



*State of New Hampshire*  
*Signature Form for Associated Lobbyist*  
*RSA Chapter 15*

Use this form to swear or affirm the truth and completeness of  
Income and Expense Statements and related Addendums.

**Sworn Statement/Affirmation by Lobbyist**  
**Statement of Income and Expenses for:**

Name of Lobbying partnership, firm, or corporation: Bianco Professional Association

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Health Trust, Inc.

***Date of Report (check one):***

April 29, 2015       July 29, 2015       October 28, 2015       January 27, 2016

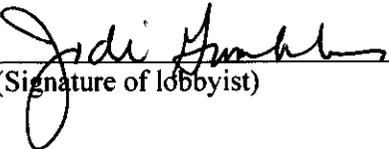
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

0 Addendum A(s).

\_\_\_\_\_ Addendum B(s).

\_\_\_\_\_ Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

  
\_\_\_\_\_  
(Signature of lobbyist)

Jodi Grimbilas

\_\_\_\_\_  
(Print Name of lobbyist)

7/20/15

\_\_\_\_\_  
(Date)

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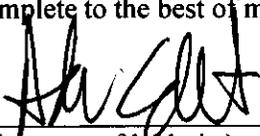
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\_\_\_\_\_  
(Signature of lobbyist)

7/20/15  
\_\_\_\_\_  
(Date)

Adam Schmidt  
\_\_\_\_\_  
(Print Name of lobbyist)

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Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Heath Trust, Inc.

***Date of Report (check one):***

April 29, 2015       July 29, 2015       October 28, 2015       January 27, 2016

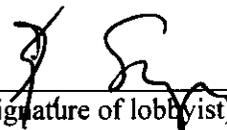
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\_\_\_\_\_  
(Signature of lobbyist)

7/20/15  
\_\_\_\_\_  
(Date)

Karen Soucy  
\_\_\_\_\_  
(Print Name of lobbyist)

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*Thomas P. Colantuono*  
(Signature of lobbyist)

7/20/15  
(Date)

Thomas P. Colantuono  
(Print Name of lobbyist)