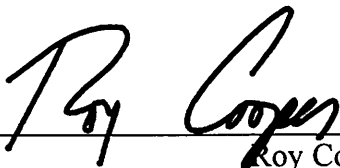
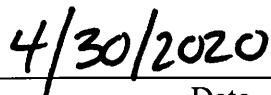


I hereby approve the following Certificate of Need Revised Review Schedule as an amendment to Chapter 3 of the North Carolina 2020 State Medical Facilities Plan effective as of the date setforth below.



Roy Cooper, Governor



Date