Docusign Envelope ID: 4037B220-F022-4A3F-91FD-6608C88316C2

Northeast Wisconsin
Healthcare Emergency Readiness Coalition
Region 3

Annex 1

Response Plan

Medical Surge Support Plan

April 2025

Docusign Envelope ID: 4037B220-F022-4A3F-91FD-6608C88316C2

Table of Contents

Docusign Envelope ID: 4037B220-F022-4A3F-91FD-6608C88316C2

Introduction

The U.S. Department of Health and Human Services (HHS) Administration for Strategic Preparedness & Response (ASPR) leads the nation's medical and public health preparedness for, response to, and recovery from disasters and public health emergencies.. ASPR's Hospital Preparedness Program (HPP) enables the health care delivery system to save lives during emergencies and disaster events that exceed the day-to-day capacity and capability of existing health and emergency response systems.

As the result of findings from notable disasters, ASPR has shifted HPP funding to improve regional readiness, response, and recovery through inclusion of all partners in healthcare and emergency response. HPP is the only source of federal funding for health care delivery system readiness intended to improve patient outcomes, minimize the need for federal and supplemental state resources during emergencies, and enable rapid recovery.

In the state of Wisconsin HCCs are recognized as "Healthcare Emergency Readiness Coalitions" or HERCs. The state is split into seven geographic regions. The overall goal of the HERC is to help Wisconsin communities prepare for, respond to, and recover from a disaster as quickly as possible. Through coordinated preparation, response, and recovery efforts, HERC members work to create a more resilient Wisconsin.

The Response Plan below is how the Northeast Wisconsin Healthcare Emergency Readiness Coalition (NEW HERC) expands upon its preparedness plan, outlining baseline response efforts. It should be noted that this annex is the base response plan describing how the NEW HERC will respond to medical surge and mass casualty incidents. To address specifics, additional information can be found in specialty surge annexes including but not limited to: pediatric, burn, special pathogen, chemical, and radiological, as found in appendix 5.

1.1 Purpose

The NEW HERC Response Plan is intended to serve as a document, outlining the general guidelines for response to all hazards that threaten the entire healthcare system within NEW HERC's boundaries. The Response Plan assists in fulfilling the mission, vision and objectives outlined in the Preparedness Plan. The Response Plan is intended to assist the Essential Service Function (ESF)-8 lead agency, Wisconsin Department of Health Services, to support operations, information sharing and resource management.

1.2 Scope

The Response Plan is intended to define how partners in healthcare, public health and emergency agencies can collaborate in response to both identified and not identified threats and events. In the tiered response system, this response plan is only intended

Docusign Envelope ID: 4037B220-F022-4A3F-91FD-6608C88316C2

to serve and aid members/partners in an expanding event. The Plan is intended to serve as a conceptual guide, improving and expediting regional response using both existing local and state plans that already exist; and assisting cooperation during an emergent event such as a medical surge or mass casualty incident. Utilization of the Plan is voluntary and not required by any agency. This plan is not intended to replace or contradict the internal plans of any organization, and is intended to support ESF-8. NEW HERC members and partners are ultimately responsible for their own facility and response.

1.3 Situation and Assumptions

Assumptions, as identified by NEW HERC:

- A member organization or the community can be affected by an internal or external emergency that has impacted operations up to and including the need for a facility to evacuate.
- Impacted facilities have activated their emergency operations plan and staffing of their facility emergency operations center.
- Local resources will be used first, and then State resources, followed by a Federal request as needed, however State and Federal resources may not be available for at least 72-96 hours. State, and possibly Federal, resources may be staged closer to an impact area to avoid delays.
- The increased number of area residents and staff needing medical help may burden and/or overcome the health and medical infrastructure. This increase in demand may require a regional response and/or subsequent city, county, state, and/or federal level of assistance.
- Healthcare facilities should communicate their medical and non-medical needs to the jurisdictional emergency operations center and/or emergency management.
- Jurisdictions communicate their needs through ESF-8 at the EOC. NEW HERC staff on rare occasions, can supplement ESF-8 staff at the EOC. The ESF-8 liaison will communicate with NEW HERC members to update the status of an incident and request support for needed resources with other ESF partners.
- Healthcare organizations will report status on situational awareness but will assume to be able to handle the incident on their own as much as possible before asking for assistance.
- Healthcare organizations will take internal steps to increase patient capacity and implement surge plans before requesting outside assistance.
- Processes and procedures outlined in the response plan are designed to support and not supplant individual healthcare organization emergency response efforts.
- The use of National Incident Management System (NIMS) consistent processes and procedures by the NEW HERC will promote integration with public sector response efforts.
- Except in unusual circumstances, individual private healthcare organizations retain their respective decision-making sovereignty during emergencies.

