

CERTIFICATE OF AUTHORIZING RESOLUTION

I hereby certify to <i>HealthTrust</i> , <i>Inc</i> . (H	ealthTrust), that the following is a	true copy of a
resolution adopted by the Governing Board of	(Name of HealthTrust Mem	ber) at a
meeting duly held on(Meeting date)	:	
RESOLVED: That	is h	ereby authorized to
vote on behalf of(Name of HealthTrust N	at HealthTrust's	2023 Annual
Member meeting; and		
I further certify that the foregoing resolution re	mains in full force and effect with	nout modification.
Date:	By:(Signature	
	Name:(Name of representative	
	Title:	