

<p>DISTRICT COURT, TELLER COUNTY, STATE OF COLORADO Court Address: Teller County Courthouse 101 W. Bennett Avenue P. O. Box 997 Cripple Creek, CO 80813 Phone Number: 719-689-2574</p>	<p style="text-align: center;">▲ COURT USE ONLY ▲</p> <p>Case No.: 04CV263</p> <p>Div.: Ctrm.:</p>
<p>IN RE THE MATTER OF UTE PASS REGIONAL AMBULANCE DISTRICT</p>	
<p>Allison C. Ulmer Collins Cole Flynn Winn & Ulmer, PLLC 165 S. Union Blvd., Suite 785 Lakewood, CO 80226 Telephone: 720-617-0080 E-Mail: aulmer@cogovlaw.com Attorney Reg. No.: 37940</p>	
<p>OATH OF OFFICE</p>	

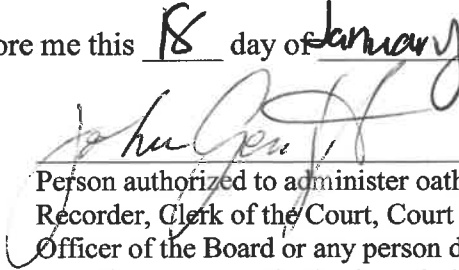
I, Chad Smith, do affirm that I will support the Constitution of the United States, the Constitution of the State of Colorado, and the laws of the State of Colorado, and will faithfully perform the duties of the office of Director of the Ute Pass Regional Health Service District upon which I am about to enter to the best of my ability.



 Chad Smith

STATE OF COLORADO)
) ss.
 COUNTY OF TELLER)

Subscribed and sworn to before me this 18 day of January, 2024, by Chad Smith.



 Person authorized to administer oaths (County Clerk and Recorder, Clerk of the Court, Court Judge, Notary Public, any Officer of the Board or any person designated by the Board, or any other person authorized to administer oaths)
 Title: President

My commission expires: _____

NOTICE OF APPOINTMENT

At a noticed meeting on the date of January 18, 2024, pursuant to Section 32-1-905(3), C.R.S., the

Board of Directors of the Ute Pass Regional Health Service District appointed the following eligible elector to fill a vacancy on the

Board of Directors:

Name: Chad Smith

Mailing Address: 1378 Millstone Lane

Woodland Park, CO 80863

This appointment will expire at the next regular election in May of 2025


Board Chair's signature



CERTIFICATE OF COVERAGE

Certificate Number CERT-008052

ADMINISTRATOR Colorado Special Districts Property and Liability Pool c/o McGriff Insurance Services, LLC PO Box 1539 Portland, OR 97207-1539	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
NAMED MEMBER Ute Pass Regional Health Service District 785 Red Feather Lane PO Box 149 Woodland Park, CO 80863	COMPANIES AFFORDING COVERAGE COMPANY A: Colorado Special Districts Property and Liability Pool COMPANY B: COMPANY C: COMPANY D: COMPANY E:

COVERAGES

THIS IS TO CERTIFY THAT COVERAGE DOCUMENTS LISTED HEREIN HAVE BEEN ISSUED TO THE NAMED MEMBER HEREIN FOR THE COVERAGE PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE COVERAGE AFFORDED BY THE COVERAGE DOCUMENTS LISTED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH COVERAGE DOCUMENTS.

CO LTR	Type of Coverage	Coverage #	Effective Date	Expiration Date	LIMITS	
A	General Liability	24PL-52029-2227	01/01/24	12/31/24	General Aggregate	Unlimited
	<input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Public Officials Liability <input checked="" type="checkbox"/> Employment Practices <input checked="" type="checkbox"/> Occurrence				*Except that for claims, occurrences or suits to which the monetary limits of the Colorado Immunity Act, C.R.S. & 24-10-101, et.seq., as amended, apply, there shall be a further sublimit of (a) \$387,000 for an injury to any one person in any single occurrence; and (b) \$1,093,000 for an injury to two or more persons in any single occurrence; but in the event of an injury to two or more persons in any single occurrence, the sublimit shall not exceed \$387,000 for each injured person.	Each Occurrence*
A	Automobile Liability <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos	24PL-52029-2227	01/01/24	12/31/24	Each Occurrence*	\$2,000,000
	Auto Physical Damage <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos					
A	Excess Liability <input checked="" type="checkbox"/> Other Than Umbrella Form	24PL-52029-2227	01/01/24	12/31/24	General Aggregate	Unlimited
					Each Occurrence*	\$1,000,000
	Property <input type="checkbox"/>					

Description:
Evidence of coverage only. Re: Ambulance service

CERTIFICATE HOLDER Teller County Government Emergency Management PO Box 959 Cripple Creek, CO 80813	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE COVERAGE FORM PROVISIONS.
	AUTHORIZED REPRESENTATIVE: By: Joseph E. DePaepe
	Date: January 11, 2024