Docusign Envelope ID: 4037B220-F022-4A3F-91FD-6608C88316C2

- This plan is based on certain assumptions about the existence of specific resources and capabilities that are subject to change. Flexibility is therefore built into this plan. Some variations in the implementation of the concepts identified in this plan may be necessary to protect the health and safety of patients, healthcare facilities, and staff.

1.4 Administrative Support

The Response Plan is available for review and comment for all coalition members at any time. The plan is formally approved by the NEW HERC Board annually. Approval will be noted in coalition meeting minutes. The plan will be reviewed annually and amended as needed. Review and amendment are intended to close identified gaps with identified strategies. Structure, concepts, and updates outlined in other Federal, State and Local Plans will be essential for updating the Response Plan as well.

Docusign Envelope ID: 4037B220-F022-4A3F-91FD-6608C88316C2

Concept of Operations

2.1 Introduction

This process outlined below describes the basics concepts in flow of a response to medical surge or mass casualty incident: how information is shared, activities and resources are coordinated, and how recovery is planned for.

2.2 Role of the Coalition in Events

The overall role of the NEW HERC in a disaster and emergency, as identified by ASPR and WI Office of Preparedness, includes but is not limited to:

- Promote common operating picture through shared information
- Assist the local EOC and serve as the intermediary for healthcare and information sharing
- Assist partners to expedite response
- Support Shelter-in-Place/Evacuation activities
- Assist with resource management between partner entities, particularly within the healthcare and public health sector for healthcare resources
- Support Patient Tracking

2.2.1 Member Roles and Responsibilities

Participation as a NEW HERC Member is voluntary. No additional roles or responsibilities are asked of NEW HERC Members other than regulatory expectations of each organization's respective governing body. Ultimately, every member must answer to its patients, patient families, staff, and community. Events requiring activation of the Response Plan would require participation and collaboration with partners to ensure a successful response.

2.2.2 Coalition Response Organizational Structure

In a response event, members may seek to engage the NEW HERC to assure all potential assets and considerations are accounted for. This team would be at a minimum one, or any number of the following, base upon event, need, or request:

- NEW HERC Coordinator
- NEW HERC President
- NEW HERC Vice President
- NEW HERC Medical Adviser
- EOC NEW HERC designated representatives
- NEW HERC Subject Matter Experts (per request/need)

Docusign Envelope ID: 4037B220-F022-4A3F-91FD-6608C88316C2

In a response NEW HERC will follow the National Incident Management Structure (NIMS), providing consultation and assistance to Incident Command (IC), the Emergency Operations Center (EOC), or lead agency to assist in a successful response and recovery. The NEW HERC will not replace the agency's internal processes or "Liason", but rather serve as an additional activatable resource to bolster the existing positions.

Docusign Envelope ID: 4037B220-F022-4A3F-91FD-6608C88316C2

Response Operations

2.3.1 Stages of Incident Response

To address the response and recovery actions of the NEW HERC, the incident response has been broken down into the following subsections:

- Incident Recognition
- Activation
- Notifications
- Mobilization
- Incident Operations
- Initial & Ongoing Actions
- Demobilization
- Recovery/ Return to Pre-disaster State

2.3.1.1 Incident Recognition

The Response Plan will be initiated any time an individual NEW HERC member has a need in an expanding incident in the tiered response system that will require additional partners and resources including:

- An event where resource needs will exceed the responding facility's capacity, and internal facility plans cannot address the problem adequately
- Number of expected patients from an incident exceed normal local response (example: outside of the County MCI Plan)
- Healthcare facility's ability to care for patients has been compromised
- Multi-jurisdictional infectious disease event
- An event that overwhelms resources of a local county or area
- Any other event where a member requires assistance.

