

REPORT INPUT FORM

CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL)

Individual Subject: Initial Report

Please provide as much of the following information as possible. Failure to provide sufficient information to permit identification of a single subject will result in the report being rejected, necessitating resubmission.

Do not print this page. A printable copy of your report submission will be provided after submission.

OMB # 0915-0239 expiration date 05/31/14

<u>Public Burden Statement:</u> An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0239 (HIPDB). Public reporting burden for this collection of information is estimated to average 45 minutes to complete the forms, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-22, Rockville, Maryland, 20857.

PRACTITIONER INFORMATION

Help ?

We have pre-populated the practitioner information from the most recent report. Please review all pre-populated information for accuracy.

-Personal Informat	ion				
Practitioner Nam Last Name SMITH	First Name	Middle Name	Suffix (Jr, III)		
Add another nar	me used				
Gender ● Male ☉ Female ☉ Unknown					
Birth Date (MMDDYYYY) 05051950					
Is Subject Decea	n sed? nown ☉ Yes				

Home Address/Addre	ess of Record		
Street Address:			
Address Line 2:			
City:		_	
State: ZIP Code:	CHOOSE ONE FROM LIST		
Country: (if U.S., leave blank	,)]	

Organization			
Name:	GENERAL HOSPITAL		
Туре:	301 General/Acute Care Hospital		
A . I. J			
Address Street Address:			
Street Address:	123 FAKE STREET		
	123 FAKE STREET		
Street Address:	123 FAKE STREET FAIRFAX		
Street Address: Address Line 2:			
Street Address: Address Line 2: City:	FAIRFAX		

Social Security Num	bers (SSN)
****2333 Add another SSN	<u>Edit</u>

Individual Taxpayer Identification Numbers (ITIN)

Add another ITIN

Federal Employer Identification Numbers (FEIN)

Add another FEIN

National Provider Identifiers (NPI)

Add another NPI

Drug Enforcement Administration (DEA) Numbers

Add another DEA Number

Unique Physician Identification Numbers (UPIN)		

Add another UPIN

Occupation And State Licensure Information

(Provide at least one license. Check **'No License'** if the subject does not have a State License Number. Use the **Add Additional License/Occupation** button to provide more than one license. Up to 60 licenses may be provided.)

1.	State License Number:	123ABC	OR	No License	
	State of Licensure:	AL Alabama	•		
	Occupation/Field of				
	Licensure:	Physician (MD)		•	
	Specialty:	Aerospace Medicine	•		
	Add Additional Licer	nse/Occupation			

Health Care Entities With Which the Subject Inclusion of an affiliated/associated health of	is Affiliated or Associated are entity in this report does not imply complicity in
the reported action. Click Help ?) for i	nformation on filling out non-U.S. and military
addresses.	
Name of Affiliated/Associated Health Care Entity:	
Address	
Street Address:	

Address Line 2:	
City:	
State:	CHOOSE ONE FROM LIST
ZIP Code:	
Country: (if U.S., leave blanl	x)
Nature of Subject's Relationship to Affiliate:	CHOOSE ONE FROM LIST
Add another Affiliat	<u>e</u>
ORMATION DESCRIBI	
Jurisdiction:	
© Federal	
○ State/Local	
Venue: (Court Name)	
City:	
State:	CHOOSE ONE FROM LIST
Docket/Court File Number:	
Prosecuting Agenc or Civil Plaintiff:	У
Prosecuting Agenc or Plaintiff Case Number:	y
Investigating Agend	cies
Name	Case Number
Add another Invest	igating Agency
Statutory Offenses	
Statute Title and Se	ection Statutory Offense Count
(e.g., 18 USC. 287)	
	ory Offense

