AFFIDAVIT

CERTIFICATION OF THE HOSPITAL'S FY 2025 TWELVE MONTHS ACTUAL FILING

I, _____, _____
Name Hospital Position Title - CEO or CFO

of _____
Hospital

hereafter referred to as "the Hospital", being duly sworn, depose and state that:

The information submitted to the Office of Health Strategy, that is contained in the Hospital's FY 2025 Twelve Months Actual Filing concerning the Hospital's actual results from operations, is true, accurate and consistent with the FY 2025 Twelve Months Actual Filing General Instructions provided to the Hospital by the Office of Health Strategy.

_____
Signature Date

Subscribed and sworn to before me on _____
Date

_____
Notary Public / Commissioner of Superior Court

My commission expires: _____
Date