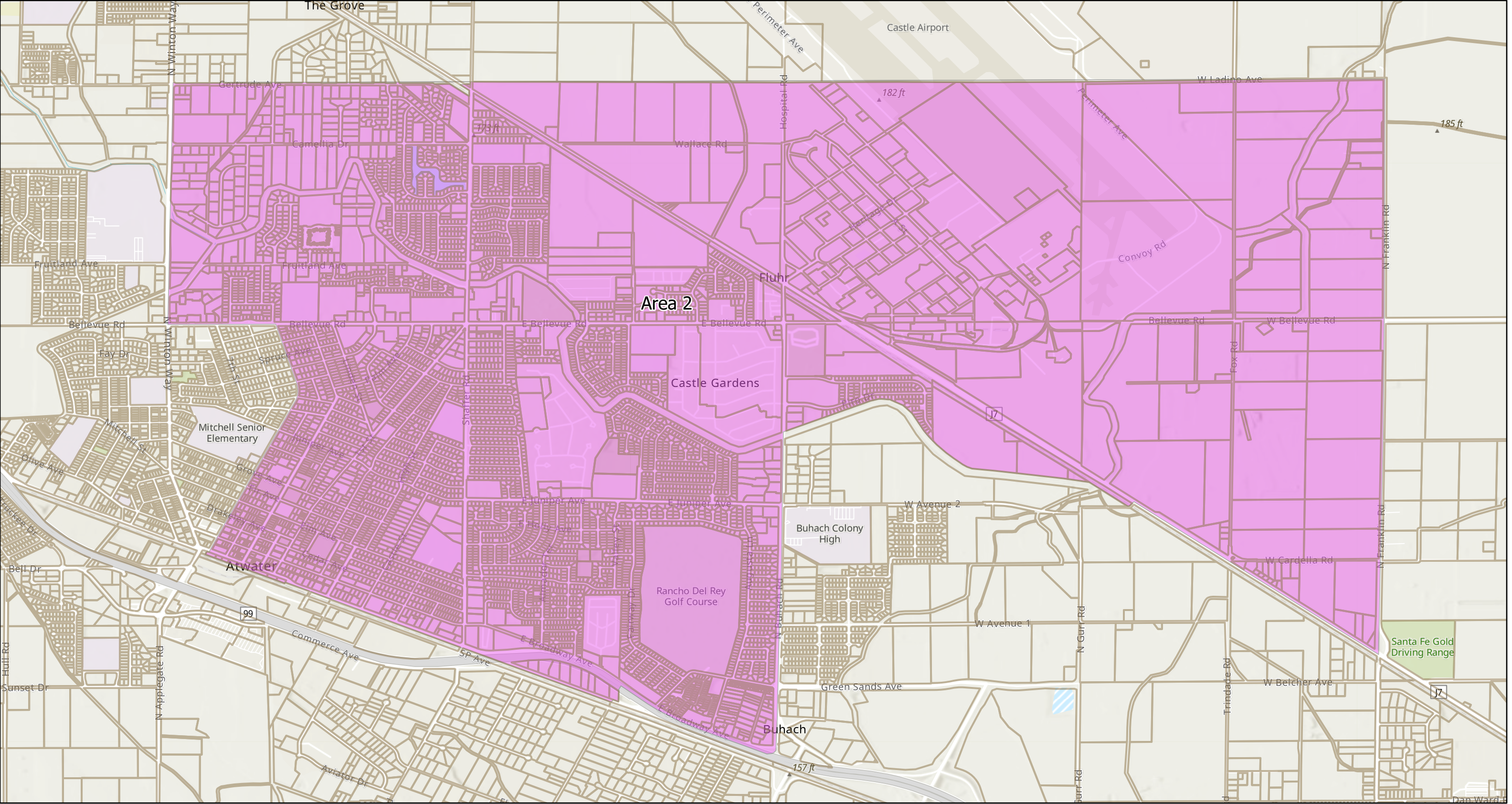




Bloss Memorial Healthcare District, Area 2
2023 District Map Certification

CERTIFICATION

On behalf of the district, I hereby certify that I have reviewed the map boundaries and/or files for the district and approve them for the use of future elections.

Signature	Date
Print name	Title