1

Code: Add another Act or Omissio	on Code
Narrative Description of Act	ct(s) or Omission(s) y personal identification information (e.g., names) of anyone oth
There are 4000 characters	remaining for the description.
Spell Check	
ntence/Judgment Informa	ation
Date of Sentence or Judgm (MMDDYYYY)	
Is the Action on Appeal?	
○ Yes	
© No	
ି No ି Unknown	
C Unknown Restitution Amount:	\$
C Unknown Restitution Amount: (Format NNNNN.NN) Other Sentence/Judgment	· ,
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© Unknown Restitution Amount: (Format NNNNN.NN) Other Sentence/Judgment Amount Ordered: (Format NNNNN.NN) Incarceration: Suspended Sentence: Home Detention:	\$ Years Months Days Years Months Days Years Months Days
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© Unknown Restitution Amount: (Format NNNNN.NN) Other Sentence/Judgment Amount Ordered:	\$ Years Months Days Years Months Days Years Months Days

More	Sentence/	Judament	Information
INDIC	Ochience/	Judgment	monnation

	ntify this report in your file	ernal file number or other reference s. This information is not used by the port sent to queriers.
Entity Internal Report Reference: (e.g., claim number)		

Customer Use

This optional field may be used by the submitter to identify this transaction. This information is returned without modification and only appears on the response returned to your organization. Customer Use:

Certification				
I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge.				
Authorized Submitter's Name:	DEVELOPER			
Authorized Submitter's Title:	DEVELOPER			
Authorized Submitter's Phone:	7035551212 Ext.			
Date:	01/31/2013			

□ Send e-mail notification when this and any future responses are available.

□ Check this box if you wish to add/update this subject in your subject database for use in future queries and/or reports. Duplicate entries in your subject database may result in duplicate queries. You will be notified of potential duplicate entries prior to completing this subject entry.

Submit to Data Bank

Validate Without Submitting

Store as a Draft

Return to Options

?

Help



REPORT INPUT FORM

CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL)

Report Correction

To submit a **correction** to previously submitted report DCN 7930000076905918, complete all necessary modifications in the form below, and press **Submit to Data Bank**.

The report entered here will replace the original report, so please ensure that all known data is entered in its entirety. Failure to provide sufficient information to permit identification of a single subject may result in the report being rejected, necessitating resubmission.

Do not print this page. A printable copy of your report submission will be provided after submission.

OMB # 0915-0239 expiration date 05/31/14

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PRACTITIONER INFORMATION

Help ?

-Personal Information)			
Practitioner Name Last Name SMITH Add another name	First Name JOHN	Middle Name	Suffix (Jr, III)	
<u>ridd anothor hamo</u>				
Gender	e O Unknown			
Birth Date (MMDDY 05051950	YYY)			
Is Subject Decease				

Street Address:		
Address Line 2:		
City:		
State: ZIP Code:	CHOOSE ONE FROM LIST	
Country: (if U.S., leave blank		

Work Information	ctitioner's work information is the same as your organization.
Organization Name:	GENERAL HOSPITAL
Туре:	301 General/Acute Care Hospital
Click Help ? for in	formation on filling out non-U.S. and military addresses.
Address	
Street Address:	123 FAKE STREET
Address Line 2:	
City:	FAIRFAX
State:	VA Virginia
ZIP Code:	22030 -
Country: (if U.S., leave blank	

Social Security Nu	umbers (SSN)		
*****2333	Edit		
Add another SS	<u>N</u>		

Individual Taxpayer Identification Numbers (ITIN)

Add another ITIN

Add another FEIN

National Provider Identifiers (NPI)

Add another NPI

Drug Enforcement Administration (DEA) Numbers

Add another DEA Number

Unique Physician Identification Numbers (UPIN)

Add another UPIN

(Pro Nur	ovide at least one lice	dditional License/Occupa			oes not have a State License provide more than one license.
1.	State License Number:	123ABC		OR	□ No License
	State of Licensure:	AL Alabama	-		
	Occupation/Field of Licensure:	Physician (MD)			×
	Specialty:	Aerospace Medicine	•		
	Add Additional Licen	se/Occupation			

