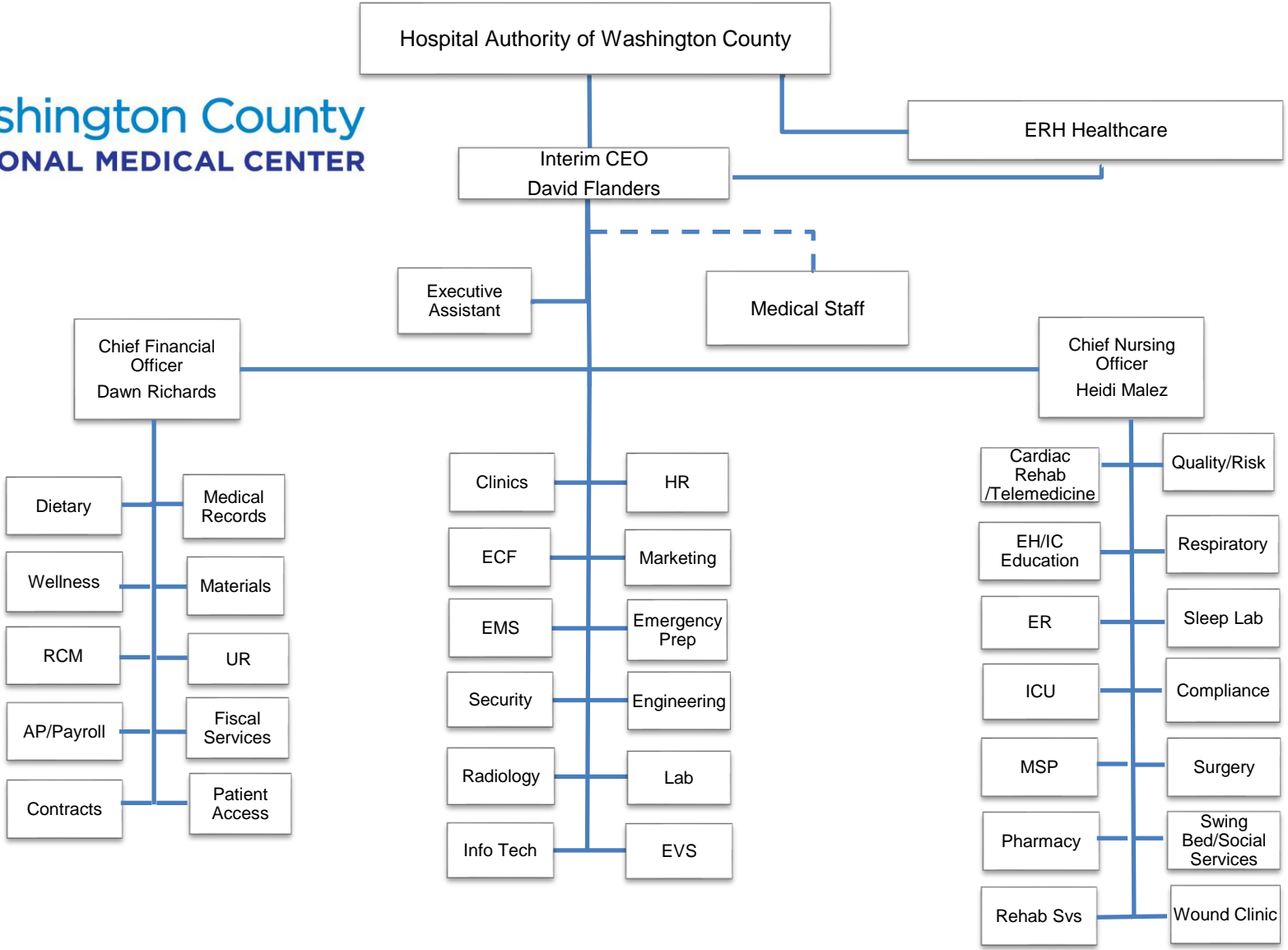




# Washington County REGIONAL MEDICAL CENTER



Authority Chairman \_\_\_\_\_ Date \_\_\_\_\_

Chief Executive Officer \_\_\_\_\_ Date \_\_\_\_\_