

ACF Annual Financial Report Certification of Operation

Facility Name	Facility Operating Certificate No.	Report Year
---------------	------------------------------------	-------------

I have read all the instructions and have examined the ACF Annual Financial Report (ACFAFR). I declare that all the information contained in the report, to the best of my knowledge and belief are true, correct, and complete.

Name (Print)	Ownership Percentage (For Profit Only)
Title	
(Signature)	Date
Name (Print)	Ownership Percentage (For Profit Only)
Title	
(Signature)	Date
Name (Print)	Ownership Percentage (For Profit Only)
Title	
(Signature)	Date
Name (Print)	Ownership Percentage (For Profit Only)
Title	
(Signature)	Date

ACF Annual Financial Report Certification of Operation

Continued

Facility Name	Facility Operating Certificate No.	Report Year
---------------	------------------------------------	-------------

Name (Print)	Ownership Percentage (For Profit Only)
Title	
(Signature)	Date
Name (Print)	Ownership Percentage (For Profit Only)
Title	
(Signature)	Date
Name (Print)	Ownership Percentage (For Profit Only)
Title	
(Signature)	Date

Please Note: For Profit facilities; The certification statement must be signed **by each licensed operator**. For ACFs operating under an LLC, partnership or corporations with two or more members/partners/stockholders, signatures representing 50% or more of the membership/partnership interest are acceptable.

Not-For-Profit Facilities; The certification statement must be signed by the President (or another authorized officer), and the Chief Fiscal Officer or the Treasurer. These must be different individuals.