Health Care Entities With Which the Subject is Affiliated or Associated Inclusion of an affiliated/associated health care entity in this report does not imply complicity in
the reported action. Click Help ? for information on filling out non-U.S. and military
addresses.
Name of Affiliated/Associated Health Care Entity:
Address
Street Address:

Address Line 2: City: State: CHOOSE ONE FROM LIST ZIP Code: Country: (if U.S., leave blank) Nature of Subject's Relationship to Add another Affiliate CORMATION DESCRIBING ACTION Orgen Jurisdiction Information Jurisdiction Information Jurisdiction: © Federal © State/Local Venue: (Court Name) City: FAIRFAX State: VA Virginia Docket/Court File 123 Number: Prosecuting Agency or Civil Plainitf: Statute: Investigating Agencies Name Case Number Add another Investigating Agency Statutory Offenses Statutory Offenses Statutory Offenses Statutory Offenses		
State: CHOOSE ONE FROM LIST ZIP Code:	Address Line 2:	
ZIP Code:	City:	
ZIP Code:	State:	CHOOSE ONE FROM LIST
(if U.S., leave blank) Nature of Subject's Relationship to Affiliate: Add another Affiliate CORMATION DESCRIBING ACTION Help ? Jurisdiction Information Jurisdiction:	ZIP Code:	
Relationship to CHOOSE ONE FROM LIST Affiliate: Add another Affiliate FORMATION DESCRIBING ACTION Invisidiction Jurisdiction Information Jurisdiction: C Federal Image: State/Local Venue: (Court Name) City: FAIRFAX State: VA Virginia Docket/Court File 123 Number: Prosecuting Agency or Civil Plaintiff: SMITH Prosecuting Agency or Plaintiff: SMITH Prosecuting Agencies Name Case Number: Investigating Agencies Name Add another Investigating Agency Statutory Offenses Statutory Offenses Statute Title and Section Statutory Offenses Statute Title and Section		
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Jurisdiction Information Jurisdiction: Federal • State/Local Venue: COURTHOUSE (Court Name) City: FAIRFAX State: VA Virginia Docket/Court File 123 Docket/Court File 123 Number: Prosecuting Agency or Civil Plaintiff: SMITH Prosecuting Agency 345 Number: 345 Investigating Agencies Mame Add another Investigating Agency Case Number Add another Investigating Agency Count Statutory Offenses Statutory Offenses Statute Title and Section Statutory Offense Count (e.g., False Claim) (e.g., 2)	Add another Affiliate	<u></u>
Jurisdiction: Federal State/Local Venue: COURTHOUSE (Court Name) City: FAIRFAX State: VA Virginia Docket/Court File 123 Number: Prosecuting Agency or Civil Plaintiff: SMITH Prosecuting Agency or Civil Plaintiff: SMITH Prosecuting Agency or Plaintiff Case 345 Number: Investigating Agencies Mame Case Number Add another Investigating Agency Statutory Offenses Statute Title and Section Statutory Offense Count (e.g., 18 USC. 287)	RMATION DESCRIBIN	
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or Civil Plaintiff: SMITH Prosecuting Agency or Plaintiff Case 345 Number: Investigating Agencies Name Case Number Add another Investigating Agency Statutory Offenses Statute Title and Section Statutory Offense Count (e.g., 18 USC. 287) (e.g., False Claim) (e.g., 2)		123
Prosecuting Agency or Plaintiff Case 345 Number: Investigating Agencies Name Case Number Add another Investigating Agency Statutory Offenses Statute Title and Section Statutory Offense Count (e.g., 18 USC. 287) (e.g., False Claim) (e.g., 2)		
or Plaintiff Case 345 Number: Investigating Agencies Name Case Number Add another Investigating Agency Statutory Offenses Statute Title and Section Statutory Offense Count (e.g., 18 USC. 287) (e.g., False Claim) (e.g., 2)	Prosecuting Agency	
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Name Case Number Add another Investigating Agency Statutory Offenses Statute Title and Section Statutory Offense Count (e.g., 18 USC. 287) (e.g., False Claim) Count	Investigating Agenc	ies
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Statutory OffensesStatute Title and SectionStatutory OffenseCount(e.g., 18 USC. 287)(e.g., False Claim)(e.g., 2)		
Statute Title and Section (e.g., 18 USC. 287)Statutory Offense (e.g., False Claim)Count (e.g., 2)	Add another Investi	gating Agency
Statute Title and Section (e.g., 18 USC. 287)Statutory Offense (e.g., False Claim)Count (e.g., 2)		
(e.g., 18 USC. 287) (e.g., False Claim) (e.g., 2)	Statutory Offenses	
18 USC. 287 FALSE CLAIM 2	18 USC. 287	FALSE CLAIM 2
Add another Statutory Offense	Add another Statute	ory Offense

