

FORM OF OFFICER'S CERTIFICATE

To: North Carolina Medical Care Commission
U.S. Bank National Association, as Master Trustee

This certificate is being delivered in accordance with the requirements of: (1) Section 3.10 of the Amended and Restated Master Trust Indenture, dated as of June 1, 2006, as it may be amended or supplemented from time to time (the "MTI"), among Southeastern Regional Medical Center (the "Corporation"), Health Horizons, Inc. ("Horizons"), Southeastern Regional Medical Center Foundation ("SRMC Foundation"), Executive Credit Collections ("ECC"), Southeastern Regional Physician Services ("Physician Services", and, together with the Corporation, Horizons, SRMC Foundation, and ECC, (the "Healthcare Entities") and U.S. Bank National Association, as Master Trustee, and (2) the requirements of Article V of the Loan Agreement, dated as of October 1, 2012, and Article 5.04 of the Loan Agreement dated September 15, 2005 (the "Loan Agreement"), between the Corporation and the North Carolina Medical Care Commission.


I (We) do hereby certify to the best of my (our) knowledge that for the Fiscal Year ended September 30, 2016, the Healthcare Entities were not in violation of any of the covenants, terms, provisions or conditions of the MTI, the Loan Agreement, the Tax Certificate and the Post-Issuance Federal Tax Compliance Checklist (and any other agreement cited in the compliance section of the MTI or the Loan Agreement or entered into in connection with the issuance of Commission debt), except for those terms of noncompliance (if any) set forth herein,

I (We) do hereby certify as of the date hereof that I (we) have no knowledge of any future circumstances that could result in a future failure to comply with the terms, provisions and Conditions of the Tax Certificate and the Post-Issuance Federal Tax Compliance Checklist, except for those terms of noncompliance (if any) set forth herein.

In reference to Section 5.04 of the Loan Agreement, a copy of the operating budget and capital budget for the Fiscal Year is to be provided to the Master Trustee and the Medical Care Commission not later than the first day of the Fiscal Year. This document was inadvertently omitted from submission by the required date. This omission was identified and the document was submitted on April 1, 2016.

We have also provided to you a copy of the auditor's compliance report for the Fiscal Year Ended September 30, 2016 and addressed the issues (if any), set forth in their report dated December 28, 2016.

Our Long-Term Debt Service Coverage Ratio, as defined in the MTI, for the Fiscal Year Ended September 30, 2016 was 5.66.


Signed

C. Thomas Johnson, III - VP/CFO
Name and Title

3-22-17
Date