

CERTIFICATE OF RESOLUTION

The undersigned authorized representative of **SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC INC. dba River Valley Health and Dental Center** (the Employer) hereby certifies that the following resolutions were duly adopted by the governing body of the Employer on _____, and that such resolutions have not been modified or rescinded as of the date hereof:

RESOLVED, that the form of amended and restated Welfare Benefit Plan, effective January 01, 2021, presented to this meeting (and a copy of which is attached hereto) is hereby approved and adopted, and that the proper agents of the Employer are hereby authorized and directed to execute and deliver to the Administrator of said Plan one or more counterparts of the Plan.

RESOLVED, that the Administrator shall be instructed to take such actions that the Administrator deems necessary and proper in order to implement the Plan, and to set up adequate accounting and administrative procedures for the provision of benefits under the Plan.

RESOLVED, that the proper agents of the Employer shall act as soon as possible to notify the employees of the Employer of the adoption of the Plan and to deliver to each employee a copy of the Summary Plan Description of the Plan, which Summary Plan Description is attached hereto and is hereby approved.

The undersigned further certifies that attached hereto as Exhibits, are true copies of SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC INC. dba River Valley Health and Dental Center's Benefit Plan Document and Summary Plan Description approved and adopted at this meeting.

SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC INC. dba River Valley Health and Dental Center

By: _____

Name: _____

Title: _____