

## APPLICATION FOR AUTHORITY OF FOREIGN CORPORATION

### ENTITY INFORMATION

**ENTITY NAME:** VAIL CLINIC, INC.  
**ENTITY ID:** 23795216  
**ENTITY TYPE:** Foreign Nonprofit Corporation  
**EFFECTIVE DATE:** 03/04/2025  
**FOREIGN DOMICILE STATE:** Colorado  
**DATE OF FORMATION IN FOREIGN DOMICILE:** 02/07/1966  
  
**DURATION:** Perpetual  
**TRUE NAME IN FOREIGN DOMICILE:**  
**PURPOSE:**  
**CHARACTER OF BUSINESS:** Any legal purpose  
**AUTHORIZED SHARES:**  
**ISSUED SHARES:**

### STATUTORY AGENT INFORMATION

**STATUTORY AGENT NAME:** C T CORPORATION SYSTEM  
**PHYSICAL ADDRESS:** 3800 NORTH CENTRAL AVENUE, SUITE 460,  
PHOENIX, AZ 85012  
**MAILING ADDRESS:** 3800 NORTH CENTRAL AVENUE, SUITE 460,  
PHOENIX, AZ 85012

### KNOWN PLACE OF BUSINESS

Att: C T Corporation System, 3800 North Central Avenue - Suite 460, PHOENIX, AZ 85012

### PRINCIPAL OFFICE ADDRESS

Att: Compliance Department, 181 W Meadow Dr, Ste 100, VAIL, CO 81657

### PRINCIPAL INFORMATION

CFO (Chief Financial Officer): Mike Brown - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:  
Chairman of the Board of Directors: Tom Gorrie - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:  
CIO (Chief Information Officer): Julie Jackson - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:  
COO (Chief Operating Officer): Amanda Veit - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:  
Director: Andy Daly - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:  
Director: Art Kelton - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:  
Director: Bratzo Horruitiner - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:

Director: Chris Jarnot - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:  
Director: Ellen Moritz - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:  
Director: Eric Affeldt - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:  
Director: Janet Engle, MD - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:  
Director: Linda Pancratz - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:  
Director: Marc Philippon, MD - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:  
Director: Mary Randall - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:  
Director: Maryjane Wurth - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:  
Director: Susan Kasser - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:  
Other Officer: Brian Reed - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:  
Other Officer: Chris Lindley - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:  
Other Officer: Jennifer Law - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:  
Other Officer: Kevin Rudolf - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:  
Other Officer: Nico Brown - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:  
President/CEO: William Cook III - 181 W Meadow Dr, Ste 100, VAIL, CO, 81657, USA - - Date of Taking Office:

## **SIGNATURE**

Other Officer: Jennifer Law - 03/25/2025

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

VAIL CLINIC, INC.

is a

Nonprofit Corporation

formed or registered on 02/07/1966 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871037654 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/28/2025 that have been posted, and by documents delivered to this office electronically through 03/04/2025 @ 11:50:19 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/04/2025 @ 11:50:19 in accordance with applicable law. This certificate is assigned Confirmation Number 17061162 .



Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*

Date and Time: 09/27/2014 14:13:11

Document must be filed electronically.  
Paper documents will not be accepted.

Document processing fee  
Fees & forms/cover sheets  
are subject to change.

\$25.00

Document number: 20121525351

Amount Paid: \$25.00

To access other information or print  
copies of filed documents,  
visit [www.sos.state.co.us](http://www.sos.state.co.us) and  
select Business.

ABOVE SPACE FOR OFFICE USE ONLY

filed pursuant to §7-90-301, et seq. and §7-130-105 of the Colorado Revised Statutes (C.R.S.)

ID number

19871037654

1. Entity name

VAIL CLINIC, INC.

(If changing the name of the corporation, indicate name BEFORE the name change)

## 2. New Entity name

(if applicable)

3. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

☒ Other amendments are attached.

4. If the nonprofit corporation's period of duration as amended is less than perpetual, state the date on which the period of duration expires

(mm/dd/yyyy)

**OR**

If the nonprofit corporation's period of duration as amended is perpetual, mark this box ☒

5. (Optional) Delayed effective date

(mm/dd/yyyy)

6. Additional information may be included pursuant to other organic statutes such as title 12, C.R.S. If applicable, mark this box ☐ and include an attachment stating the additional information.

