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# Health District

OF NORTHERN LARIMER COUNTY

120 Bristlecone Drive, Fort Collins, CO 80524  
970•224•5209 fax 970•221•7165  
info@healthdistrict.org www.healthdistrict.org

May 25, 2010



CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Kimberly Hernandez  
Special District Election Officer  
Division of Local Government  
Department of Local Affairs  
1313 Sherman Street, Room 521  
Denver, CO 80203

Please find enclosed:

- Certified copies of the originally signed oath of office for **Joe D. Hendrickson, Celeste Holder Kling and Timothy S. O'Neill** elected by acclamation to four year terms on the Health District of Northern Larimer County Board.
- A copy of the Public Officials Liability policy.
- Revised list of Board of Directors.
- Notice of Cancellation
- Resolution 2010-03 Cancellation of Election and Declaration Deeming Candidates Elected.

Ms. Carol Plock remains as the Executive Director of the Health District. She can be reached at the above address, or via telephone at (970) 224-5209.

Sincerely,

Judith J. Robison-Bullard  
Designated Election Official

Enclosures

creating a healthier community

medical and dental services • mental health services • health promotion • community collaboration

# Health District

OF NORTHERN LARIMER COUNTY

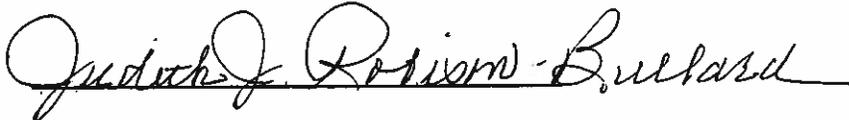
## NOTICE OF CANCELLATION

1-5-208(1.5), 32-1-104, C.R.S.

**NOTICE IS HEREBY GIVEN** by the Health District of Northern Larimer County, Larimer County, Colorado, that at the close of business on the sixty-third day before the election, there were not more candidates for director than offices to be filled, including candidates filing affidavits of intent to be write-in candidates; therefore, the election to be held on May 4, 2010 is hereby canceled pursuant to section 1-5-208(1.5), C.R.S.

The following candidates are hereby declared elected:

<b>Joe D. Hendrickson</b>	<b>4-year term</b>	<b>2014</b>
<b>Celeste Holder Kling</b>	<b>4-year term</b>	<b>2014</b>
<b>Timothy S. O'Neill</b>	<b>4-year term</b>	<b>2014</b>



Judith J. Robison-Bullard, Designated Election Official

Contact Person for the District:  
Telephone Number of the District:  
Address of the District:  
District Facsimile Number:  
District Email:

Carol A. Plock, Executive Director  
970-224-5209  
120 Bristlecone Drive, Fort Collins, CO 80524  
970-221-7165  
cplock@healthdistrict.org

# Health District

OF NORTHERN LARIMER COUNTY

## CANCELLATION OF ELECTION and DECLARATION DEEMING CANDIDATES ELECTED

### Resolution 2010-03

1-5-208(1.5), C.R.S.

WHEREAS, the Board of Directors of the Health District of Northern Larimer County is authorized to cancel the election and declare candidates elected at the close of business on the sixty-third day before the election to be conducted on May 4, 2010; and

WHEREAS, the Board of Directors has duly certified that there were not more candidates for director than offices to be filled, including candidates filing affidavits of intent to be write-in candidates,

Now, **THEREFORE**, pursuant to 1-5-208 (1.5), C.R.S., the Board **HEREBY** cancels the regular election to be conducted on the 4th day of May, 2010 by formal resolution and ,

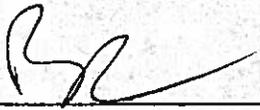
#### THE BOARD DECLARES THE FOLLOWING CANDIDATES ELECTED FOR THE FOLLOWING TERMS OF OFFICE:

Joe D. Hendrickson	2749 Dixon Creek Lane Fort Collins, CO 80526	4-year term
Celeste Holder Kling	1404 Teakwood Drive Fort Collins, CO 80525	4-year term
Timothy S. O'Neill	2800 Michener Drive Fort Collins, CO 80526	4-year term

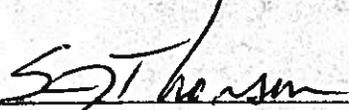
ADOPTED, this 12<sup>th</sup> day of March A.D., 2010.

