

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: February 1, 2014

Central Georgia Health System, Inc
Print Name of Partners Patron (Central Georgia Health System, Inc.)

Ninfa M Saunders
Signature of Authorized Representative

Ninfa M. Saunders
Printed Name and Title of Authorized Representative

*Received & Accepted 2/1/14
by: Kay Gilliland
Partners Cooperative, Inc.*

Exhibit B to Affiliation Agreement
AFFILIATE ACKNOWLEDGEMENT AND CERTIFICATION

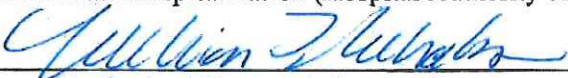
By signing below, the undersigned hereby acknowledges and certifies as follows:

1. The undersigned is an Affiliate of Central Georgia Health System, Inc. ("Central Georgia Health System" or "Member Patron") for the limited purpose of participating through Member Patron in Partners Cooperative, Inc. ("Partners") as an Affiliate Hospital Patron.
2. Central Georgia Health System is the Member Patron of Partners.
3. The undersigned has executed an Affiliation Agreement or a Management Services Agreement with Partners pursuant to which, among other things, the undersigned has:
 - (a) authorized Partners on behalf of Member Patron and Affiliate 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.
4. The person signing below has all right, power and authority to sign and bind the undersigned to the acknowledgements and certifications contained herein.
5. 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, including but not limited to posting this Acknowledgement and Certification on any Partners' website.

Effective as of: February 1, 2014

Hospital Authority of Tift County, Georgia

Name of Affiliate Hospital Patron (Hospital Authority of Tift County, Georgia)



Signature of Authorized Representative

William T. Richardson President / CEO

Printed Name and Title of Authorized Representative