

CERTIFICATE OF ADOPTING RESOLUTION

The undersigned authorized representative of **SEWARD COUNTY COMMUNITY COLLEGE** hereby certifies that the following resolutions were duly adopted by the Employer on **MAY 5, 2014**, and that such resolutions have not been modified or rescinded as of the date hereof;

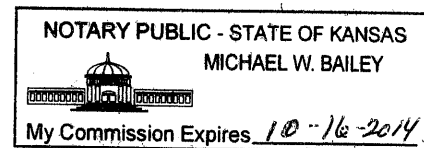
RESOLVED, that the Amendment to the **SEWARD COUNTY COMMUNITY COLLEGE MEDICAL CARE EXPENSE REIMBURSEMENT PLAN** is hereby approved and adopted, and that an authorized representative of the Employer is hereby authorized and directed to execute and deliver to the Administrator of the Plan one or more counterparts of the Amendment.

The undersigned further certifies that the attached hereto is a copy of the Amendment approved and adopted in the foregoing resolution.

Date: 5-5-2014

Signed: Ron Oliver

Ron Oliver, President of the Board of Trustees



Michael W. Bailey