

V. Suspension or Debarment

Have you, any of your employees, or, any individual who has an ownership or controlling interest in the disclosing entity ever been placed on the federal Office of the Inspector General, Health and Human Services (OIG/HHS) exclusions list or otherwise been suspended or debarred from participation in Medicare, Medicaid or Title XVIII, XIX, or XX services programs. If yes, list each person below. Attach additional pages as necessary.

NAME AND TITLE N/A	SSN/TIN N/A	PERCENTAGE N/A
ADDRESS N/A		

NAME AND TITLE N/A	SSN/TIN N/A	PERCENTAGE N/A
ADDRESS N/A		

VI. Status Changes

Is a change of ownership anticipated within the next year? Yes No

Is this facility operated by a management company or leased in whole or partly by another organization? Yes No

If yes, list date of change in operations:

Has there been a past bankruptcy or do you anticipate filing for bankruptcy within the next year? Yes No

If yes, when?

List each of the Board of Directors of the disclosing entity. Attach additional pages as necessary.

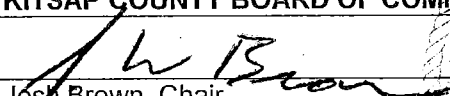
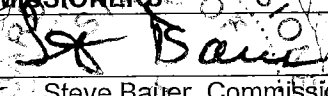
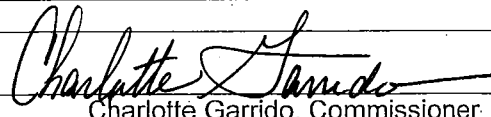
NAME AND TITLE Josh Brown, Chair	SSN/TIN N/A	PERCENTAGE N/A
ADDRESS Kitsap County Board of Commissioners, 614 Division St. MS-4, Port Orchard, WA 98366		

NAME AND TITLE Steve Bauer, Commissioner	SSN/TIN N/A	PERCENTAGE N/A
ADDRESS Kitsap County Board of Commissioners, 614 Division St. MS-4, Port Orchard, WA 98366		

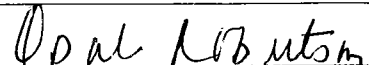
NAME AND TITLE Charlotte Garrido, Commissioner	SSN/TIN N/A	PERCENTAGE N/A
ADDRESS Kitsap County Board of Commissioners, 614 Division St., MS-4, Port Orchard, WA 98366		

Who ever knowingly and willfully makes or causes to be made a false statement or representation of this statement, may be prosecuted under applicable federal or state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or where the entity already participates, a termination of its agreement or contract with the appropriate state agency. By signature I certify that the information provided within, is true and correct and I fully understand the consequences as explained above.

VII. SIGNATURE AND TITLE OF INDIVIDUAL COMPLETING THIS FORM DATE

KITSAP COUNTY BOARD OF COMMISSIONERS		
		
Josh Brown, Chair	Steve Bauer, Commissioner	Charlotte Garrido, Commissioner

ATTEST


Opal Robertson, Clerk of the Board

Date: 4-26-10