<u>Heal</u>	hTrust
	IFICATE OF
I hereby certify to HealthTrust, Inc	e. (HealthTrust), that the following is a true copy of a
resolution adopted by the Governing Board	d of at a
meeting duly held on(Meeting date)	
RESOLVED: That	(Voter's name) is hereby authorized to
	at HealthTrust's Annual
Member Meeting on(Meeting date)	; and
	on remains in full force and effect without modification.
Date:	By: (Signature)
	Name:
	(Name of representative of governing body)
	Title: Duly Authorized