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing

<u>Jones</u>	<u>Matthew</u>	<u>C.</u>	
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
<u>Duane Morris LLP</u>			
<small>(Street name and number or Post Office Box information)</small>			
<u>30 South 17th Street</u>			
<u>Philadelphia</u>	<u>PA</u>	<u>19103</u>	
<small>(City)</small>	<small>(State)</small>	<small>(Postal/Zip Code)</small>	
	<u>United States</u>		
<small>(Province – if applicable)</small>	<small>(Country – if not US)</small>		

*(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)*

**Disclaimer:**

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

**ATTACHMENT TO  
ARTICLES OF AMENDMENT OF  
ARTICLES OF INCORPORATION OF  
VAIL CLINIC, INC.**

Article FIFTH of the Articles of Incorporation of Vail Clinic, Inc. is hereby amended and restated in its entirety to read as follows:

"FIFTH: The Corporation is organized and shall be operated exclusively for charitable, scientific and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or any successor statute (the "Code").

Subject to the foregoing, the specific purposes and objectives of the Corporation shall include but not be limited to the promotion of health, by:

- (a) owning, leasing, operating and managing healthcare facilities and providing healthcare education services for the promotion of health in the area served by the Corporation;
- (b) conducting and supporting medical and scientific research relating to the care of the sick and injured or to the promotion of health;
- (c) coordinating strategic planning for the Corporation's affiliates;
- (d) governing the Corporation's subsidiaries to maximize system effectiveness in delivering healthcare services of the highest quality, safety and efficiency; and
- (e) exercising all reserved powers ceded to the Corporation by the Corporation's subsidiaries."

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

Form 150 Revised July 1, 2002

Filing fee: **\$5.00**

Deliver 3\* copies to: Colorado Secretary of State

Business Division, 1560 Broadway, Suite 200

Denver, CO 80202-5169

This document must be typed or machine printed

Copies of filed documents may be obtained at [www.sos.state.co.us](http://www.sos.state.co.us)

ABOVE SPACE FOR OFFICE USE ONLY

FILED  
DONETTA DAVIDSON  
COLORADO SECRETARY OF STATE

20031244288 M

\$ 5.00

SECRETARY OF STATE

07-30-2003 14:23:32

Pursuant to Title 7, Colorado Revised Statutes (C.R.S.), the individual named below causes the following statement to be delivered to the Colorado Secretary of State for filing:

1. The name of the entity is: Vail Clinic, Inc 19871037684 organized under the laws of Texas (state or country of origin)
2. If above entity is foreign, the assumed entity name, if any, currently using in Colorado: Vail Valley Medical Center
3. The street address of its *current* registered office (according to the existing records of the Secretary of State) is: 181 West Meadow Drive, Vail, CO 81657
4. If the registered office address is to be changed, the street address of the **new** registered office is: \_\_\_\_\_  
(must be a street or other physical address in Colorado) If mail is undeliverable to this address, ALSO include a post office box address: \_\_\_\_\_
5. The name of its *current* registered agent (according to the existing records of the Secretary of State) is: Clifford M. Eldredge
6. If the registered agent is to be changed, the name of the **new** registered agent is: Donald L. Salem
7. If the registered agent is changing the street address of the registered agent's business address, notice of the change has been given to the above named entity.
8. The street addresses of its registered office and of the business office of its registered agent, as changed, will be identical.
9. (Optional) Address of its principal place of business is: \_\_\_\_\_ and if changed, the new address of its principal place of business is: \_\_\_\_\_
10. The (a) name or names, and (b) mailing address or addresses, of any one or more of the individuals who cause this document to be delivered for filing, and to whom the Secretary of State may deliver notice if filing of this document is refused, are: Donald L. Salem, 181 West Meadow Drive, Vail, CO 81657

\*NOTE: If this document is changing the registered office or registered agent, the Secretary of State must deliver a copy of the document (1) to the registered office as last designated before the change and (2) to the principal office of the entity.

