

ANNEX I  
FORM OF DISBURSEMENT REQUEST

January 7, 2025

Argent Institutional Trust Company  
5901 Peachtree Dunwoody Road  
Suite C-495  
Atlanta, GA 30328  
Attention: Erik Benson  
Email address: ebenson@argentfinancial.com

DISBURSEMENT REQUEST  
Escrow Account Number

Ladies and Gentlemen:

We refer you to that certain Escrow Agreement (the "*Agreement*"), dated as of November 30, 2015, among the District, Spohn, and Argent Institutional Trust Company, 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) *Disbursement Date: January 14, 2025*
- (ii) *Dollar Amount: \$3,224,053.26 and any residual interest\**
- (iii) *Beneficiary Name: CHRISTUS Health*
- (iv) *Beneficiary Address: 919 Hidden Ridge, Irving, TX 75038*
- (v) *Beneficiary Bank Name: Bank of America*
- (vi) *Beneficiary Bank ABA/Routing # (9 digits):*
- (vii) *Beneficiary Account Number.*
- (viii) *Reference: Disbursement*
- (ix) *Section of Agreement pursuant to which the Disbursement Request is being made: Article III*

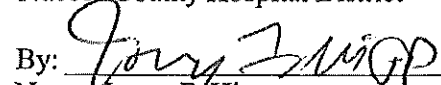
*\*The parties intend that this Disbursement Request authorize the disbursement of all remaining Escrow Funds as of the Disbursement Date. To the extent the Escrow Account earns residual interest, the parties authorize a subsequent disbursement to close the Escrow Account.*

Very truly yours,

Spohn:  
CHRISTUS Spohn Hospital System

By:   
Name: Dominic Dominguez  
Title: Chief Executive Officer

District:  
Nueces County Hospital District

By:   
Name: Jonny F. Hipp  
Title: Administrator/CEO