

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 Northeastern Vermont Regional Hospital Audited Financial Results

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

I, **John Kascenska**, make the following declarations based on my personal knowledge:

1. I am the Chair of the Board of Directors of **Northeastern Vermont Regional Hospital**. 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 **Northeastern Vermont Regional Hospital's** FY23 Audited Financial Results to be submitted to the Green Mountain Care Board (hereinafter Audited Results).
3. On December 21, 2023, the Audited Results were presented by **Northeastern Vermont Regional Hospital's Chief Financial Officer** to the Finance Committee of Hospital's Board of Directors and was reviewed and approved by that Committee on January 25, 2024.
4. On January 31, 2024 the Audited Results were presented by the Hospital's Chief Financial Officer 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 **Northeastern Vermont Regional Hospital** 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 Northeastern Vermont Regional Hospital'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.
6. I acknowledge **Northeastern Vermont Regional Hospital'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).

John Kascenska
John Kascenska
Chair of Board of Directors of Northeastern Vermont Regional Hospital

Dated: 1/31/2024

To be completed by Notary Public

State of Vermont, County of Caledonia

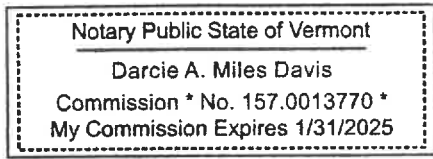
Signed and sworn (or affirmed) before me on 1/31/24 by John Kascenska

Date 1/31/24

Name of individual making statement: John Kascenska

Signature of notary public Darcie A. Miles Davis
Darcie A. Miles Davis

Stamp



Title of office Notary Public [My commission expires: 1/31/25]