

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 Annual Member Meeting on _____ because (check only one):
(Meeting date)

- 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, town administrator, 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.