STATE OF MISSOURI)
)ss
COUNTY OF COLE)

CERTIFICATION

Before me, the undersigned authority, personally appeared Ken Palermo, Administrator, Section for Disease Prevention, Missouri Department of Health and Senior Services, who, being by me duly sworn and deposed, states as follows:

My name is Ken Palermo. I am of sound mind, capable of making this certification, and personally acquainted with the facts herein stated:

I am the custodian of records for the Bureau of Communicable Disease Control and Prevention, Missouri Department of Health and Senior Services. Attached hereto are records consisting of _____ pages which comprise reports relating to sputum examinations for _____. These records are kept by the Missouri Department of Health and Senior Services in the regular course of business, and it was the regular course of business of the Bureau of Communicable Disease Control and Prevention, Missouri Department of Health and Senior Services' representatives, with knowledge of the act or event recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act or event. The records attached hereto are exact duplicates of the originals.

_____
Ken Palermo, Administrator
Section for Disease Prevention
Missouri Department of Health and Senior Services

In witness whereof I have hereunto subscribed my name and affixed my official seal this ___ day of _____, 2012.

_____
Notary Public

My commission expires