

CERTIFICATE OF DESIGNATION

Member: _____
(Name of HealthTrust Member)

I hereby certify to *HealthTrust, Inc.* (HealthTrust) that:

- 1) I am the top administrative official (town manager, superintendent, town administrator, etc.) of the above-named HealthTrust Member; and
- 2) I have designated _____ to cast the above-named Member's vote on my behalf at HealthTrust's 2020 Annual Member meeting.

I further certify that the foregoing designation remains in full force and effect without modification.

Date: _____

By: _____
(Signature)

Name: _____
(Top administrative official)

Title: _____
Duly Authorized