



HSCRC Trustees -MDH- <hscrc.trustees@maryland.gov>

Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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Reply-To: hscrc.trustees@maryland.gov
To: hscrc.trustees@maryland.gov

Wed, Oct 26, 2022 at 11:24 AM

DATE OF STATEMENT: 10/26/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Gregory I. Snook**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [1 S. Potomac St., Hagerstown, MD 21740](#)**HOSPITAL NAME:** Meritus Medical Center**HOSPITAL ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Professional Court, LLC**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [1110 Professional Ct., Hagerstown, MD 21740](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Real Estate**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** 5% Ownership/ Managing Member**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Lease paid under Diagnostic Imaging Services, a 50% joint venture of Meritus Medical Center.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 198006.00**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Gregory Snook



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Wed, Oct 26, 2022 at 1:08 PM

DATE OF STATEMENT: 10/26/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Wayne Alter**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [525 Northern Ave](#), P.O. Box 2070, Hagerstown, MD 21742**HOSPITAL NAME:** Meritus Medical Center**HOSPITAL ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Kensington Commercial Center, LLC**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [525 Northern Ave](#), P.O. Box 2070, Hagerstown, MD 21742**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Real Estate**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Ownership**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Lease**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$38,686.24**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Wayne Alter



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Thu, Oct 27, 2022 at 1:24 PM

DATE OF STATEMENT: 10/27/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Thomas Amalfitano, MD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [13 Western Maryland Parkway, Suite 104 Hagerstown, MD 21740](#)**HOSPITAL NAME:** Meritus Medical Center**HOSPITAL ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Meritus Medical Center**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Community Hospital**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Chief of Medical Staff**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Contract for Services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$32,862.52**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Thomas Amalfitano



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Thu, Oct 27, 2022 at 8:28 AM

DATE OF STATEMENT: 10/27/2022**PERIOD COVERED: FROM:** 07/1/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Shaheen Iqbal, MD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [12821 Oak Hill Avenue, Hagerstown, MD 21742](#)**HOSPITAL NAME:** Meritus Medical Center**HOSPITAL ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Pulmonary Consultants of Hagerstown**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [12821 Oak Hill Avenue, Hagerstown, MD 21742](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Pulmonary and Sleep Medicine**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** 20% Ownership**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Call Coverage; Sub-Lease and Contract for Services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$3,507,297.25**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Shaheen Iqbal



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Thu, Oct 27, 2022 at 1:33 PM

DATE OF STATEMENT: 10/27/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Sharon Mailey, PhD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [11287 Stones Throw Drive Reston, VA 20194-1046](#)**HOSPITAL NAME:** Meritus Medical Center**HOSPITAL ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** American Nurses Credentialing Center (ANCC)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** PO Box 505004 St. Louis, MO 63150-5004**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Accreditation and Certification**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Magnet Appraiser**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Contract for Services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$15,000.00**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Sharon Mailey



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DATE OF STATEMENT: 10/27/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Thomas Amalfitano, MD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [13 Western Maryland Parkway, Suite 104 Hagerstown, MD 21740](#)**HOSPITAL NAME:** Meritus Medical Center**HOSPITAL ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Centers for Advanced Orthopaedics Parkway Division**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [13 Western Maryland Parkway, Suite 104 Hagerstown, MD 21740](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Orthopaedic Medicine**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** 20% Ownership**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Orthopaedic Call Coverage**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$244,979.87**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Thomas Amalfitano



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Wed, Oct 26, 2022 at 12:37 PM

DATE OF STATEMENT: 10/26/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Scott Worrell, MD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [11110 Medical Campus Road Suite 205 Hagerstown, MD 21742](#)**HOSPITAL NAME:** Meritus Medical Center**HOSPITAL ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Robinwood Orthopaedic Specialty Center**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [11110 Medical Campus Road Suite 205 Hagerstown, MD 21742](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Orthopaedic Medicine**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**
Partner/16.7% Ownership**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Contract for Services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$3,370,026.95**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Scott Worrell



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Wed, Oct 26, 2022 at 12:33 PM

DATE OF STATEMENT: 10/26/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Scott Worrell, MD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [11110 Medical Campus Road Suite 205, Hagerstown, MD 21742](#)**HOSPITAL NAME:** Meritus Medical Center**HOSPITAL ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Robinwood Orthopaedic Specialty Center**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [11110 Medical Campus Road Suite 205, Hagerstown, MD 21742](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Orthopaedic Medicine**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**
Partner/16.7% Ownership**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Orthopaedic Call Coverage**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$336,927.36**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Scott Worrell



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Thu, Oct 27, 2022 at 8:40 AM

DATE OF STATEMENT: 10/27/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Shaheen Iqbal, MD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [12821 Oak Hill Avenue, Hagerstown, MD 21742](#)**HOSPITAL NAME:** Meritus Medical Center**HOSPITAL ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Meritus Medical Center**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Community Hospital**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**
Advisory Services**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Contract for Services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$20,549.17**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Shaheen Iqbal