Attest:

(Abstained)  
Joe D. Hendrickson, President

  
Bernard J. Birnbaum, M.D., Secretary

(Abstained)  
Celeste Holder Kling, Vice President

  
Steven J. Thorson, M.D., Treasurer

(Participated and Approved by phone)  
Lee Thielen, Liaison to PVHS Board

**BOARD OF DIRECTOR**

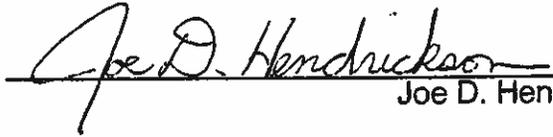
**OATH OF OFFICE**

32-1-901, C.R.S., and  
Colorado Constitution Article 12, §9

**STATE OF COLORADO**

**Larimer County  
Health District of Northern Larimer County**

I, **Joe D. Hendrickson**, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of **Director of the Health District of Northern Larimer County**, upon which I am about to enter.

  
\_\_\_\_\_  
Joe D. Hendrickson

Subscribed and sworn to before me this 25th day of May, 2010.

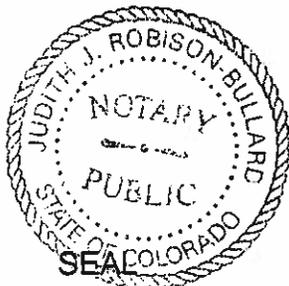
By:   
\_\_\_\_\_  
Judith J. Robison-Bullard

**IF SWORN OR AFFIRMED BEFORE A NOTARY THE FOLLOWING SHOULD BE COMPLETED.**

STATE OF COLORADO                    )  
  ) ss.

COUNTY OF LARIMER                    )

Subscribed and sworn to before me this 25th day of May, 2010.



By:   
\_\_\_\_\_  
Judith J. Robison-Bullard  
Notary

MY COMMISSION EXPIRES 04/18/2013





# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/20/2010

**PRODUCER**  
Flood & Peterson Ins., Inc.  
Corporate Mailing Address:  
P. O. Box 578  
Greeley, CO 80632

**INSURED**  
Health Services District  
of Northern Larimer County  
120 Bristlecone  
Fort Collins, CO 80524

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: CNA Surety Corporation	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY 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 INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$								
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <hr/> <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
A		<b>OTHER Position Schedule Bond</b>	68428770	01/01/09	01/01/11	Fidelity-\$5,000/Board Member(4); Officers(3) Accountant								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Attn: Kimberly Hernandez

**CERTIFICATE HOLDER**

**CANCELLATION 10 Days for Non-Payment**

Special District Election Officer  
Division of Local Government;  
Dept of Local Affairs  
1313 Sherman Street, Room 521  
Denver, CO 80203

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
*Kimberly Hernandez*

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



## **BOARD OF DIRECTORS**

**Bernard J. Birnbaum, M.D., Vice President**

Fort Collins Family Medicine Center  
1025 Pennock Place  
Fort Collins, CO 80524  
495-8800

Term of Office: May 2008 – April 2012 [1<sup>st</sup> Term]

**Joe D. Hendrickson, Liaison to PVHS Board**

2749 Dixon Creek Lane  
Fort Collins, CO 80525  
207-1479

Term of Office: May 2010 – April 2014 [2<sup>nd</sup> Term]

**Celeste Holder Kling, President**

Wallace & Kling, P.C.  
412 S. Howes, Suite B  
Fort Collins, CO 80521  
221-5602

Term of Office: May 2010 – April 2014 [2<sup>nd</sup> Term]

**Timothy S. O'Neill, Secretary**

Foothills-Gateway, Inc.  
301 W. Skyway Drive  
Fort Collins, CO 80525  
226-2345

Term of Office: May 2010 – April 2014 [1<sup>st</sup> Term]

**Steven J. Thorson, M.D., Treasurer**

The Family Clinic of Fort Collins  
1212 East Elizabeth Street  
Fort Collins, CO 80524  
482-2791

Term of Office: May 2008 – April 2012 [1<sup>st</sup> Term]