Incidents where NEW HERC may be activated include, but are not limited to:

- Medical Surge
- Mass Casualty
- Mass Fatality
- Facility Loss of Utility or Communications
- Facility Evacuations
- Shelter Activations
- Infectious Outbreak
- Open or Closed Point of Dispensing (POD)
- Resource Shortage

Docusign Envelope ID: 4037B220-F022-4A3F-91FD-6608C88316C2

2.3.1.2 Activation

Through conversations with NEW HERC Members the following "Activation" principals have been identified:

- Any member may activate the plan if the member is experiencing any of the previous mentioned scenarios or deems activation appropriate.
  - **All Activations should be made by contacting NEW HERC Coordinator at 920-609-7910.**
  - **Other points of contact are listed in Appendix 1.**
- NEW HERC will not self-activate in a response unless requested
- NEW HERC staff may initiate a situational awareness activation to better ready for response should a member request support
- NEW HERC may contact a member's EOC or Healthcare Command Center (HCC) if a crucial element is noted as possibly missed and ask if assistance is needed.

2.3.1.3 Notifications

- Rapid widespread notification is a key goal for NEW HERC in a response. It is imperative that essential core partners are brought in quickly.
- Primary NEW HERC notification systems are EMResource (WI Trac) and WISCOM. Other current and pending communications systems in Region 3 include, eICS, and telephone calling trees.
- In an event, any NEW HERC member that is an activating facility with access to these resources may utilize them, without activating the full plan. However, the activating facility may contact NEW HERC to assist in utilization of these tools.
- NEW HERC members with access to these tools will receive notifications. In some cases, the member may be notified for awareness purposes only, not expected to respond.

2.3.1.4 Mobilization

NEW HERC leadership can be requested for mobilization by any of the NEW HERC members in need of assistance in an expanding incident. NEW HERC has three levels of mobilization depending on the scale of the event or need. The leadership will provide several tasks based on requesting member's/agency's needs. NEW HERC will not provide a service that is not requested or desired. NEW HERC staff will operate remotely unless requested or the situational need requires physical presence in response.

Docusign Envelope ID: 4037B220-F022-4A3F-91FD-6608C88316C2

NEW HERC's primary objective in mobilization is to advise activating members/agencies in:

- Bringing essential members and partners into the response
- Situational awareness- accurate factual information
- Ensuring essential scaling elements, common operations and emerging threats are accounted for
- Identifying health resources to be requested
- Serving as a central information collection point for sharing on WebEOC & eICS
- Supporting virtual communications: EMResource, GoToMeeting,

2.3.1.5 Incident Operations

a. In mobilization, the NEW HERC Leadership will assist the activating member in walking through essential steps in response. These steps include incident action planning, resource coordination, information sharing, and supporting coalition wide patient tracking.
b. HICS Forms
c. CO-S-TR Guide for Initial Incident Actions – attached in Appendix 3.

2.3.1.5.1 Initial & Ongoing NEW HERC Actions

Upon activation, NEW HERC will conduct these initial steps:

- Information gathering, sharing and situation awareness
  - Gather initial information and share with responding NEW HERC members
  - Establish a point of contact (with requesting member/agency)
  - Onboard other essential team members
  - Identify entities effected
  - Set or Confirm Operational Period
- Fall into an existing Incident Command Structure (ICS) local, county, region, state, or hospital or other
  - Provide intel, identify resources, and resource management
- Assist in Planning Process
  - Activate pre-scripted IAP or develop IAP for consideration
  - Identify strategies to complete IAP
  - Utilize assistance of an existing Incident Management Team (IMT)

NEW HERC will continue this process in repeating cycles until demobilized by the activating facility.