	ch Fraud
Code: Add another Act or Omission	on Code
Narrative Description of Ac Note : Do not reference any than the subject of this rep	y personal identification information (e.g., names) of anyone ot
FRAUD	
There are 3995 characters	remaining for the description.
Spell Check	
ntence/Judgment Informa Date of Sentence or Judgm (MMDDYYYY)	ation nent: 01012013
Is the Action on Appeal?	
© Yes	
No	
O Unknown	
 O Unknown Restitution Amount: (Format NNNNN.NN) 	\$
Restitution Amount: (Format NNNNN.NN) Other Sentence/Judgment	· ,
Restitution Amount: (Format NNNNN.NN) Other Sentence/Judgment Amount Ordered:	\$
Restitution Amount: (Format NNNNN.NN) Other Sentence/Judgment Amount Ordered: (Format NNNNN.NN)	\$ Years Months Days
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Restitution Amount: (Format NNNNN.NN) Other Sentence/Judgment Amount Ordered: (Format NNNNN.NN) Incarceration: Suspended Sentence:	\$ Years Months Days Years Months Days Years Months Days
Restitution Amount: (Format NNNNN.NN) Other Sentence/Judgment Amount Ordered: (Format NNNNN.NN) Incarceration: Suspended Sentence: Home Detention:	\$YearsMonthsDays YearsMonthsDays

More Sentence/Judo	gment Information
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Entity Internal Report Reference This optional field allows your entity to include an internal file number or other reference information to help you identify this report in your files. This information is not used by the Data Bank, but it will be provided on copies of the report sent to queriers.
Entity Internal Report Reference: (e.g., claim number)
Customer Use

This optional field may be used by the submitter to identify this transaction. This information is returned without modification and only appears on the response returned to your organization. Customer Use:

Certification		
I certify that I am authorized to correct to the best of my knowle	submit this transaction and that all information is true	e and
Authorized Submitter's Name:	DEVELOPER	
Authorized Submitter's Title:	DEVELOPER	
Authorized Submitter's Phone:	7035551212 Ext.	
Date:	02/01/2013	

 \Box Send e-mail notification when this and any future responses are available.

Submit to Data Bank

Validate Without Submitting

Store as a Draft

Return to Options



REPORT INPUT FORM

CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL)

Organization Subject: Initial Report

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Organization Informa	lion	
Organization Name	1	
MEDICAL ORGAN	ZATION	
Add another name	<u>ised</u>	
Click Help ?		
	or information on filling out non-U.S. and military addresses.	
	or information on filling out non-U.S. and military addresses.	
Address	or information on filling out non-U.S. and military addresses.	
	or information on filling out non-U.S. and military addresses.	
Address	or information on filling out non-U.S. and military addresses.	
Address Street Address: Address Line 2:	or information on filling out non-U.S. and military addresses.	
Address Street Address: Address Line 2: City:		
Address Street Address: Address Line 2: City: State:	CHOOSE ONE FROM LIST	
Address Street Address: Address Line 2: City: State: ZIP Code:		
Address Street Address: Address Line 2: City: State: ZIP Code: Country:	CHOOSE ONE FROM LIST	
Address Street Address: Address Line 2: City: State: ZIP Code:	CHOOSE ONE FROM LIST	

