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Department of Health Care	Services				i leorm 🛛 🖓 🗸
Division, Department, or Reg	ion (iif applicable)				For Official Use Only
Director's Office					
Street Address					
P.O. Box 997413 MS 0000) Sacramento, CA 95814				
Area Code/Phone Number	E-mail			<u> </u>	
916-440-7400	renee.ernst@dhcs.ca.gov		Amendment	(explain in	comment section)
Agency Contact (name and title			Date of Original I	Filing:	
Renee Ernst	, ,				(month, day, year)
. Donor Name and Addre			·		
		Other	Conter for Hea	lib Gara	Strategies
	First Name	9ther	Center før Hea	Na	ne <u>Sirategies</u>
200 American Metro Blvd.,	Suite 119 Hamilton		٨	บ	08619
Address	City		St	ate	Zip Code
Non-profit, Center for Healt	h Care Strategies (CHCS) is dedicated to	improv	ving health care	access	and quality.
	s business activity (if business) or its nature and interests.				
If applicable, identify the name	of each source and the amount(s) solicited or	receive	d by the donor fo	r this gift	
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Name	§		Name		\$\$Amount
. Payment Information					
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