2.3.1.5.4 NEW HERC Resource Coordination

Docusign Envelope ID: 4037B220-F022-4A3F-91FD-6608C88316C2

The NEW HERC along with ESF-8 and the local EOC may be able to support medical and public health resources needs during emergency and non-emergency events by any of the following:

- Supporting and implementing the wide use of Juvare systems including, but not limited to EMResources, EMTrack, eICS, and the use of WISCOM by healthcare partners
- Sharing the knowledge and understanding of the capabilities of the hospitals within Region 3
    - ABMC – Level 2 Trauma Center
    - St. Vincent -Level 2 Trauma Center
    - Bay Area Medical Center – Level 3 Trauma Center
    - Holy Family – Level 3 Trauma Center
    - Aurora Manitowoc County – Level 4 Trauma Center
    - Door County Memorial – Level 4 Trauma Center
    - Bellin Oconto – Unclassified Trauma Center
    - St. Clare – Unclassified Trauma Center
    - St. Mary's – Unclassified Trauma Center
    - Bellin Oconto – Unclassified Trauma Center
- Coordinating MOU's to support healthcare organizations for:
    - Mobile Medical Assets including patient decontamination equipment, Highly Infectious PPE for staff
    - Personnel
- Coordinating the movement of CHEMPACK assets to affected areas in coordination with EMS and hospitals participating in the CHEMPACK Program
- Coordinating healthcare requests for Medical Countermeasures through the Strategic National Stockpile (SNS) and other federal medical assets in partnership with local ESF-8
- Providing tertiary support (after vendors, mutual aid partners and local EOC's) to healthcare organizations for:
    - Fuel
    - Food
    - Water
    - Other

2.3.1.6 Demobilization

In the development of each Incident Action Plan (IAP) the NEW HERC will assess its continued need with the activating member/agency. A mutual decision for the NEW HERC demobilization phase will be made when the activating agency no longer desires assistance, or services are no longer required. Mechanisms of demobilization include:

- Stand down from active incident response
- De-escalate to monitoring status
- Replenish supplies, breakdown temp facilities and return to pre-event status
- Collect information and gather feedback for the After-action process

Docusign Envelope ID: 4037B220-F022-4A3F-91FD-6608C88316C2

2.3.1.7 Recovery/Return to Pre-Disaster State

Planning for recovery should be initiated at the beginning of a response in order to facilitate an effective and efficient return to normal or, ideally, improved operations for the provision of health care delivery to the community. All healthcare organizations should have Recovery as part of their Emergency Operations Plan. A Continuity of Operations Plan (COOP) should also be written into each facilities' EOP as a separate plan. NEW HERC staff through a Healthcare Command Center or jurisdictional EOC may connect a healthcare entity with a community's Local Disaster Recovery Manager (LDRM), or a State Disaster Recovery Coordinator.

NEW HERC staff, or Healthcare Incident Command Staff Subject Matter Experts may also be able to assist a healthcare entity with short- and long-term recovery.

NEW HERC assist's healthcare organizations with an assessment of emergency-related structural, functional, and operational impacts to health care organizations by:

- Identifying immediate needs for the delivery of essential health care services.
- Identifying long-term health care recovery priorities, and.
- Communicating short- and long-term priorities to the jurisdiction's ESF-8 and ESF-6 structures.

Individual healthcare organizations should ensure that the planning and finance administration sections of the ICS structure are initiating the recovery process by

- Arranging clean-up service;
- Restoring infrastructure to functional status;
- Restoring impacted patient care services;
- Supporting the physical and behavioral health needs of affected patients, staff, and families;
- Connecting patients, staff, and families in need with case management, financial, and insurance services;
- Tracking expenditures;
- Beginning documentation necessary for state and federal assistance, and;
- Beginning the after-action learning and improvement process.

NEW HERC supports effected healthcare organizations in the post-emergency recovery process by assisting the health care delivery system to restore operations and repatriate patients. The NEW HERC, along with its government partners (local, state, and federal), may assist its members with the state and/or federal process for reimbursement, reconstitution, and resupply.

Docusign Envelope ID: 4037B220-F022-4A3F-91FD-6608C88316C2

The NEW HERC may also assist with re-stocking and replacement of any Mobile Medical Assets that are damaged or used during disaster operations.