007

☐ FEE \$ 100.00  
 ON OR BEFORE 04/30/1998  
 DATE DUE  
 REPORT YEAR 1998

STATE OF COLORADO  
 BIENNIAL REPORT OF  
 A CORPORATION OR LIMITED LIABILITY COMPANY

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING  
 SUBMIT SIGNED FORM WITH FILING FEE

THIS FORM MUST BE TYPED

MAILING DATE 02/01/1998  
 INFORMATION BELOW IS ON FILE IN THIS OFFICE - DO NOT CHANGE PRE-PRINTED INFORMATION

CORPORATE NAME REGISTERED AGENT, REGISTERED OFFICE, CITY, STATE & ZIP 19871037654 FNC STATE/COUNTRY OF INC TX MCMAHAN RAY VAIL CLINIC, INC. 181 W MEADOW DR VAIL CO 81657-5949		FOR OFFICE USE ONLY 19981026446 M \$ 100.00 SECRETARY OF STATE 02-10-98 14:12:42	
Return completed reports to: Department of State Corporate Report Section 1560 Broadway, Suite 200 Denver, CO 80202		FIRST REPORT OR CORRECTIONS IN THIS COLUMN TYPE NEW AGENT NAME SIGNATURE OF NEW REGISTERED AGENT MUST HAVE STREET ADDRESS CITY STATE ZIP VAIL CO 81657	
OFFICERS NAME AND ADDRESS JOHNSTON PAUL R 181 W MEADOW DR #100 VAIL CO 81657		TITLE PR ELDREDGE, CLIFFORD M. PRESIDENT & CEO 181 W MEADOW DRIVE VAIL, CO 81657	
TESTWUIDE PAUL 181 W MEADOW DR #100 VAIL CO 81657		VP JOHNSTON, PAUL R. CHAIRMAN 181 W MEADOW DRIVE VAIL, CO 81657	
SMITH CLAUDIA 181 W MEADOW DR #100 VAIL CO 81657		ST LERIS, JACK VICE CHAIRMAN 181 W MEADOW DRIVE VAIL, CO 81657 * SEE ADDITIONAL SHEET	
DIRECTORS OR LIMITED LIABILITY COMPANY MANAGERS DOUGLAS CATHERINE E 181 W MEADOW DR #100 VAIL CO 81657		(If you have less than 3 shareholders, you may list less than 3 directors) TESTWUIDE, PAUL 181 W MEADOW DRIVE VAIL, CO 81657	
GIBSON JIM 181 W MEADOW DR #100 VAIL CO 81657		NELSON, R.A. 181 W MEADOW DRIVE VAIL, CO 81657	
HOWARD CHARLES 181 W MEADOW DR #100 VAIL CO 81657		→	

Address of Principal Place of Business

Street 181 W MEADOW DRIVE  
 City VAIL State CO Zip 81657

## SIGNATURE

Under penalties of perjury and as an authorized officer, I declare that this biennial report and, if applicable, the statement of change of registered office and/or agent, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

BY Douglas E. Nelson Authorized Agent  
 TITLE PRESIDENT & CEO DATE 2/3 19 98



☐ NOTE: DO NOT USE THIS BOX IF THIS IS YOUR FIRST REPORT!!! SEE INSTRUCTIONS ON REVERSE. IF THERE ARE NO CHANGES SINCE YOUR LAST REPORT, MARK THIS BOX, SIGN ABOVE AND RETURN WITH THE FEE AND BY THE DATE DUE INDICATED ABOVE (UPPER LEFT HAND CORNER). IF YOU ARE FILING AFTER THE DATE DUE ABOVE, CONTACT THIS OFFICE FOR THE PROPER FEE. (303) 894-2251

SEE INSTRUCTIONS ON BACK

52980528-3

Additional Officers:

Smith, Claudia  
181 W Meadow Drive  
Vail, CO 81657

Secretary/Treasurer

19981026446 M  
\$ 100.00  
SECRETARY OF STATE  
02-10-98 14:12:42

STATEMENT OF CHANGE  
OF REGISTERED AGENT04-12-90 08:30  
901028765 \$10.00To the Secretary of State  
of the State of Colorado

FN 871037621

Pursuant to the provisions of Colo. Rev. Stat. § 7-27-109 (1986) (Change of registered office or registered agent of foreign corporation), Vail Clinic, Inc., d/b/a Vail Valley Medical Center, a not for profit corporation organized under the laws of Texas and qualified to do business in Colorado submits the following statement for the purpose of changing its registered agent in the State of Colorado:

First: The name of the corporation is Vail Clinic, Inc. *new*

Second: The address of its registered office is:

181 West Meadow Drive  
Vail, Colorado 81657

Third: The name of the registered agent is:

Ray McMahan

Fourth: The address of its registered office and the address of the business office of its registered agent, will be identical.

