

AFFIRMATIONS

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I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief.



Anne Langley

Senior Director, Health Planning and Community Engagement

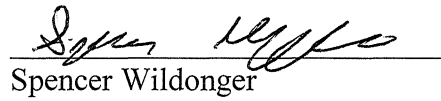
Health Care Transformation and Strategic Planning

Johns Hopkins Health System

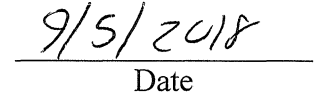
9/5/2018
Date

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Spencer Wildonger
Director of Health Planning
Health Care Transformation and Strategic Planning
Johns Hopkins Health System



Date

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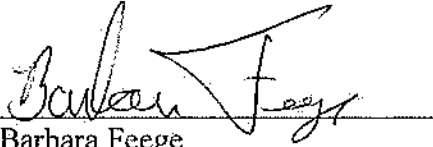


Anne Evaul
Administrator
Johns Hopkins Physical Medicine and Rehabilitation
The Johns Hopkins Hospital

8/30/18
Date

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I hereby declare and affirm under the penalties of perjury that the facts provided by me and stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief.

A handwritten signature in black ink, appearing to read 'Barbara Feege', written over a horizontal line.

Barbara Feege
Administrator, Care Management Services
Director, Revenue Cycle
Johns Hopkins Bayview Medical Center

8/30/2018

Date