

Ohio Department of Medicaid
SIGNATURE AUTHORITY FORM

I, John B. McCarthy, duly appointed Director of the Ohio Department of Medicaid, do
hereby designate
with authority to sign my name to:

for which the Director's name is required.

This authorization shall remain in full force effective until
specifically revoked.

John B. McCarthy, Director

Pursuant to the foregoing the signature shall be affixed as follows:

DIRECTOR OF THE OHIO DEPARTMENT OF MEDICAID

John B. McCarthy as signed by

Authority: Ohio Revised Code § 5160.03