

EVENT NOTICE COVER SHEET

This cover sheet and accompanying "event notice" will be sent to the Municipal Securities Rulemaking Board (the "**MSRB**") pursuant to Securities and Exchange Commission Rule 15c2-12(b)(5)(i)(C) and (D) and the Disclosure Dissemination Agent Agreement dated as of February 1, 2004, among Greenwood County, South Carolina (the "**County**"), Greenwood County Hospital Board (the "**Board**") and Digital Assurance Certification, L.L.C. (the "**Disclosure Undertaking**").

Issuer's and/or Other Obligated Person's Name: Greenwood County Hospital Board

Issuer's Six-Digit CUSIP Number: 397090

Number of pages of attached: 2

____ Description of Notice Event (Check One):

1. ____ "Principal and interest payment delinquencies;"
2. ____ "Non-Payment related defaults, if material;"
3. ____ "Unscheduled draws on debt service reserves reflecting financial difficulties;"
4. ____ "Unscheduled draws on credit enhancements reflecting financial difficulties;"
5. ____ "Substitution of credit or liquidity providers, or their failure to perform;"
6. ____ "Adverse tax opinions, IRS notices or events affecting the tax status of the security;"
7. ____ "Modifications to rights of securities holders, if material;"
8. ____ "Bond calls, if material;"
9. X "Defeasances;"
10. ____ "Release, substitution, or sale of property securing repayment of the securities, if material;"
11. ____ "Rating changes;"
12. ____ "Tender offers;"
13. ____ "Bankruptcy, insolvency, receivership or similar event of the obligated person;"
14. ____ "Merger, consolidation, or acquisition of the obligated person, if material;" and
15. ____ "Appointment of a successor or additional trustee, or the change of name of a trustee, if material."

____ Failure to provide annual financial information as required

____ Failure to provide quarterly report as required

____ Voluntary Event Disclosure of Litigation/Enforcement Action

I hereby represent that I am authorized by the Obligated Person or its agent to distribute this information publicly:

Signature: Timothy G. Evans

Name: Timothy G. Evans

Title: CFO

Digital Assurance Certification, L.L.C.
390 N. Orange Avenue
Suite 1750
Orlando, FL 32801
407-515-1100

EVENT NOTICE

With reference to Securities and Exchange Commission Rule 15c2-12(b)(i)(C) and (D) and the Disclosure Undertaking related to the Series 2004B Bonds listed in Exhibit A attached hereto (the "*Series 2004B Bonds*"), the Board hereby notifies the MSRB of the occurrence of the follow events with respect to the Series 2004B Bonds:

The County intends to cash defease the \$25,000,000 Greenwood County, South Carolina, Hospital Facilities Revenue Refunding Bonds (Self Regional Healthcare) Series 2004B on or about September 27, 2017, although such date may change. The Board is required, pursuant to the continuing disclosure requirements relating to the Series 2004B Bonds to disclose the defeasance of the Series 2004B Bonds, if such occurs.

Dated: August 11, 2017

GREENWOOD COUNTY HOSPITAL BOARD

By: Timothy Evans
Timothy Evans
VP Chief Financial Officer

EXHIBIT A

The following bonds are referred to collectively as the 2004B Bonds:

\$25,000,000 Greenwood County, South Carolina Hospital Facilities Revenue Refunding Bonds (Self Regional Healthcare) Series 2004B Dated: February 4, 2004	
Maturity Date	CUSIP
October 1, 2034	397090ET4