DEPARTMENT OF HEALTH AND HUMAN SERVICES
CONTINGENT LIABILITIES
FOR STATE FISCAL YEAR ENDED JUNE 30, 2010

Division _____ **Company** _____

Explain any material contingent liability of your agency under the following conditions:

The Chance that the State will actually incur the liability is better than a remote likelihood and the amount of the possible liability is known or can be reasonably estimated.

Description	Total Value

Prepared by: _____

Telephone: _____

Date: _____

I certify, to the best of my knowledge, that all information submitted for inclusion in the Year End Comprehensive Annual Financial Report is accurate.
Signature _____ Date _____

Return to the DHHS Controller's Office
2019 Mail Service Center, Raleigh, NC 27699-2019
Attention: Mary Ngwadom
by July 9, 2010