November 1, 2021

Mr. Serafin Colmenares, Jr. Administrator

Hawaii State Health Planning and Development Agency

1177 Alakea Street, Suite #402

Honolulu, HI 96813

Re: Certificate of Need Application #20-17 Establishment of Radiation Therapy Services at

214 Kupuohi Street, Lahaina, HI 96761

Aloha Mr. Colmenares:

(Replace this section with your testimony based on the Criteria)

Sincerely,

Your Name

Title/Org if applicable

CC: SHPDA Fax (808) 587-0783

SHPDA Email [SHPDA@doh.hawaii.gov](mailto:SHPDA@doh.hawaii.gov)