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BOOK 215 PAGE 303

AFTER RECORDING MAIL TO:

Skamania County Hospital District
PO Box 338
Stevenson WA 98648

FILED FOR RECORD
SKAMANIA CO. WASH
BY Ska. Co. Hospital District

OCT 3 10 51 AM '01
P. Lavy
AUDITOR
GARY M. OLSON

Resolution 2001-03

NOW, THEREFORE, BE IT RESOLVED, that Tim McKern, Director, is the designated agent to receive claims filed against Skamania County Hospital District dba Skamania County Emergency Medical Services; and

BE IT FURTHER RESOLVED that in the absence of the Director, a claim shall then be served upon Ann Harryman, Administrative Assistant; and

BE IT FURTHER RESOLVED all claims shall be filed with the Director at the Stevenson Ambulance Hall, 253 SW First Street, Stevenson, WA 98648 between the hours of 8:30 a.m. and 5:00 p.m.

BE IT FINALLY RESOLVED, that this resolution shall be recorded with the County Auditor

PASSED IN REGULAR SESSION this 2nd day of October, 2001.

Board of Hospital District Commissioners
Skamania County, Washington

Catharine J. Colton
Chair

Scott Ruff
Commissioner

Christopher J. Fuller
Commissioner

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