

CERTIFICATE

OF

HOSPITAL AUTHORITY NO.1 OF SCOTTS BLUFF COUNTY, NEBRASKA

I, Lexalan D. Larsen, the duly elected, qualified and acting Secretary of Hospital Authority No. 1 of Scotts Bluff County, Nebraska (the "Authority"), and do hereby further certify that attached hereto as Exhibit A is the original Petition for Nomination of Trustees to the Board of Trustees of the Authority which was filed with the Board of Trustees of the Authority in accordance with Section 23-3591 of the Reissued Revised Statutes of Nebraska.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Authority on and as of this 8th day of April, 2026.

A handwritten signature in dark ink, appearing to read 'Lexalan D. Larsen', is written over a horizontal line.

Lexalan D. Larsen, Secretary