

Received
JUL 25 2017
WV Ethics Commission

Disclosure of Interested Parties to Contracts

Contracting business entity: The Health Plan of the Upper Ohio Valley

Address: 52160 National Road E St. Clairsville, OH 43950

Contracting business entity's authorized agent: _____

Address: _____

Number or title of contract: SFY18 Managed Care Contract

Type or description of contract: Medicaid Managed Care

Governmental agency awarding contract: DHHR

Names of each Interested Party to the contract known or reasonably anticipated by the contracting business entity (attach additional pages if necessary):

Scion Dental

Superior Vision

Signature: *James M. Pennington* Date Signed: 7/14/17

Check here if this is a Supplemental Disclosure.

Verification

State of OHIO County of BELMONT

I, JAMES M. PENNINGTON, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledges that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken sworn to and subscribed before me this 14th day of July



NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
02-16-2022

Carin Lynn Duncanson

Notary Public's Signature

To be completed by State Agency and submitted to the WV Ethics Commission, 210 Brooks Street, Suite 300, Charleston, WV 25301:

Date Received by State Agency: 7/18/17

Date submitted to Ethics Commission: 7/18/17

Governmental agency submitting Disclosure: WV DHHR