

1. Name: Harry Clifton Knight, Sr, MD  
2. Title: Chief Medical and Academic Officer  
3. Organization you are representing: Community Health Network  
6. Date of hearing: August 6, 2013

5. Any federal grants or contracts (including subgrants or subcontracts) which you, personally, have received since October 1, 2010, from Federal Agencies under the purview of the hearing, the source and the amount of each grant or contract: (attach additional pages as necessary).

NONE

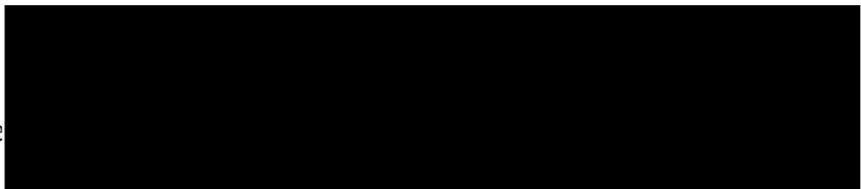
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6. Any federal grants or contracts (including subgrants or subcontracts) which were received since October 1, 2010, from Federal Agencies under the purview of the hearing by the organization(s) which you represent at this hearing, including the source and amount of each grant or contract: (attach additional pages as necessary)

NONE KNOWN

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Signature of Witness



Your signature WILL NOT be posted to the Committee website.