

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF DOCUMENT FILED**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Statement of Trade Name

with Document # 20091644418 of

Vail Health Foundation

(Entity ID # 20091644418 )

filed by Vail Health Services Foundation  
consisting of 2 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/26/2019 that have been posted, and by documents delivered to this office electronically through 08/27/2019 @08:56:16.

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 08/27/2019 @ 08:56:16 in accordance with applicable law. This certificate is assigned Confirmation Number 11765555



\*\*\*\*\*End of Certificate\*\*\*\*\*  
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Colorado Secretary of State  
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**Statement of Trade Name of a Reporting Entity**

filed pursuant to §7-71-103 and §7-71-107 of the Colorado Revised Statutes (C.R.S)

1. For the reporting entity delivering this statement, its ID number, true name, form of entity and the jurisdiction under the law of which it is formed are

ID Number	<u>19881042669</u> <i>(Colorado Secretary of State ID number)</i>
True name	<u>Vail Health Services Foundation</u>
Form of entity	<u>Nonprofit Corporation</u>
Jurisdiction	<u>Colorado</u>

2. The trade name under which such entity transacts business or conducts activities or contemplates transacting business or conducting activities in this state is

Vail Health Foundation

3. A brief description of the kind of business transacted or activities conducted or contemplated to be transacted or conducted in this state under such trade name is

Fundraising

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

This document contains additional information as provided by law.

5. *(Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)*

*(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)*

The delayed effective date and, if applicable, time of this document are \_\_\_\_\_  
*(mm/dd/yyyy hour:minute am/pm)*

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6. The true name and mailing address of the individual causing this document to be delivered for filing are

Lawlor Kevin \_\_\_\_\_  
(Last) (First) (Middle) (Suffix)  
181 W. Meadow Dr.  
(Street number and name or Post Office Box information)

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Vail CO 81657  
(City) (State) (Postal/Zip Code)  
United States  
(Province – if applicable) (Country – if not US)

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

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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