

Form **1094-B****Transmittal of Health Coverage Information Returns**

OMB No. 1545-2252

Department of the Treasury
Internal Revenue Service► Go to www.irs.gov/Form1094B for instructions and the latest information.**2019**

1 Filer's name Parktestsix Medicaid		2 Employer identification number (EIN) 000000631
3 Name of person to contact Elias Koop		4 Contact telephone number 5554052543
5 Street address (including room or suite no.) 65 Health Avenue	6 City or town Austin	
7 State or province TX	8 Country and ZIP or foreign postal code 78741	
9 Total number of Forms 1095-B submitted with this transmittal ►		1

For Official Use Only

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

 ► _____
 Signature

 ► _____
 Title

 ► _____
 Date