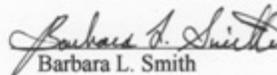


VERIFICATION

I, Barbara L. Smith, President of North Pocono CARE, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).


Barbara L. Smith

Date: 2/26/2013