



### ACKNOWLEDGEMENT AND CERTIFICATION

By signing below, the undersigned hereby acknowledges and certifies as follows:

1. The undersigned is a patron of Partners Cooperative, Inc. ("Partners").
2. The undersigned has executed a Patronage Agreement or a Management Services Agreement with Partners pursuant to which, among other things, the undersigned has:
  - (a) authorized Partners to negotiate and enter into purchasing agreements ("Contracts") with vendors and suppliers ("Vendors") pursuant to which the undersigned may purchase, license or lease from such Vendors certain goods, items, intangible rights and/or services (the "Materials"); and
  - (b) assigned to Partners the undersigned's right to receive rebates and/or discounts from Vendors based on the undersigned's purchase of Materials under the Contracts.
3. The person signing below has all right, power and authority to sign and bind the undersigned to the acknowledgements and certifications contained herein.
4. Partners may make copies of this Acknowledgement and Certification form and may provide such to any Vendors that may reasonably request verification of the facts contained herein.

Effective as of: July 18, 2018

Lake Regional Health System

Print Name of Partners Patron (Lake Regional Health System)

  
Signature of Authorized Representative

DANE W. HENRY, CEO  
Printed Name and Title of Authorized Representative