

STATE OF TENNESSEE **DEPARTMENT OF HEALTH** ANDREW JOHNSON TOWER, 5"' FLOOR

710 JAMES ROBERTSON PARKWAY NASHVILLE, TENNESSEE 37243

Enter Date i.e. January 9, 2015

Mr. Rodney Escobar

Division of Claims Administration

Andrew Jackson Building, Ninth floor

Nashville, Tennessee 37219

Dear Mr. Escobar:

The purpose of this letter pursuant to T.C.A., Sections 8-42-101 (3)(B) and 9-8-307, is to register Enter: Full Name, Enter: Address, Enter: City, Enter: State, Enter: Zip, with the Board of Claims as volunteer working with Tennessee Department of Health, Enter Division/Office Name Section.

The attached correspondence describes their role and verifies their appointment as a volunteer, effective Enter: Current Date i.e. January 9, 2015.

If you require any additional information, please contact me at Enter: Phone Nubmer.

Sincerely,

Enter: Name

Enter: Title

Enter: Division/Office Name

Initials i.e. XX/ Initials i.e. xx

cc: Volunteer File

Attachment