

CERTIFICATE OF AUTHORIZING RESOLUTION

I hereby certify to <i>HealthTrust</i> , <i>Inc.</i>	c. (HealthTrust), that the following is a true copy of a	
resolution adopted by the Governing Boar	d of at a	L
meeting duly held on(Meeting date	:)	
RESOLVED: That	(Voter's name) is hereby authorized	ed to
vote on behalf of(Name of Health	at HealthTrust's 2021 Annual	
Member meeting; and		
I further certify that the foregoing resoluti	on remains in full force and effect without modificati	ion.
Date:	By:(Signature)	_
	Name:	
	(Name of representative of governing body) Title:	,
	Duly Authorized	