

**Board of Directors Resolution Form
Section C - 2**

Required for non-individual applicants only and must be an original, notarized form.



For non-individual applicants, this form must only be filled out once and submitted with the application for the group/payee number.

State of Wisconsin

County of Dane

On the _____ day of _____, _____ at a meeting of the Board of Directors of University of Wisconsin Hospitals and Clinics Authority, held in the City of Madison, in Dane County, with a quorum of the directors present, the following business was conducted:

It was duly moved and seconded that the following resolution be adopted:

Be it resolved that the Board of Directors does hereby authorize

Michael D. Buhl

and his/her successors in office to negotiate, on terms and conditions that he/she may deem advisable, a contract or contracts with the Mississippi Medicaid agency and to execute said contract or contracts, and further we do hereby give him/her the power and authority to do all things necessary to implement, maintain, amend, or renew said contract.

The above resolution was passed by a majority of those present and voting in accordance with the bylaws.

I certify that the above constitutes a true and correct copy of a part of the minutes of a meeting of the Board of Directors of University of Wisconsin Hospitals and Clinics Authority

Held on the _____ day of _____, _____

Signature of Board Member

Subscribed and sworn before me, _____, a Notary Public for the

County of Dane, on the _____ day of _____

Notary Stamp/Seal	Notary County Of
	Dane
	State Of
	Wisconsin