Fifth: The address of the corporation's place of business in Colorado is:

181 West Meadow Drive  
Vail, Colorado 81657

VAIL CLINIC, INC.  
d/b/a Vail Valley Medical Center

By: *[Signature]*  
President

*apric* Subscribed and sworn to before me this 5 day of April, 1990.

*[Signature]*  
Notary Public  
P.O. Box 121 Montrose, Co. 81405  
Address

COMPUTER UPDATE COMPLETE  
JAT

# STATE OF COLORADO STATEMENT OF CHANGE OF REGISTERED OFFICE AND/OR R FN 10054

PLEASE TYPE OR PRINT CLEARLY . . . . . PLEASE READ INSTRUCTIONS ON REVERSE SIDE

FOR OFFICE USE ONLY

- 1 The exact Corporate Name, current Registered Office & current Registered Agent are:

674035 5:22 PM

The Corporation named herein makes the following statement

- 2 The State or Country of Incorporation is: TX

3 The complete street address of the Corporation's REGISTERED OFFICE shall be changed to:

4 The name of the Corporation's SUCCESSOR REGISTERED AGENT IS:

DEBORAH JOST

- 5 The address of the Corporation's Registered Office and the address of the Corporation's Registered Agent, as changed, will be identical.

- 6 The complete street address of the Corporation's principal place of business in Colorado is:

"Address" means street name and number, city or town, and United States post office zip code designation. If by reason of rural location or otherwise, a street name shall not exist, appropriate "address" fixing as nearly as possible the actual physical location may be substituted, but in all such exceptional cases the rural free delivery route, the county, and the United States post office zip code designation shall be included.

**IMPORTANT! PLEASE READ CAREFULLY!**  
If you are a not-for-profit corporation or a limited partnership, this form must be notarized. If you are a business (profit) corporation, no notarization is required.

STATE OF Colorado  
COUNTY OF El Paso

Vail Clinic Inc. (No  
By [Signature] (No  
is VICE President

Subscribed and sworn to before me this 6 day of May  
My commission expires 6-1-84



[Signature]  
Notary Public

- Notes: 1. Exact name of corporation making the statement.  
2. Signature and title of officer signing (for the corporation, must be president or vice president).

RS Form 107 (Rev. 8/81)

MAIL TO:  
Colorado Secretary of State  
Corporations Office  
1575 Sherman St., 2nd Fl.  
Denver, Co. 80203  
(303) 866-2361

for office use only

FILED  
COLO. DEPT. OF STATE

SUBMIT ONE  
Filing fee \$6.00

This document must be typewritten.

STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH.

85 226 821 3

435226

To the Secretary of State  
of the State of Colorado

Pursuant to the provisions of the Colorado Corporation Act and the Limited Partnership Act of 1981, the undersigned corporation or Limited Partnership organized under the laws of Texas submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the State of Colorado:

First: The name of the corporation or Limited Partnership is:

Vail Clinic, Inc.

Second: the address of its REGISTERED OFFICE is

181 West Meadow Dr., Vail, Colorado 81657

Third: The name of its REGISTERED AGENT is

Deborah Canode

Fourth: The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

Fifth: The address of its place of business in Colorado is 181 West Meadow Dr. Vail

Vail Clinic, Inc.

(Note 1)

By

Robert E. Davis

(Note 2)

Its

President

Its

Registered Agent (Note 3)

Its

General Partner

Subscribed and sworn to before me this 15 day of October, 19 82  
My commission expires 3-29-86

Patricia M. Plause

Notary Public (Note 4)

Box 781, Minturn, Co. 81645

Address

- Notes: 1. Exact name of corporation or Limited Partnership making the statement.  
2. Signature and title of officer signing (for the corporation, must be President or Vice-President; for a Limited Partnership, must be a General Partner).  
3. Regarding profit corporations: This statement may be executed by the registered agent when it involves only a registered address change. A copy of this statement has been forwarded to the corporation by the registered agent.  
4. Signature of Notary Public must be exactly as shown on Notarial Seal, and must agree with notarial commission.

