

I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: 7/22/16

Signature: [Handwritten Signature]

Name of Officer: Tracy Alcock

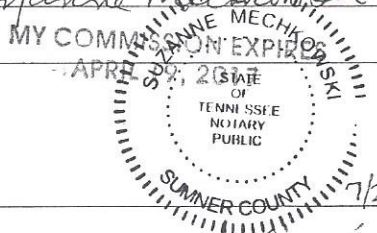
Assistant General Counsel

Title of Officer: Department of Health

Subscribed and sworn to before me on: 7-22-16

Notary Public Signature: [Handwritten Signature]

My commission expires on: APR 30, 2016



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Filed with the Department of State on: 7/26/16

[Handwritten Signature]

Tre Hargett  
Secretary of State

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