NOTARIZED LETTER

I/We_____ do hereby state that

I/We do not have any monthly income. Food and/or shelter is being provided for

Me/us by_____.

_____ Date_____
Patient Signature

_____Date_____
Witness

NOTARY

State of West Virginia County of_____

I, _____, a Notary Public of said County,

Do certify that the foregoing instrument was acknowledged before me on the

_____day of_____, 200_____.

Given under my hand this _____day of _____, 200_____.

My commission expires:
_____/_____
Date Signature of Notary Public