POWER OF ATTORNEY

Hawaii Health Systems Corporation 3674 Kilauea Avenue Honolulu, HI 96816

DEA Registration Number: Lanai Community Hospital, DEA# AL1076389

Ι,	Linda Rosen	[HHSC Officer], the
undersigned,	am authorized to sign	the current application for Drug Enforcement
Administrati	on ("DEA") registration	on of the above-named registrant under the
Controlled S	ubstances Act and Cor	ntrolled Substances Import and Export Act, 21
U.S.C. § 801	, et seq., and all state a	applications, have made, constitute, and appoint
Ray Hahn, S	Senior Vice President	and Area Manager and Hospital Administrator-
Maui Health	System, a Kaiser Four	ndation Hospital LLC, my true and lawful
attorney for i	ne in my name, place,	and stead, to use the above- referenced DEA
registration r	number for the purpose	e of continuing to handle and manufacture,
distribute and	d/or dispense controlle	d substances in schedules II-V at the DEA-
registered fac	cility located at 628 Se	eventh Street, Lanai City, Hawaii, 96763, in
accordance v	vith all federal laws. I	hereby affirm that Hawaii Health Systems
Corporation,	as the above-named re	egistrant, shall remain responsible for the lawful
handling of a	my and all controlled s	substances pursuant to the above-listed DEA
registration r	umber. The authority	granted herein shall take effect on July 1, 2017
and expire 90	days from the effecti	ve date or upon receipt by Maui Health System,
A Kaiser Fou	indation Hospitals LL	C, of a valid DEA registration pertaining to
controlled su	bstances. I hereby rat	ify and affirm that said attorney shall lawfully
do or cause t	o be done by virtue he	reof.

Signature

Title: Chief Executive Officer

Hawaii Health Systems Corporation

Ray Hahn, Senior Vice President and Area Manager and Hospital Administrator-Maui Health System, A Kaiser Foundation Hospitals LLC Attorney-in-Fact

POWER OF ATTORNEY

Hawaii Health Systems Corporation 3674 Kilauea Avenue Honolulu, HI 96816

Attorney-in-Fact

DEA Registration Number: Lanai Community Hospital, DEA# AL1076389

Ι,	[HHSC Officer], the				
undersigned, am authorized to sign the curre	nt application for Drug Enforcement				
Administration ("DEA") registration of the	bove-named registrant under the				
Controlled Substances Act and Controlled S					
U.S.C. § 801, et seq., and all state applicatio	ns, have made, constitute, and appoint				
Ray Hahn, Senior Vice President and Area	Manager and Hospital Administrator-				
Maui Health System, a Kaiser Foundation H	ospital LLC, my true and lawful				
attorney for me in my name, place, and stead					
registration number for the purpose of contin	nuing to handle and manufacture,				
distribute and/or dispense controlled substan					
registered facility located at 628 Seventh Str					
accordance with all federal laws. I hereby a					
Corporation, as the above-named registrant,	•				
handling of any and all controlled substance					
registration number. The authority granted					
and expire 90 days from the effective date o					
A Kaiser Foundation Hospitals LLC, of a va					
controlled substances. I hereby ratify and at	firm that said attorney shall lawfully				
do or cause to be done by virtue hereof.					
Signature					
Forth . I					
Title:					
Hawaii Health Systems Corporation					
DAM 6/19/17					
Ray Hahn, Senior Vice President and Area Manager and Hospital					
Administrator-Maui Health System, A Kaiser Foundation Hospitals LLC					

Witnesses:	
1 Dru Slora	
2. Kethi Forani	
Signed and dated on the 26th day of Ture	. 2017.