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Image#,2002057559CATION OF MULTICANDIDATE STATUS

(See reverse side for instructions) This form should be filed after the Committee qualifies as a multicandidate committee. 1. (a) NAME OF COMMITTEE IN FULL CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE (b) Number and Street Address 501 CORPORATE CENTRE DRIVE STE 200 2. FEC IDENTIFICATION NUMBER C00421420 (c) City, State and ZIP Code TYPE OF COMMITTEEcheck one) STATE PARTY FRANKLIN ΤN 37067 X OTHER I certify that **one** of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: FEC Identification Number: STATUS BY QUALIFICATION: 5. (a) candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.): Name Office Sought State/District **Date** (i) JAMES H. S. Jim COOPER 05 07/28/2008 House ΤN (ii) PARKER DR. GRIFFITH 05 House AL11/14/2008 (iii) LAMAR ALEXANDER Senate ΤN 00 10/06/2008 (iv) KENRICK B MEEK FL House 17 10/23/2008 (v) MITCH MCCONNELL 00 10/23/2008 Senate (b) Contributors: The committee received a contribution from its 51st contributor 03/01/2009 Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 03/21/2006 (d) Qualification: The committee met the above requirements on: I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete. TYPE OR PRINT NAME OF TREASURER DATE SIGNATURE OF TREASURER Electronically Filed by Eugene A. (Tony) Fay 04/29/2009 Eugene A. (Tony) Fay Text ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information contact:

Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

Revised 1/2001