The final recovery activity, coordinated by the RMCC Director, will be the Corrective Action Planning process. The three steps in this process are:

- Conducting a formal debriefing or "hot wash," involving all RMCC personnel and key ICS personnel from a healthcare organization. The goal of this session will be to hear what happened during the disaster, share opinions on what aspects of the disaster response worked well, and what aspects need to change.

- The collective guidance will be aggregated and formally recorded in an After-Action Report (AAR). The AAR will provide a timeline of the incident response, key actions taken, major obstacles or difficulties encountered and key recommendations for what must be changed before the next disaster.

- Based on the recommendations of the AAR this plan will be re-evaluated and modified as needed, based on coordination with all relevant healthcare, public health, and public safety agencies.

2.4 Continuity of Operations

Optimal medical care relies on intact infrastructure, functioning information systems, and support services. The ability to deliver health care services is likely to be interrupted when internal or external systems such as utilities, electronic health records, and supply chains are compromised.

Disruptions may occur during a sudden or slow-onset emergency or in the context of daily operations. Continuity disruptions may range from an isolated cyberattack on a single healthcare organization's information technology system to a long-term widespread infrastructure disruption impacting the entire community and all its healthcare organizations.

Continuity of Operations (COOP) planning ensures health care operations and business continuity. The health care organization's COOP plans should be part of each organization's Emergency Operations Plan (EOP) and, during a response, should be addressed under healthcare incident command. NEW HERC encourages all entities to have and share their COOP with partner organizations. The NEW HERC COOP is attached as ANEX 2.

Docusign Envelope ID: 4037B220-F022-4A3F-91FD-6608C88316C2

Appendix 1

NEW HERC Contacts

Wisconsin HERC Regional Coordinators			
Region 1	Aimee Wollman Nesseth	715-379-6664	coordinator@nwwiherc.org
Region 2	Ty Zastava	715-572-0816	baxterconsulting5@gmail.com
Region 3	Steve Pelch	920-609-7910	coordinator@NEW HERC.com
Region 4	Loren Klemp	608-751-0698	loren.klemp@gmail.com
Region 5	Jennifer Behnke	608-215-6102	jennifer.behnke@scwiherc.org
Region 6	Ali Heiman	262-492-9495	Aliheiman11@gmail.com
Region 7	Kate Barrett	262-388-4362	kbarrett@hercregion7.org

Region 3 Executive Board			
President	Dave Kobielak	920-246-4557	david.kobielak@bellin.org
Vice President	Bill Manis	920-374-0432	william.manis@froedtert.com
Secretary	Stephanie Smith	920-590-0570	stephanie.smith@browncountywi.gov
Treasurer	Kevin Siehr	920-901-7899	Kevin.siehr@aah.org

