Health Care Market Oversight (HCMO) Program
HCMO-5: Certification of Request for Information Response

I, the undersigned, being first duly sworn, do say:

1. I have read ORS 415.500 et seq. and OARs 409-070-0000 to 409-070-0085.
2. I have read this Response to HCMO's Request for Information, and the information contained therein is accurate and true.

Signed on the 28th day of August, 2026.

[signature]

SUBSCRIBED AND SWORN TO before me, this 28th day of August, 2026.

[signature]

Notary Public in and for Williamson County, TN

My Commission Expires: 7/22/2030

LAURIE BOESCH
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
MY COMMISSION EXPIRES 7-22-2030