AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF _____

NAME OF FACILITY: _____

CON No. _____

I, _____, after first being duly sworn, state under oath that I am the contact person named in this Certificate of Need application or the lawful agent thereof, hence stating that the original Certificate of Need being lost/misplaced do at this time request a replacement Certificate of Need, and do state this a is true, accurate, and complete statement and further state that if found the original Certificate of Need will be submitted to the Tennessee Health Services and Development Agency's office.

_____
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the _____ day of _____, 20__, witness my hand at office in the County of _____, State of Tennessee.

_____
NOTARY PUBLIC

My commission expires _____, _____.

H4-0043