

ARTICLES OF INCORPORATION
for
PLATTE VALLEY HEALTHCARE PROJECT
A WYOMING DOMESTIC NONPROFIT CORPORATION

KNOW ALL MEN BY THESE PRESENTS, that the undersigned, acting as the incorporator of this nonprofit corporation pursuant to the provisions of the Wyoming Nonprofit Corporation Act WYO. STAT. §§ 17-19-101 *et seq.*, does hereby adopt and verify the following Articles of Incorporation of this domestic nonprofit corporation:

ARTICLE I
NAME

The name of this nonprofit corporation shall be PLATTE VALLEY HEALTHCARE PROJECT.

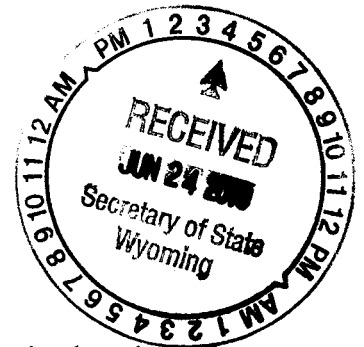
ARTICLE II
DURATION

The period of duration of this nonprofit corporation shall be perpetual.

ARTICLE III
PURPOSES AND POWERS

This corporation is a public benefit corporation. Said corporation is organized exclusively for charitable, research, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations described in Sections 170(b)(1)(A) and 170(c) of the Internal Revenue Code and which qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. Its primary purposes include enhancing sustainable healthcare and increasing public safety for residents of Upper North Platte Valley and surrounding areas.

No part of the property or net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, directors, employees or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in this article. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of



the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE IV REGULATION OF INTERNAL AFFAIRS

Provisions relative to the regulation of the internal affairs of PLATTE VALLEY HEALTHCARE PROJECT not inconsistent with the laws of the State of Wyoming shall be generally set forth in the Bylaws of PLATTE VALLEY HEALTHCARE PROJECT, but it is specifically provided as follows:

- A. Control of the affairs of the corporation shall be exercised by a Board of Directors. At all times there shall not be less than five (5) directors.
- B. The Board of Directors shall have the power to make, alter, amend or repeal the Bylaws.

ARTICLE V DISTRIBUTION OF ASSETS UPON DISSOLUTION

This corporation may be dissolved pursuant to applicable law. When a certified copy of a resolution of dissolution is filed with the Office of the Wyoming Secretary of State the directors shall proceed to wind up the affairs of the corporation, pay all debts legally owed and distribute its remaining assets exclusively for the purposes of the corporation in such manner, or for one or more exempt purposes within the meaning of § 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose, as the board of directors shall determine. All such assets not disposed of shall be disposed of by the District Court of the Second Judicial District of the State of Wyoming, in and for Carbon County, exclusively for such purpose or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purpose.

ARTICLE VI INITIAL REGISTERED OFFICE AND AGENT

The name and address of the initial registered agent and registered office is:

Frontier Registered Agency Services LLC
2120 Carey Avenue
Cheyenne, WY 82003-0087

**ARTICLE VII
MEMBERSHIP**

The corporation will not issue capital shares and will have no class of members.

**ARTICLE VIII
INCORPORATOR**

The name and address of the incorporator of this corporation is:

Gregory C. Dyekman
Long Reimer Winegar LLP
2120 Carey Avenue, Suite 300
P. O. Box 87
Cheyenne WY 82003-0087

Mailing address of the nonprofit corporation:

Platte Valley Healthcare Project
P. O. Box 549
Saratoga, WY 82331

Principal office address of the nonprofit corporation:

2120 Carey Avenue, Suite 300
P. O. Box 87
Cheyenne, WY 82003-0087

IN WITNESS WHEREOF, the undersigned incorporator has hereto affixed his signature on June 24, 2019.

BY: 
Gregory C. Dyekman, Incorporator

Contact Person: Will Faust

Daytime Phone Number: 307-329-8486

Email: plattevalleyhealthcare@gmail.com



Wyoming Secretary of State
 2020 Carey Avenue, Suite 700
 Cheyenne, WY 82002-0020
 Ph. 307.777.7311
 Fax 307.777.5339
 Email: Business@wyo.gov


Consent to Appointment by Registered Agent

I, , registered office located at
(name of registered agent)
 voluntarily consent to serve

* *(registered office physical address, city, state & zip)*

as the registered agent for
(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature:  Date:
(Shall be executed by the registered agent.) *(mm/dd/yyyy)*

Print Name: Daytime Phone:

Title: Email:

Registered Agent Mailing Address
 (if different than above):

***If this is a current registered agent changing their registered address on file, complete the following:**

Previous Registered Office(s):

- I hereby certify that:
- After the changes are made, the street address of my registered office and business office will be identical.
 - This change affects every entity served by me and I have notified each entity of the registered office change.
 - I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____ Date:
(Shall be executed by the registered agent.) *(mm/dd/yyyy)*

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF INCORPORATION

PLATTE VALLEY HEALTHCARE PROJECT

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

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **25th** day of **June, 2019**.



Filed Date: 06/25/2019

Edward A. Buchanan
Secretary of State

By: _____ Kit Nelson _____