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Signature:

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PA-C

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State Health Coordinating Council
Healthcare Planning and Certificate of Need Section
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Signature:	Cles Whalem		
Name:	Elizabeth Harlan,	MD	

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Name:

Donnalley PA

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Signature:	D. For m	
Name:	BRIAN D. BAILL MD	

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Signature:	papara Mujeu	
Name:	Barbara Emeyer MD	
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Signature:		
Name:	SHARI PHILLIPS, MD.	

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Name:	Deme	etna	Rawlingen	MD		

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Signature: 7ammy Woods BSN. RN

Name: Tammy Wooods BSN,RN -President, Piedmont Black Nurses Association

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Signature:	1 min	
Name:	Donna Marinelli AP	

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Sincerely,

Signature:

Name:

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Valerie Jarvis, Chair, Long-Term and Behavioral Health Committee
J. Cooper Linton, Vice Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

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Sincerely,		
Signature:	MRSD	
Name:	Massoud Shoraka, MD	

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Signature:

Name: Brandi Adams, MD

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State Health Coordinating Council
Healthcare Planning and Certificate of Need Section
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Signatur	e:	Down	L. Golly	MD		
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Name:_	20	Itah	Goodman	MA		
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Signature: State (M) m	
Name: Beth Larbon MD.	

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Sincerely, Signature:	M arm	
Name:	Jennica Thomas com	

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Signature:	AD M	
Name:	BRIAN DEVINE, M.D.	

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sincerely,	MA	NINI	
Signature:	1000	au.ic	
Name:	Magda lena	Babinera Hogon, MD	

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Signature:

Name: Colleen Harkreader

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<u>Signature</u>	: Christopher Mo	pley	
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