

FOR THE MONTH OF \_\_\_\_\_, \_\_\_\_\_

CONFIRMATION NUMBER \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FEDERAL TAX ID # \_\_\_\_\_  
OPERATING CERTIFICATE #: \_\_\_\_\_  
COMPLETED BY: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

**CERTIFICATION**

I, \_\_\_\_\_, CERTIFY THAT I AM THE CHIEF EXECUTIVE/ FINANCIAL OFFICER AND/OR ADMINISTRATOR OF THE ABOVE MENTIONED ORGANIZATION, AND FURTHER CERTIFY TO ALL OF THE FOLLOWING:

- THAT THE DATA BEING PROVIDED HAS BEEN CAREFULLY PREPARED FROM THE BOOKS AND RECORDS WITHIN THIS ORGANIZATION IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED HEREIN, INCLUDING BUT NOT LIMITED TO THE PROPER SEGREGATION OF INFORMATION BY SERVICE YEAR AND THAT ALL SECTIONS OF THE REPORT HAVE BEEN COMPLETED AND SUBMITTED, REGARDLESS OF WHETHER ANY LIABILITY EXISTS FOR ONE OR BOTH OF THE SERVICE YEARS AND,
- TO THE BEST OF MY KNOWLEDGE, I BELIEVE THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND CORRECT.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

TYPE/PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

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