

Professional Opinion Letter

Letterhead of Practitioner

To: Mailing Address
Starfield PKI
c/o Starfield Technologies, LLC.
14455 North Hayden Road
Suite 219
Scottsdale, AZ 85260

Facsimile::
(480) 247-4224

Email Address:
evdocs@starfieldtech.com

Company/Applicant: Clay County Memorial Hospital
Contract Signer: Jeff Huskey - CEO

To Starfield Technologies, LLC. ("Starfield"):

I have been retained by and represent Applicant. I have been asked by Applicant to present you with my opinion as stated in this Professional Opinion Letter. My opinion is based on my familiarity with the relevant facts and the exercise of my professional judgment and expertise.

[Optional: Insert customary preliminary matters for opinion letters in your jurisdiction.]

On this basis, I hereby offer the following opinion:

1. Jeff Huskey is employed by Applicant as
CEO, and has the necessary authority to act on
behalf of Applicant to:

- a. Provide the information about Applicant that is required for issuance of the Extended Validation Certificate referenced above;
- b. Request one or more Extended Validation Certificates and designate other persons to request Extended Validation Certificates;
- c. Agree to the contractual obligations set forth in

(i) Starfield's Extended Validation Certificate Service Subscriber Agreement (the "Agreement"),

(ii) Starfield's Certification Practice Statement (the "CPS"), and

(iii) any other Starfield documents incorporated therein, all of which may be found at <https://www.starfieldtech.com/repository>; and

d. Confirm Applicant's ownership of the domain name(s) to be included in the Extended Validation Certificate(s).

2. Applicant has a physical presence and its principal place of business at the following location:

Address: 310 W South Street

City: Henrietta

State: Texas

ZIP/Postal Code: 76365

Telephone Number (Including Area/Country Code): 940-538-5621

3. Applicant [choose one]:

a. ☐ Does not conduct business under an assumed name (a "DBA Name").

b. ☒ Conducts business under an assumed name (a "DBA Name"), and such DBA Name is: Clay County Memorial Hospital, and is registered within (city/ county / state) of Henrietta / Clay County / Texas.

4. Applicant has the right to use the following domain name(s) in identifying itself on the Internet: billpay.ccmhospital.com

5. Company/Applicant has an active and current Demand Deposit Account with a regulated financial institution.

If applicant is a Government Organization, also complete items 6 through 9.

6. The Government Organization operates under the formal legal name of: County of Clay dba Clay County Memorial

7. The Government Organization date of registration or formation is: 1947

8. The identifier for the legislative act that created the Government Organization is:
Texas Health and Safety Code 263.021

9. The Government Organization is a legally recognized government entity
incorporated/organized in the following jurisdiction:
Clay County, State of Texas and is validly existing and in good standing
under the laws of such jurisdiction.

[Optional: Insert customary limitations and disclaimers for opinion letters in your
jurisdiction.]

By: Seth C Slagle
(Signature)
Name: Seth C Slagle
(Printed name)
Date: 9-12-16

Professional Capacity [choose one]: ☒ Legal Practitioner ☐ Accounting Practitioner

**Name of agency where Starfield Technologies, LLC may verify your authority to
practice:**

Authorizing Agency: State Bar of Texas

Contact information for the Firm submitting Professional Opinion where Starfield may
verify the authenticity of this letter:

Firm Name:	Seth C. Slagle, Attorney at Law
Address:	111 S Main Street
City:	Henrietta
State:	Texas
ZIP/Postal Code:	76365
Telephone Number (Including Area/Country Code):	(940) 538-0533