

CERTIFICATE OF NO DEFAULT

Required by

Disclosure Agreement
dated as of April 1, 2013,
by and between Lester E. Cox Medical Centers
and
Digital Assurance Certification, LLC.

I, the undersigned, the Chief Financial Officer of Lester E. Cox Medical Centers (the "Corporation"), pursuant to Section 1 "Certification" of the above-referenced Disclosure Agreement, do hereby certify as follows:

Capitalized words and terms used in this Certificate, unless the context requires otherwise, shall have the same meanings as set forth in the Disclosure Agreement.

1. No Event of Default or event which, with the giving of notice or lapse of time or both, would constitute an Event of Default, has occurred and is continuing.
2. No action, suit or proceeding by the Corporation or against the Corporation at law or in equity, or before any governmental instrumentality or agency, or any of the same which may be threatened, which, if adversely determined, would materially impair the right or ability of the Corporation to carry on its business, or would materially impair the right or ability of the Corporation to perform the transactions contemplated by the Disclosure Agreement, or would materially and adversely affect its business, operations, properties, assets or conditions.
3. The unaudited financial statements fairly present the matters set forth therein subject to year-end adjustment in accordance with generally accepted accounting principles.

Dated: August 10, 2017.

LESTER E. COX MEDICAL CENTERS

By _____
Sr. V.P. & Chief Financial Officer