

144
52011

**CANVASS BOARD'S
CERTIFICATE OF OFFICIAL ABSTRACT OF VOTES CAST
(CERTIFICATE OF RESULTS)**

FOR THE REGULAR ELECTION HELD ON MAY 4, 2010
Rangely Hospital DISTRICT
Rio Blanco COUNTY, COLORADO

1-10-203, 1-11-103, and 32-1-104(1), CRS

Each of the undersigned members of the Canvass Board of the Rangely Hospital District certifies that the following is a true and correct abstract of the votes cast at the regular election of the Rangely Hospital District, at which time the eligible electors of the Rangely Hospital District voted as indicated on the attached Judges' Certificate of Election Returns, and as a result of which the eligible electors elected to the office the following Directors:

Marty Estes _____ 4 - Year Term
Name Address

Robert Mackey _____ 4 - Year Term
Name Address

Name Address _____ - Year Term

The votes cast for and against each ballot issue and ballot question submitted were as follows:

BALLOT ISSUE A: Resolution No. 2010-01
(Insert Text)

Number of YES votes cast: 426
Number of NO votes cast: 343

CERTIFIED this 13 day of May, 2010.

Kristin Beery
Designated Election Official
John Kuehl
Canvasser
Peggy J. B. Baker
Canvasser

Contact Person for the District: Kristin Beery
Business Address of the District: 511 S. White Avenue
Rangely, CO 81648
Telephone Number: (970) 875-4225

PROCEDURAL INSTRUCTIONS: The canvassers meet to survey the returns and certify the results. They do not recount the ballots, unless there is a formal recount. No later than seven days after the election, the canvass board shall certify the official abstract of votes cast which the DEO uses to certify the election (results). This form must be filed with the Division of Local Government within 30 days after the election and must be posted in the office of the DEO. The DEO shall notify the candidates of their election; after the oath and bond are filed, the DEO shall make and deliver a formal certificate to the elected directors.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/25/2010

PRODUCER (970)243-6600 FAX: (970)243-3914
Home Loan & Investment Company
205 North 4th Street
P. O. Box 100
Grand Junction CO 81502-0100

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.

INSURED
Rangely District Hospital
511 South White Ave.

Rangely CO 81648-2104

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: COPIC Insurance

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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	ECC0008821	11/1/2009	11/1/2010	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$
	AUTOMOBILE LIABILITY <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) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A	EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UCC0008920	11/1/2009	11/1/2010	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000				AGGREGATE \$ 1,000,000 \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER Professional Liability	ECC0008821	11/1/2009	11/1/2010	\$1,000,000 occ \$3,000,000 aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Coverage is included for Chris M. Adams D.O. as of 10/14/09

CERTIFICATE HOLDER

(970) 675-4283
Information Copy
Chris M. Adams D.O.

CANCELLATION

WHEN ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL XXX 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
B Hamilton, CPCU, CIC