AFFIDAVIT

CERTIFICATION OF THE HOSPITAL'S FY 2013 TWELVE MONTHS ACTUAL FILING

I,	
Name	Hospital Position Title - CEO or CFC
of	
Hospital	
hereafter referred to as "the Hospital", bein	ng duly sworn, depose and state that:
1. The information submitted both electronic Department of Public Health, Office of Factorian in the Hospital's FY 2013 Two concerning its actual results from operating with the FY 2013 Twelve Months Actual provided to the Hospital by the Department Health Care Access Division; and	Health Care Access division, that is elve Months Actual Filing ons, is true, accurate and consistent I Filing General Instructions
2. The information submitted to the Departructure Care Access division electronically in the to the information upon which the Hospit Accountants on Applying Agreed-Upon F	e Hospital Reporting System is identical tal's FY 2013 Report of Independent
Signature	Date
Subscribed and sworn to before me on	ate
Notary Public / Commissioner of Superior	Court
My commission expires:	
Date	