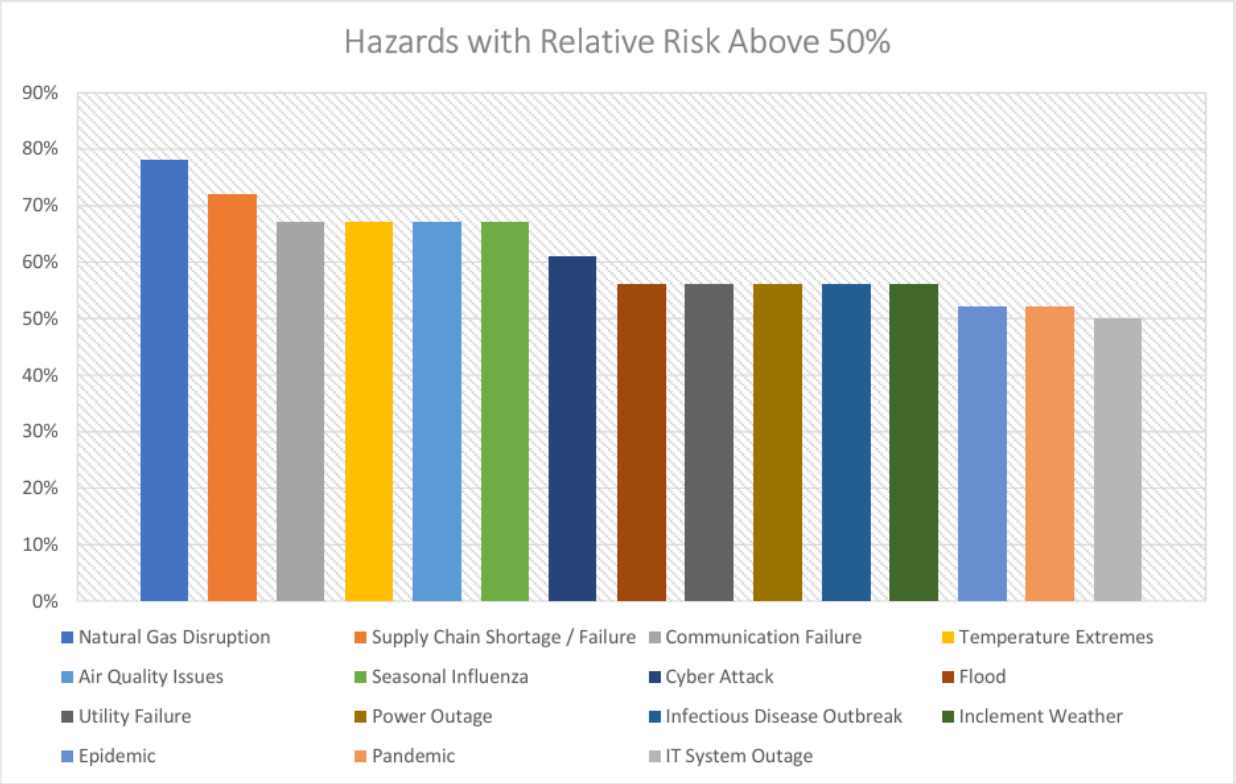
Region 3 Board			
Hospital Rep	Debbie Holschbach	920-323-0497	deborah.holschbach@froedtert.com
Public Health Rep	Sarah Lornson	920-339-4054	slornson@deperewi.gov
LTC Rep	Nancy Bohrman	920-743-5566	nancy.bohrman@dcmedical.org
EMS Rep	Sarah DiMezza	920-794-5000	skgray765@gmail.com
EM Rep	Tracy Nollenberg	920-255-1085	nollenberg.tracy@kewauneeco.org
Fire Rep	Chris Hohol	920-427-6920	christopher.hohol@wisconsin.gov
Oneida Rep	Michelle Tipple	920-869-2711	mtipple@oneidanation.org
Law Enforcement	Jerod Konen	920-973-2870	jerrodkonen@gmail.com

Medical Advisor	Chris Painter	920-288-8000	cpainter@baycare.net
Communications	Mike Tadeski	920-676-1660	mtedeschi@me.com

Docusign Envelope ID: 4037B220-F022-4A3F-91FD-6608C88316C2

Appendix 2
NEW HERC HVA

Annually a regional Hazard Vulnerability Assessment (HVA) is conducted by the partners of the NEW HERC. All hospitals and other healthcare partners including: County Health Departments, County Emergency Management, Emergency Medical Services and Behavioral Health are represented. Concerns specific to each facility and all of their on-site and off-site campuses and specific care facilities including their individual Home Health & Hospice and Dialysis partners are discussed. To create this Regional HVA the group not only shares their individual concerns, but the group also looks at historical data, current events, and our changing communities. Please see the formal HVA for full details. Below is the Hazards identified with a relative risk factor above 50%



Docusign Envelope ID: 4037B220-F022-4A3F-91FD-6608C88316C2

Appendix 3

CO-S-TR Guide for Initial Incident Actions

Command

- Incident Commander appointed?
- Functional positions assigned as needed?
- Command post/center opened?
- Initial notifications made / pages sent?

Control

- Facility and staff safety assured?
- Situational assessment made? (Select Response Guide)
- Departmental implementation of initial response actions effective?
- Incident action planning for next operational period started?

Communication

- Appropriate paging groups / callbacks done?
- Public Information Officer appointed?
- General employee information release (paging / hotline / other)
- Initial media messages crafted and briefing scheduled? (spokesperson(s) identified?
- External partners notified of situation?
- 'Media monitor' appointed?

Coordination

- Internal departmental needs assessed and reports to command center made?
- Hospital compact (RHRC) involvement needed?
- External agency (EMS, emergency management, public health) liaison established?

