**Section 100.EXHIBIT B Response of State Agency**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | I. | Background Information | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | A. | Name of Respondent: | | | | | | | |  | | | | | | | | | | | | |
|  | | | | Principal office address: | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | |  | | | | |
|  | | | | Telephone: (Area Code) | | | | | | | | |  | | | | | | | | | | | |
|  | | | B. | Name Respondent's Representative: | | | | | | | | | | | | | | |  | | | | | |
|  | | | | Title | |  | | | | | | | | | | | | | | | | | | |
|  | | | | Office Address | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | |  | | |
|  | | | | Telephone: (Area Code) | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | |  | | |
|  | | | Check the allegations of the appeal petition which you dispute: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | |  | | |
| Respective Paragraph | | | | | | | |  | | | | | | | | | | | | | | Not | | |
| of Appeal Petition | | | | | | | | Disputed | | | | | | | | | | | | | | Disputed | | |
|  | | | | | | |  |  |  | | | | | | | | | | | |  |  |  |  |
| I C | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II A | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II B | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II C | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 1 | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 2 | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 3 | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 3 a | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 3 a(1) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 3 a(2) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 3 a(3) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 3 a(4) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 3 a(4) (a) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 3 a(4) (b) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 3 a(4) (C) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 4 | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 4 a | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 4 a(1) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 4 a(1) (b) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 4 a(1) (b) (1) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 4 a(1) (b) (2) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 4 a(1) (b) (3) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 4 a(1) (b) (4) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 4 a(1) (b) (5) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 5 | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 5 a | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 5 b | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 5 c | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 5 d | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 5 e | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 5 f | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 5 g | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 5 h | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 5 i | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 5 j | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| II D 5 k | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III A | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III B | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III C | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III C(1) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III C(2) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III D | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III D(1) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III D(2) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III D(3) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III D(3) (a) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III D(3) (b) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III D(3) (b) (i) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III D(4) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III D(5) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III D(6) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III E | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III E(1) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III F | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III F(1) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III F(2) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III G | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III G(1) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III G(2) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III H | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III H(1) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III H(2) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III H(3) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III I | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III J | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III J(1) | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
| III K | | | | | | | |  |  | | | | | | | | | | | |  |  |  |  |
|  | | | | | | | |  |  | | | | | | | | | | | |  |  | | |
| For each disputed allegation, explain in detail the basis for your position and provide supporting documentation as one or more exhibits to this response. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | RESPONDENT: | | | | | | | |
|  | | | | | | | |  | | | | | | | | |  | | | | | | | |
|  | | | | | | | |  | | | | | | | | | BY: | | | | | | | |
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|  | | | | | | | |  | | | | | | | | | Representative | | | | | | | |
| ACKNOWLEDGEMENT | | | | | | | | | | | | | | | | | | | | | | | | |
| I, the undersigned, do hereby certify that I have read the statements and facts set forth in the foregoing Response of State Agency and state that they are true to the best of my knowledge and belief. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | |  | | |
| Subscribed and sworn to before me | | | | | | | | | | | | | | | | | | | | | | | | |
| this |  | | day of | |  | | | | | | , 19 | | | |  | | |  | | | |  | | |
|  | | | | | | | | | | | | | | | |  | | | | | |  | | |
| Notary Public | | | | | | | | | | | | | | | | | |  | | | |  | | |