



Appendix A

Account Signers

Customer Information

Customer Name: Village Health Care, LLC

Tax Identification Number: 464155186

Account Information

Account Name	Account Number	Tax Identification Number
<u>Village Health Care, LLC</u>	<u>130119059512</u>	<u>464155186</u>

Authorized Account Signers

Name	Title	Specimen Signature
<u>Andrew Buck</u>	<u>Vice President</u>	<u>Andrew Buck</u>
<u>Angela Buck</u>	<u>President</u>	<u>Angela Buck</u>



The Contract Signer listed below further represents and warrants to the Bank that the signatures listed above are the true and authentic signatures of the Authorized Account Signer(s) and that Customer has taken all action required by its organizational documents to appoint the Authorized Account Signer(s).

REQUEST FOR FEDERAL TAXPAYER IDENTIFICATION NUMBER

UNDER PENALTIES OF PERJURY I CERTIFY THAT:

A. THE NUMBER(S) SHOWN ABOVE IS/ARE THE CORRECT TAXPAYER IDENTIFICATION NUMBER(S) FOR THE CORRESPONDING TAXPAYER.

B. I AM NOT SUBJECT TO BACKUP WITHHOLDING AS A RESULT OF FAILURE TO REPORT ALL INTEREST OR DIVIDENDS SINCE I HAVE NOT BEEN NOTIFIED I AM SUBJECT TO OR HAVE BEEN NOTIFIED I AM NO LONGER SUBJECT TO BACKUP WITHHOLDING BY THE INTERNAL REVENUE SERVICE. (IF YOU CANNOT CERTIFY THIS, CROSS OUT STATEMENT B.)

C. I AM A U.S. PERSON (AS DEFINED IN THE IRS FORM W-9 INSTRUCTIONS, WHICH INSTRUCTIONS WILL BE PROVIDED BY BANK UPON REQUEST).

D. I AM AN EXEMPT CUSTOMER AS LISTED IN THE IRS FORM W-9 INSTRUCTIONS - CHECK BOX ☐

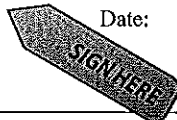
THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Contract Signer Signature: Andrew C. Buck

Print Title: Vice President

Print Name: Andrew Buck

Date: 01 / 21 / 2014



For Internal Use Only:

Authorized Signers are related to the Master Services Agreement dated: 1/21/14

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