Federal Employer Identification Numbers (FEIN)

Add another FEIN

Social Security Numbers (SSN)

Add another SSN

Individual Taxpayer Identification Numbers (ITIN)

Add another ITIN

Drug Enforcement Administration (DEA) Numbers

Add another DEA Number

National Provider Identifiers (NPI)

Add another NPI

Medicare Provider/Supplier Numbers

Add another Medicare Provider/Supplier Number

Organization State Lie	censure Information			
(If no State License, che	ck the 'No License' box.)			
State License Number:		OR	🗆 No License	
State of Licensure:	CHOOSE ONE FROM LIST	•		
Add another License	2			

Principal Officers and Owners					
Last Name	First Name	Middle Name	Suffix	Title	

Add another Principal Officer or Owner

Address		
Street Address:		
Address Line 2:		
City:		
State:	CHOOSE ONE FROM LIST	
ZIP Code:	-	
Country: (if U.S., leave blank)	
Nature of Subject's Relationship to Affiliate: <u>Add another Affiliate</u>	CHOOSE ONE FROM LIST	

INFORMATION DESCRIBING ACTION

Jurisdiction Information Jurisdiction: C Federal	on	
State/Local		
Venue: (Court Name)		
City:		
State:	CHOOSE ONE FROM LIST	
Docket/Court File Number:		
Prosecuting Agency or Civil Plaintiff:		
Prosecuting Agency or Plaintiff Case Number:		

Help ?

Name	Case Number	
Add another Investigating Ag	ency	
tatutory Offenses		
Statute Title and Section (e.g., 18 USC. 287)	Statutory Offense (e.g., False Claim)	Count (e.g., 2)
Add another Statutory Offens	<u>se</u>	
t or Omission Codes Act or Omission CHOOSE ONE	FROM LIST	
Code:		
Add another Act or Omission	Code	
Narrative Description of Act(s	s) or Omission(s)	
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Note: Do not reference any p than the subject of this report	personal identification informatio	n (e.g., names) of anyone othe
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than the subject of this report	ersonal identification informatio	n (e.g., names) of anyone oth

Date of Sentence or Judgment: (MMDDYYYY)

Is the Action on Appeal?

⊙ Yes

O No

C Unknown

Restitution Amount: (Format NNNNN.NN)	\$		
Other Sentence/Judgment Amount Ordered: (Format NNNNN.NN)	\$		
Suspended Sentence:	Years	Months	Days
Probation:	Years	Months	Days
Community Service:	Hours		
Other Court Orders: (Describe)			
More Sentence/Judgme	nt Information		

Entity Internal Report Reference

This optional field allows your entity to include an internal file number or other reference
information to help you identify this report in your files. This information is not used by the
Data Bank, but it will be provided on copies of the report sent to queriers.

Entity Internal Report Reference:

(e.g., claim number)

Customer Use

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Certification		
I certify that I am authorized to correct to the best of my knowl	submit this transaction and that all information is true and ledge.	
Authorized Submitter's Name:	DEVELOPER	
Authorized Submitter's Title:	DEVELOPER	
Authorized Submitter's Phone:	7035551212 Ext.	
Date:	02/01/2013	

□ Send e-mail notification when this and any future responses are available.

Check this box if you wish to add/update this subject in your subject database for use in future queries and/or reports. Duplicate entries in your subject database may result in duplicate queries. You will be notified of potential duplicate entries prior to completing this subject entry.



