

SAMPLE Annual Officer's Compliance Certificate

(Letterhead of ABC Healthcare Entity)

To: North Carolina Medical Care Commission  
XYZ National Bank

This certificate is being delivered in accordance with the requirements of: (1) Article 3 (or other article or section thereof cited here) of the Master Trust Indenture (MTI) dated as of \_\_\_\_\_, 20\_\_\_\_\_ between ABC Healthcare Entity and XYZ National Bank and (2) the requirements of Article 5 (or other article or section thereof cited here) of the Loan Agreement (LA) between ABC Healthcare Entity and The North Carolina Medical Care Commission, dated as of \_\_\_\_\_, 20\_\_\_\_\_ (or Loan Agreements if more than one).

I (We) do hereby certify to the best of my (our) knowledge that for the Year Ended \_\_\_\_\_, 20\_\_\_\_\_ ABC Healthcare Entity was not in violation of any of the covenants, terms, provisions or conditions of the MTI, TI (Trust Indenture), LA, and Tax Certificate (and any other agreement cited in the compliance section of MTI or LA or entered into in connection with the issuance of Commission debt) except for those items of noncompliance (if any) set forth herein.

We have also provided to you a copy of the auditors compliance report for the Year Ended \_\_\_\_\_, 20\_\_\_\_\_ and addressed the issues (if any) set forth in their report dated \_\_\_\_\_, 20\_\_\_\_\_.

Our long term debt service coverage ratio, as defined in the MTI, TI and/or LA, for FYE \_\_\_\_\_ 20\_\_\_\_\_ was \_\_\_\_\_.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Name, title and date