EXHIBIT C

Baseline Report

Development Authority: **DEPARTMENT OF ECONOMIC & DEVELOPMENT AUTHORITY**
Company: **CHS/COMMUNITY HEALTH SYSTEMS, INC.**
Number: **37957**
Date: **JUNE 24, 2016**

Unless the State agrees to an extension, this report must be submitted to the State no later than 60 days following the Effective Date of the Accountability Agreement among the State, the Development Authority and the Company.

Please attach back-up data for each Job existing within the company and each affiliate as of the Start Date.

[*insert date*]: **January 05, 2015**	**Existing Employees**
[Company] **CHS/COMMUNITY HEALTH SYSTEMS, INC.**	**423**
[Affiliate (if applicable)]	

I hereby certify that each Job listed above complies with the definition provided in Article II and Section 3.1 of the Accountability Agreement and that all information contained in this Baseline Report is true and accurate. I understand that the information provided in this Baseline Report will be used to determine the number of Net New Jobs.

CHS/COMMUNITY HEALTH SYSTEMS, INC.

By: Martin G. Schweinhart
Title: Executive Vice President
Date: Administration
07/07/16