	thTrust
	TIFICATE OF
I hereby certify to HealthTrust, In	nc. (HealthTrust), that the following is a true copy of a
resolution adopted by the Governing Boa	ard of at a
meeting duly held on(Meeting dat	
RESOLVED: That	(Voter's name) is hereby authorized to
vote on behalf of(Name of Healt	hTrust Member) at HealthTrust's 2018 Annual
Member meeting; and	
I further certify that the foregoing resolut	tion remains in full force and effect without modification.
Date:	By:
	By: (Signature)
	Name:
	(Name of representative of governing body)
	Title: Duly Authorized
	Dury Autionzeu