Staff

- Staff staging (labor pool) established?
- Additional staff capacity needed?
- Internal or external source / strategy identified?
- Staff capabilities needed (burn, peds, etc.?)
- Internal or external source / strategy identified?
- Staff check-in required?
- Staff orientation, mentoring/supervising, credentialing required for external staff?

Space

- Additional triage areas needed?
- Additional ED space needed? (open clinics, surgery/procedure center or refer patients?)
- Additional critical care space needed?
- Additional med/surge space needed?
- Patient holding area needed?
- Separate family and media areas?
- Space inadequate? Requires transfers or alternate care site – liaison with partner agencies/hospitals via RHRC

Special

- Contamination risk to facility?
- Security risk to facility?
- Specific communication or media needs?
- Communications or infrastructure loss?
- Highly transmissible disease?
- Specific population / cultural needs?
- Injury / illness generates special resource demand?
- Technical expert(s) needed?

Tracking

- Tagging or tracking of all incident patients?
- Designated person to coordinate patient list?

Triage

- Adequate personnel and supplies in triage locations?
- Secondary triage (to OR, CT) established?
- Are systematic changes to the standard of care needed to prevent degradation of all services (see HCMC surge capacity plan)?

Treatment

- Transfers necessary? (if yes, transport arranged?)
- Able to provide definitive care or damage control interventions only at this time? (involves decisions between ED, surgery, radiology, critical care)
- Are systematic changes to patient care / staffing required to meet demand? (If so, change documentation, staffing, service lines to reflect best possible care)

Transportation

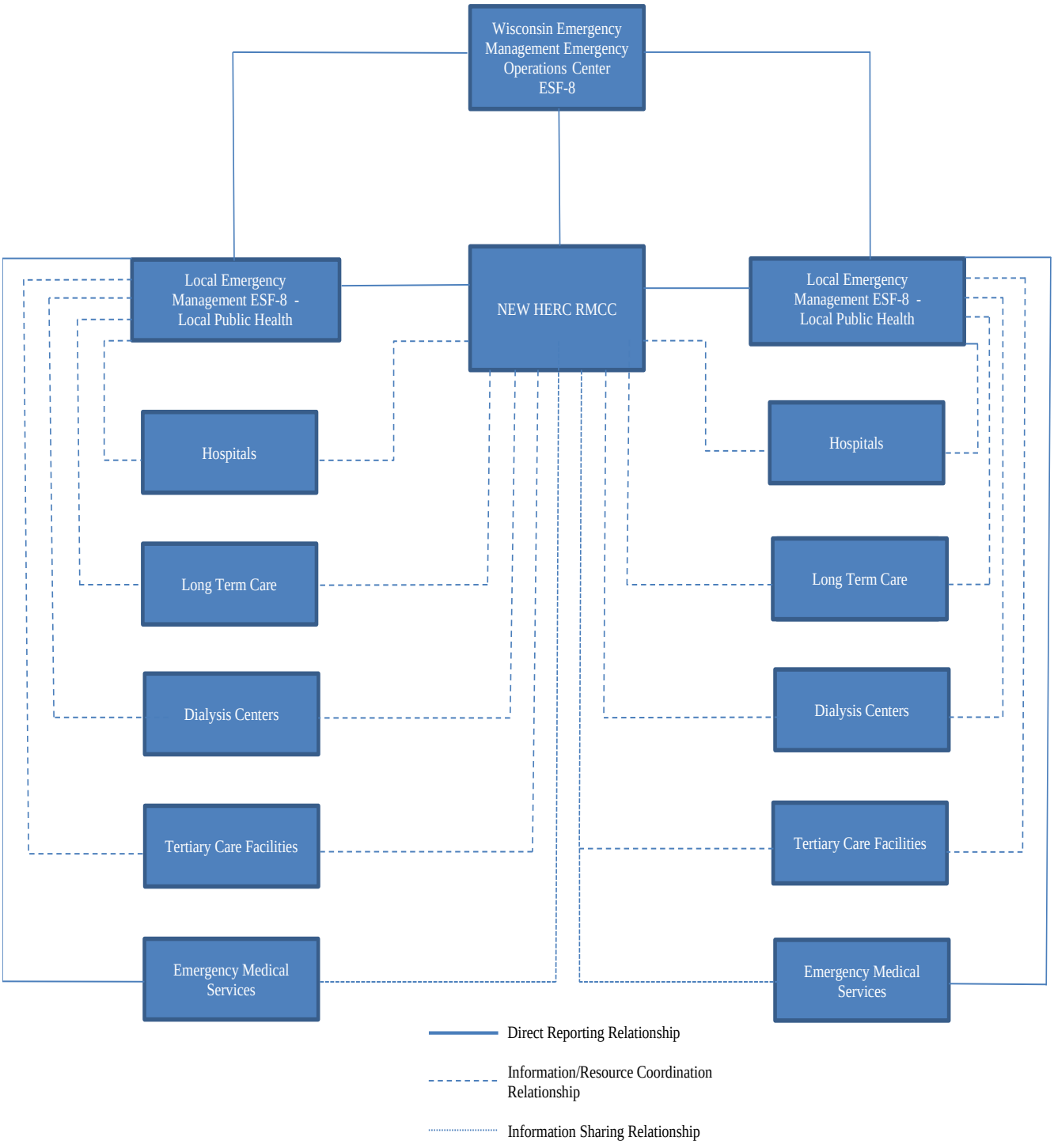
- Staging / receiving area(s) needed?
- Adequate external capacity / capability?
- Adequate internal capacity (patient movement)?
- Medical records and belongings accounted for on external transfers?
- Traffic controls or traffic plans needed?

