

APPENDIX II-1

**VERIFICATION ON OATH OR AFFIRMATION
TO BE COMPLETED BY HOSPITAL'S BOARD CHAIR**

STATE OF VERMONT
Green Mountain Care Board

In re: FY 2023 **Gifford Medical Center, Inc.** Audited Financial Results

Exhibit B – Board Chair's Verification on Oath or Affirmation

I, **Victor Ribaudo**, make the following declarations based on my personal knowledge:

1. I am the Chair of the Board of Directors of **Gifford Medical Center, Inc.** I am a resident of **Vermont**, am over 18 years old, and am competent to testify to the information contained in this document.
2. I have reviewed **Gifford Medical Center, Inc.**'s FY23 Audited Financial Results to be submitted to the Green Mountain Care Board (hereinafter Audited Results).
3. On **January 23, 2024**, the Audited Results were presented by **Gifford Medical Center, Inc.**'s **Chief Executive Officer, Daniel A. Bennett and Interim Chief Financial Officer, Cheyenne Holland** to the **Finance** Committee of Hospital's Board of Directors and was reviewed and approved by that Committee on **the same date**.
4. On **January 25, 2024**, the Audited Results were presented by the Hospital's **Chief Executive Officer, Daniel A. Bennett and Interim Chief Financial Officer, Cheyenne Holland** to the Board of Directors and was reviewed and approved by the Board of Directors on **the same date**.
5. I have in good faith relied upon representations by one or more officers or employees of **Gifford Medical Center, Inc.** who are reliable and competent on this subject matter as permitted under 11B V.S.A. § 8.30(b) that the information contained in the Audited Results is true, accurate, and complete and does not omit material facts necessary to provide a full and complete understanding of **Gifford Medical Center, Inc.**'s financial standing. I do not have knowledge of or have a substantial reason to believe information that would make reliance on these representations unwarranted.

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6. I acknowledge **Gifford Medical Center, Inc.**'s obligations to promptly notify the Green Mountain Care Board and supplement the Audited Results in the event the information contained in the Audited Results becomes untrue, inaccurate, or incomplete in any material respect.

I swear or affirm that the forgoing declarations are true and correct under penalty of perjury pursuant to 18 V.S.A. § 9456(h)(3).

Victor Ribaud

Dated: 2/14/24

Victor Ribaud
Chair of Board of Directors of **Gifford Medical Center, Inc.**

To be completed by Notary Public

State of Vermont, County of Orange

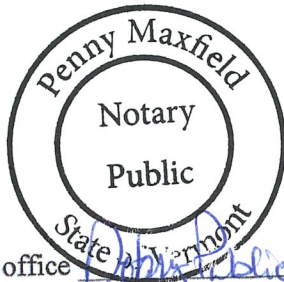
Signed and sworn (or affirmed) before me on 2/14/24 by Victor Ribaud

Date 2/14/24

Name of individual making statement: Victor Ribaud

Signature of notary public Penny Maxfield

Stamp



#157.0009472

Title of office Notary Public My commission expires: 1/31/2025