




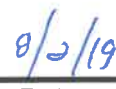



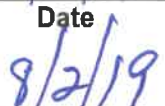
**THIS IS TO CERTIFY THAT**

**ARROWHEAD REGIONAL MEDICAL CENTER'S**

**Administrative Operations Manual**

**HAS BEEN REVIEWED AND UPDATED**

**AS NEEDED**

 _____ Chief Nursing Officer	 _____ Date
 _____ Chief Medical Officer (if applicable)	 _____ Date
 _____ Chief Executive Officer	 _____ Date
_____ Chair, Board of Supervisors	_____ Date