



Filing Receipt

Received - 2022-11-29 06:20:39 PM
Control Number - 54153
ItemNumber - 6

RAF CY 2018 Sign & Submit

Regulatory Assessment for the Calendar Year 2018

CCN Information

CCN: 11633
CCN Name: OAK BEND POA
CCN Address: PO BOX 802
DENTON, TX 76202-802
County: DENTON
CCN Phone Number: 940-765-1929
RN: RN101278497
Account Receivable (AR): 89911633

RAF Information

Assessment Rate: 1%
Total Revenues: \$18,622.99
Report Exemption Amount: NO
Report Year Length: FULL YEAR

RAF CY 2018 Assessment Amount

Total Assessment Amount: \$186.23

I certify that I have personally examined and am familiar with the information being submitted in this regulatory assessment report and that the submitted information is true, accurate and complete to the best of my knowledge. I am aware that there are significant penalties for submitting false information. By entering my name below and pressing the "Sign and Submit" button, I certify that:

1. I am MIRANDA PEREZ.
2. I have the authority to submit this information.
3. I am knowingly and intentionally submitting submitting the Regulatory Assessment for the Calendar Year 2018.
4. By entering my name below and pressing "Sign and Submit", I am executing an electronic signature equivalent to my written signature.

This document was signed by MIRANDA PEREZ.

Signature Hash: 58F38CF76FE3C3F8E1C8C3CD30CF693895192F1C79CF93E9B569CDA537D9C419

The following is additional information contained in your Copy of Record:

Submission IP address: 47.184.72.144

Submission date and time: 01/28/2019 08:58:45 PM

Submission SUNSS Version: 1.15

Submission Confirmation Number: 3491

Submission Data Hash Code: 2B5809B974551174AABCC719F87D88AD1E87EEAB223B5CF31B9CC7E6CD3206E8

