



# VOTING CERTIFICATION

**Member:** \_\_\_\_\_  
Name of the entity that is a HealthTrust Member (please print)

I hereby certify that I am authorized to cast the vote for the above-named HealthTrust Member at HealthTrust's 2018 Annual Member Meeting because (check only one):

- ☐ I have been authorized to do so by a valid resolution, adopted by the governing board (select board, school board, town/city council, etc.) of the above-named HealthTrust Member and further certify I have attached a validly executed Certificate of Authorizing Resolution evidencing such authority;
- ☐ I am the top administrative official (town manager, superintendent, etc.) of the above-named HealthTrust Member; or
- ☐ I have been designated to do so by the top administrative official (town manager, superintendent, etc.) of the above-named HealthTrust Member and further certify I have attached a signed Certificate of Designation evidencing such designation.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title, if applicable (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Each Member shall be entitled to cast one vote for each Director position on the ballot. In the event more than one Voting Certification is submitted for a single HealthTrust Member, the Member's voting rights will be granted to the person validly authorized pursuant to the topmost option, above.*