

0416

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be duly executed by their duly authorized officers or representatives on the day and year first above written.

SECRETARY OF HEALTH, EDUCATION AND WELFARE

By: [Signature]  
Authorized Agent

ATTEST:

[Signature]  
[Name]

ST. FRANCIS COMMUNITY HOSPITAL, an eleemosynary corporation

By: [Signature]

GREENVILLE COUNTY, SOUTH CAROLINA

ATTEST:

[Signature]  
Clerk of the County Council

By: [Signature]  
Chairman of the County Council

By: [Signature]  
County Administrator

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