

AFFIDAVIT

**CERTIFICATION OF THE HOSPITAL'S FY 2012
ANNUAL REPORTING**

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 both electronically and in hard copy to the Department of Public Health, Office of Health Care Access division, that is contained in the Hospital's FY 2012 Annual Reporting concerning its actual results from operations, is true, accurate and consistent with the FY 2012 Annual Reporting General Instructions provided to the Hospital by the Department of Public Health, Office of Health Care Access division.

Signature

Date

Subscribed and sworn to before me on _____
Date

Notary Public / Commissioner of Superior Court

My commission expires: _____
Date