Docusign Envelope ID: 4037B220-F022-4A3F-91FD-6608C88316C2

Appendix 4

Communication and Information Sharing

NEW HERC Communication and Information Sharing Flow Chart



Docusign Envelope ID: 4037B220-F022-4A3F-91FD-6608C88316C2

Appendix 4

Medical Surge planning is a priority for NEW HERC and the health care system in Northeast Wisconsin. This requires building both capacity—the ability to manage a sudden influx of patients—and capability—the ability to manage patients requiring very specialized medical care. An event resulting in many specialized casualties could quickly overwhelm the resources within our region. All regional hospitals should be prepared to receive, stabilize, and manage all patients.

This Surge Plan provides a basic structure for how our region will coordinate with each other and work with partners including local hospitals, EMS, other health care coalitions, and the Wisconsin Department of Health to respond to events. This plan is the culmination of collaboration with all aforementioned partners and will be exercised and updated as needed. It is understood that surge events could occur of specific nature resulting is specific patients or necessitating specialty care. The NEW HERC has created specific annexes to address the following concerns:

- Annex 2 – Continuity of Operations Plan
- Annex 3 – Pediatric Surge Plan
- Annex 4 – Burn Surge Plan
- Annex 5 – Infectious Disease Surge Plan
- Annex 6 – Radiation Surge Plan
- Annex 7 – Wi Crisis Standards of Care
- Annex 8 – Chemical HAZMAT Plan
- Annex 9 – Information Sharing Plan
- Annex 10 – Resource Management Plan

Docusign Envelope ID: 4037B220-F022-4A3F-91FD-6608C88316C2

All member organizations of the NEW HERC, including clinicians, community partners, and health care executives were offered an opportunity to provide input into the creation of this plan and are provided ongoing opportunities to provide input into updates. This plan is reviewed following major incidents, after large-scale exercises, and any time healthcare partner provide pertinent input to ensure accuracy and applicability. In addition, biannually the entire Board of Directors discusses, reviews, and recommends changes. Once all reviews are completed, recommendations are reviewed, updates are made, then the Executive Board signs off on the policy. The entire membership is notified of the updates, and the updated policy is then posted on the NEW HERC website where it is available to all partner organizations.

Board Member Position	Signature	Date
President	Signed by: 787218B783334D7...	4/30/2025
Vice President	DocuSigned by: Bill Manis	4/27/2025
Secretary	Signed by: 22AA4AD...	4/28/2025
Treasurer	Signed by: A8C3C4D1EBD6481... C8753EB768564AC...	4/26/2025