**COLORADO DEPARTMENT OF STATE**  
**FOREIGN** STATEMENT OF FILING FEE: \$5.00  
 CHANGE OF REGISTERED OFFICE and/or REGISTERED AGENT

CORPORATE  
**F** PN 4037654

<b>A</b> NAME OF NEW REGISTERED AGENT  <b>NARY H. WHITE</b>	<b>B</b> ADDRESS OF NEW REGISTERED OFFICE FIRM OR BLDG <b>VAIL CLINIC, INC.</b> STREET ADDRESS <b>181 W. MEADOW DRIVE</b> CITY <b>VAIL</b> ZIP CODE <b>CO 81657</b>
STATE OR COUNTRY OF INCORPORATION <b>TEXAS</b>	
I UNDERSTAND THAT COLORADO LAW REQUIRES THAT THE CORPORATION'S REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE CORPORATION'S REGISTERED AGENT, AS CHANGED, MUST BE IDENTICAL.	

COMPLETE THIS FORM  
 ONLY WHEN THE AGENT  
 NAME AND/OR ADDRESS  
 IN BOX G ARE TO BE  
 CHANGED FOR THE  
 CORPORATION NAMED  
 IN THAT BOX.

FILED  
 CO. DEPT. OF STATE  
 10544 2239  
 410544  
 AUG 28 1990

**DECLARATION AND NOTARIZATION**

STATE COLORADO COUNTY EAGLE

PURSUANT TO THE PROVISIONS OF TITLE 7, CRS 1973, I DICK FITZGERALD  
 (NAME OF PRESIDENT OR VICE PRESIDENT)

HAVING BEEN DULY SWORN, DECLARE THAT THIS STATEMENT IS TRUE, COMPLETE AND CORRECT,  
 TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED [Signature]  
 (I PRESIDENT OR VICE PRESIDENT)

SUBSCRIBED AND SWORN TO BEFORE  
 ME ON 8/31/89  
 (DATE)

MY COMMISSION EXPIRES ON 8/24/1994  
 (DATE)

Anthony Russell  
 NOTARY PUBLIC

**G** THE EXACT CORPORATE NAME, CURRENTLY REGISTERED OFFICE  
 AND CURRENT REGISTERED AGENT ARE:

**GORDON G. BRITTON**  
**AGENT FOR - 0179**  
**VAIL CLINIC, INC.**

**PU 03A 16 (71)**

**VAIL CO**  
**COMPUTER UPDATE COMPLETE 1057**  
**HS**  
**DO NOT ALTER THIS INFORMATION**

MAIL TO  
**COLORADO DEPARTMENT OF STATE**  
**P.O. BOX 5861**  
**DENVER, CO. 80217**

# STATE OF COLORADO



DEPARTMENT OF  
STATE

CERTIFICATE OF AUTHORITY  
FOREIGN NOT FOR PROFIT

**J. Byron A. Anderson,**

Secretary of State of the State of Colorado, hereby certify that an Application for a Certificate of Authority to conduct its affairs in this State, duly signed and acknowledged pursuant to the provisions of Colorado, was received in this office and found to conform to law.

Accordingly the undersigned, by virtue of the authority vested in me by law, hereby Issues this Certificate of Authority to

-----Vail Clinic, Inc.-----  
(A Texas corporation )

to conduct its affairs in this State.

DATED THIS -----Seventh----- day of -----February-----, A.D. 19 66

*Byron A. Anderson*  
Secretary of State

By *Ed. Vach*

Deputy



SS:AN-TN-1  
Rev. -68

1968

TEXAS  
STATE OF ~~COLORADO~~  
COUNTY OF DALLAS

)  
) SS  
)

CERTIFICATE OF  
ASSUMED OR TRADE NAME

qualified to do business in the State of  
Vail Clinic, Inc., a non-profit Texas corporation / a Colorado,  
corporation, being desirous of transacting a portion of its business under an  
assumed or trade name as permitted by 141-2-1, Colorado Revised Statutes 1963,  
hereby certifies:

1. The corporate name and location of the principal office of said corporation is:  
Vail Clinic, Inc., Vail, Colorado 81657
2. The name, other than its own corporate name, under which such business  
is carried on is: \*  
Vail Valley Medical Center, Inc.
3. A brief description of the kind of business transacted and to be transacted  
under such assumed or trade name is: the ownership and operation of a  
medical clinic and provision of medical services, treatment and  
supplies in connection therewith

IN WITNESS WHEREOF, The undersigned President and Secretary of said  
corporation, have this day executed this Certificate April 12 1968

Vail Clinic, Inc.

