_\_  
Notary Public