Submit to Data Bank

Return to Options



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SUBJECT INFORMAT	TION
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Help 🛛 📍

IEDICAL ORGAI	NIZATION	
Add another name	<u>s used</u>	
Click Help ?	for information on filling out non-U.S. and military addresse	es.
dress		
Street Address:	123 MAIN STREET	
Address Line 2:		
City:	FAIRFAX	
State:	VA Virginia	
IP Code:	22033 -	

Туре

Organization Type: 361 Chiropractic Group/Practice

•

Federal Employer Identification Numbers (FEIN)

123456789 Add another FEIN

Social Security Numbers (SSN)

Add another SSN

Individual Taxpayer Identification Numbers (ITIN)

Add another ITIN

Drug Enforcement Administration (DEA) Numbers

Add another DEA Number

National Provider Identifiers (NPI)

Add another NPI

Medicare Provider/Supplier Numbers

Add another Medicare Provider/Supplier Number

Organization State Lic	censure Information			
(If no State License, che	ck the 'No License' box.)			
State License Number:	123ABC	OR	□ No License	
State of Licensure:	AL Alabama	•		
Add another License	2			

Principal Officers	and Owners			
Last Name	First Name	Middle Name	Suffix	Title
Add another Pr	incipal Officer or	Owner	ļ	<u> </u>

	Vith Which the Subject is Affiliated or Associated ated/associated health care entity in this report does not imply complicity in
the reported action.	Click Help ?) for information on filling out non-U.S. and military
addresses.	
Name of	
Affiliated/Associated	1
Health Care Entity:	
Address	
Street Address:	
Address Line 2:	
City:	
State:	CHOOSE ONE FROM LIST
ZIP Code:	-
Country: (if U.S., leave blank	
Nature of Subject's	
Relationship to Affiliate:	CHOOSE ONE FROM LIST
Add another Affiliate	2

INFORMATION DESCRIBING ACTION

Help ?

urisdiction Informat		
Federal		
State/Local		
Venue: (Court Name)	FEDERAL COURT	
City:	FAIRFAX	
State:	VA Virginia	
Docket/Court File Number:	123ABC	
Prosecuting Agency or Civil Plaintiff:	, PROSECUTING AGENCY	

Prosecuting Agency or Plaintiff Case PROSECU Number:	JTING AGENCY			
Investigating Agencies				
Name	Case Number			
INVESTIGATING AGENCIES	123			
Add another Investigating Ager	<u>юу</u>			
Statutory Offenses				
Statute Title and Section	Statutory Offense Count			
(e.g., 18 USC. 287)	(e.g., False Claim) (e.g., 2)			
18 USC 287	FALSE CLAIM 2			
Add another Statutory Offense				
Act or Omission Codes Act or Omission 200 Fraudulent Bi	Ilina/Cost Reporting			
Code:				
Add another Act or Omission C	<u>ode</u>			
Narrative Description of Act(s) or Omission(s) Note : Do not reference any personal identification information (e.g., names) of anyone other than the subject of this report.				
NARRATIVE DESCRIPTION				
NARRATIVE DESCRIPTION				
There are 3979 characters rem	aining for the description.			
Spell Check				

Sentence/Judgment Information Date of Sentence or Judgment: 01012013 (MMDDYYYY)

Is the Action on Appeal?

⊂ Yes ● No	Restitution Amount: (Format NNNNN.NN)	\$		
© Unknov	vn			
Other Sentend Amount Order (Format NNN	ed: s			
Suspended Se	entence: Years	Mon	nths	Days
Probation:	Years	Mon	nths	Days
Community Se	ervice: Hours	45		
Other Court O (Describe)	rders:			
More Sen	tence/Judgment Informa	tion		

Entity Internal Report Reference

This optional field allows your entity to include an internal file number or other reference information to help you identify this report in your files. This information is not used by the Data Bank, but it will be provided on copies of the report sent to queriers.

Entity Internal Report Reference: (e.g., claim number)

Customer Use

This optional field may be used by the submitter to identify this transaction. This information is			
returned without modification an	d only appears on the respons	e returned to your organization.	
Customer Use:			

Certification				
	I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge.			
	Authorized Submitter's Name:	DEVELOPER		
	Authorized Submitter's Title:	DEVELOPER		
	Authorized Submitter's Phone:	7035551212 Ext.		
	Date:	02/01/2013		

□ Send e-mail notification when this and any future responses are available.

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