

ANNEX I
FORM OF DISBURSEMENT REQUEST

April 5, 2018

Bank of America, National Association
Global Custody and Agency Services
135 South LaSalle Street
IL4-135-14-01
Chicago, Illinois 60603
Attention: Rise' L. Gray
Fax: (312) 992-9833

DISBURSEMENT REQUEST

Ladies and Gentlemen:

We refer you to that certain Escrow Agreement (the "Agreement"), dated as of November 30, 2015, among the District, Spohn, and Bank of America, National Association, as Escrow Agent. Capitalized terms used but not defined in this letter shall have the meanings given them in the Agreement.

Pursuant to the provisions of the Agreement, you are hereby directed to disburse Escrow Fund held in the Escrow Account as follows:

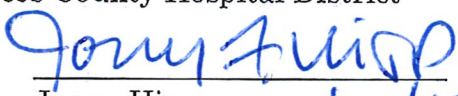
- (i) 25% of the funds in the Escrow Account, which amounts to \$3,008,195.14,
- (ii) on April 30, 2018,
- (iii) to CHRISTUS Spohn Health System Corporation,
- (iv) via wire transfer to the account in the attached instructions.

Very truly yours,

Spohn:
CHRISTUS Spohn Hospital System

By: 
Dominic Dominguez
CEO, CHRISTUS Spohn Hospital System

District:
Nueces County Hospital District

By: 
Jonny Hipp
Administrator

4/16/18