By John D. Murchison  
President

Attest:

Donna M. Hine  
Secretary

Subscribed and sworn to before me this 12th day of April 1968  
My commission expires 6-1-69

Joyce Leach  
Notary Public

\*Any assumed name so used by any such corporation  
shall contain one of the words "association," "com-  
pany," "corporation," "club," "incorporated,"  
"limited," "society," "union," or "syndicate," or  
one of the abbreviations "Co.," "Inc." or "Ltd."

FILING FEE - \$5.00

Submit the original typed copy only.

6532

**CERTIFICATE OF ASSUMED  
OR TRADE NAME  
OF**

Vail valley Medical Center, Inc.

~~Vail Clinic, Inc.~~

**FILED BY**

Vail Clinic, Inc.

**FOREIGN  
~~DOMESTIC~~**

FILED in the office of the Secretary of  
State, of the State of Colorado, on the

17 day of April A.D. 1968

BYRON A. ANDERSON

Secretary of State

Filing Clerk Cannon Fee \$5.00

Old Age Pension Fund                     

**RECORDED  
ROLL 118 PAGE 1030**

04 17 3 68252301 000000

# STATE OF COLORADO

DEPARTMENT OF  
STATE



NONPROFIT  
CERTIFICATE OF  
ACCEPTANCE

**J. Byron A. Anderson,**

*Secretary of State of the State of Colorado, hereby certify that duplicate originals of an Election to Accept the provisions of the Colorado Nonprofit Corporation Act, have been received in this office and are found to conform to law.*

*Accordingly the undersigned, by virtue of the authority vested in me by law, hereby issues this Certificate of Acceptance to*

-----Vail Clinic, Inc.-----  
(a Texas corporation )

*and attaches hereto a duplicate original of the Election to Accept.*

*Dated this ---Twenty-Ninth--- day of ---September---, A. D. 19 72*

*Byron A. Anderson*  
SECRETARY OF STATE  
*James J. Connolly*  
DEPUTY

SS: Form NP a

# ELECTION TO ACCEPT the Colorado Nonprofit Corporation Act

Pursuant to the provisions of the Colorado Nonprofit Corporation Act, the undersigned corporation elects to adopt the provisions of the Colorado Nonprofit Corporation Act and does hereby state that:

1. The name of the corporation is Vail Clinic, Inc.
2. All required reports have been or will be filed, and all fees, taxes & penalties due to the State of Colorado accruing under any act to which the corporation has been subject have been paid.
3. On the 31 day of March, 19 72, the directors of the corporation, a quorum being present, voted to accept the Colorado Nonprofit Corporation Act. (members OR stockholders OR directors)  
(the acceptance is authorized, by at least 2/3 of the votes of the members, OR 2/3 of the votes of the stockholders, OR by a majority vote of the directors, which were present at such meeting)
4. The corporation followed the requirements of the law under which it was organized.
5. The address of the registered office in Colorado is P.O. Box 36, Vail, Colorado 81657 (Eagle) and the name of its registered agent at such address is Gordon G. Brittan
6. Following is the name and address of the officers and directors.  

NAME	TITLE	ADDRESS
<u>See Schedule Attached</u>		
7. The attached copy of incorporation is true and correct. not applicable
8. Issued shares of stock are 0 authorized.  

NUMBER OF SHARES AUTHORIZED	NUMBER OF SHARES ISSUED AND OUTSTANDING
<u>Zero (0)</u>	<u>Zero (0)</u>
9. All issued and outstanding shares of stock have been delivered to the corporation to be cancelled.
10. The authority of the corporation to issue shares of stock shall hereby be terminated.

Arthur G. Bishop  
its Vice President

STATE OF ColoradoCOUNTY OF Danver ss.its secretary

The foregoing instrument was acknowledged before me this 26th day of September, 19 72, by Arthur G. Bishop, Vice President, Vail Clinic, Inc.

(Insert names of such officers, as signed above, titles, & correct name of corporation)  
In witness whereof I have hereunto set my hand and seal.

My commission expires My Commission expires 4/1/73

Wm. L. Libert  
Notary Public

Note: In 7. if the documents of this corporation are on file in the office of the Secretary of State of Colorado, type the words "not applicable" in the space provided.

