VERIFICATION

State of Missouri)) ss County of Boone)

I hereby certify that I have been retained as legal counsel by St. John's Regional Medical Center for the purpose of filing its Application For Cancellation Of Certificate of Service Authority, that St. John's Regional Medical Center has authorized me to make this verification and file said Application on its behalf before the Missouri Public Service Commission, and that the information and statements contained in said Application are true and correct to the best of my knowledge, information and belief.

Charles Brent Stewart, MoBar#34885

ST Subscribed and sworn to before me this day of December, 2004. lla Shawna M. Stauffeiblic Notary Public Notary Seal State of Missourt **Boone County** My Commission Expires: May 17, 2008 My commission expires:

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(seal)