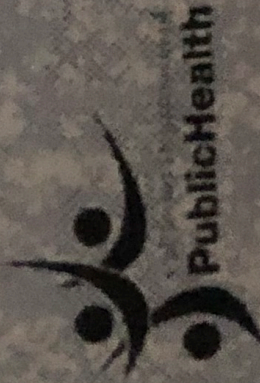


California Department of Public Health



Notice of Certification
Void if Defaced or Altered

BUTHAYNAH M MADANY

You have successfully satisfied the requirements for
Nurse Assistant Certification. Keep this for your
personal records.

Certificate No.	Effective Date	Expiration Date
00997633	07/02/18	11/29/22

Signature B. M. Madany