In 8. if the corporation is formed (and most non-profit are) without authorized capital stock type the word "not" in the space provided. In 31-24-27 the law provides "Except for corporations organized for the acquisition and distribution of water to their stockholders, a corporation shall not have or issue shares of stock."

Submit this Form in the original typed & one carbon copy  
Fee \$5.00

OFFICERS AND DIRECTORS OF VAIL CLINIC, INC.

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
John D. Murchison	President and Director	2300 First National Bank Building Tallas, Texas 75202
Robert M. Driako, M.D.	Vice President and Director	500 Penn Park Medical Center 2929 Baltimore Avenue Kansas City, Missouri 64108
Gordon G. Brittan	Treasurer and Director	P.O. Box 706 Vail, Colorado 81657
Bruce L. Evans	Secretary	1900 First National Bank Building Denver, Colorado 80202
Raymond E. Hankamer	Director	1422 Bank of the Southwest Building Houston, Texas
Arthur G. Bishop	Director - <i>was President</i>	Penthouse, Denver Club Building Denver, Colorado 80202
Mrs. Charlotte Oleson	Director	P.O. Box 42 Avon, Colorado 81620
Dick Peterson	Director	P.O. Box 7 Vail, Colorado 81657
Alfred Diblein, M.D.	Director	P.O. Box 1082 Rochester, Minnesota 55901
Mrs. Renie Gorsuch	Director	P.O. Box 186 Vail, Colorado 81657

SS Form F1-NP

**APPLICATION FOR  
CERTIFICATE OF AUTHORITY  
OF  
FOREIGN NOT FOR PROFIT**

To the Secretary of State of the State of Colorado:

Pursuant to the provisions of Colorado Corporate Law, the undersigned corporation hereby applies for a Certificate of Authority to conduct its affairs in your State, and for the purpose submits the following:

FIRST: The correct name of the corporation is Vail Clinic, Inc.

SECOND: It is incorporated under the laws of State of Texas

THIRD: The corporate address in the state or country under the laws of which it is incorporated is c/o C.T. Corporation System, Republic National Bank Bldg., Dallas, Texas

DATED January 31, 1966, 19

STATE OF TEXAS

COUNTY OF DALLAS

By [Signature]

The application shall be signed by the president of the corporation or comparable officer.

I, Louise J. [Signature], a notary public, do hereby certify that on this 31st day of January, 1966, personally appeared before me, JOHN D. MURCHISON, who, being by me first duly sworn, declared that he is the President of Vail Clinic, Inc. that he signed the foregoing document as President of the corporation, and that the statements contained therein are true.

In witness whereof I have hereunto set my hand and seal this 31st day of January, A.D. 1966.

My commission expires 6-1-67

[Signature]  
Notary Public

Filing Fee 25.00  
Certificate of Authority 65.00  
Total 90.00

**APPLICATION MUST BE TYPED  
SUBMIT ONLY THE ORIGINAL APPLICATION**

- Notes:
1. A foreign corporation not for profit is a corporation organized under laws other than the laws of this state, no part of the income of which is distributable to its members, directors, or officers other than reasonable salaries for services actually performed for the corporation and payments for expenses actually incurred in behalf of such corporation.
  2. Such corporation shall promptly amend its application upon its change of name or upon its change of address by filing an amendment thereto in the office of the secretary of state.
  3. Any foreign corporation not for profit may withdraw from the state by procuring from the secretary of state a certificate of withdrawal.

**LETTERS TO ACCEPT**  
**the Colorado Nonprofit Corporation Act**

**Wall Climate, Inc.**

**NOT FOR PROFIT  
FOREIGN**

PLATO is the official the Secretary of  
 State of the State of California, and the  
 State of California, and the State of California,  
 SYDNEY A. JOHNSON

**STRONG & ASSOCIATES**

1968-1969

October 1972

M. L. Davis

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

VAIL CLINIC, INC.

is a

Nonprofit Corporation

formed or registered on 02/07/1966 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871037654 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/21/2025 that have been posted, and by documents delivered to this office electronically through 03/24/2025 @ 13:14:47 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/24/2025 @ 13:14:47 in accordance with applicable law. This certificate is assigned Confirmation Number 17129114 .



*Jena Griswold*

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*