

FILED  
MAY 04 2021  
Department of Insurance  
State of Idaho

BEFORE THE DIRECTOR OF THE DEPARTMENT OF INSURANCE

STATE OF IDAHO

In the Matter of:

GOVERNMENT EMPLOYEES MEDICAL  
PLAN

Idaho Registration No. 3823

Docket No. 18-3913-21

**ORDER ADOPTING REPORT  
OF EXAMINATION AS OF  
DECEMBER 31, 2018**

The State of Idaho, Department of Insurance (“Department”), having conducted an examination of the affairs, transactions, accounts, records, and assets of Government Employees Medical Plan (“GemPlan”), pursuant to Idaho Code §§ 41-4113 and 41-219(1), hereby alleges the following facts that constitute a basis for issuance of an order, pursuant to Idaho Code §§ 41-4113(3) and 41-227(5)(a), adopting the Report of Examination of Government Employees Medical Plan as of December 31, 2018 (“Report”), as filed.

**FINDINGS OF FACT**

1. GemPlan is an Idaho-domiciled joint public agency self-funded health care plan, which was duly registered with the Department on September 25, 2007, under Registration No. 3823.

2. The Department completed an examination of GemPlan, pursuant to Idaho Code §§ 41-4113 and 41-219(1) and (5) on or about March 30, 2021. The Department’s findings are set forth in the Report.

3. Pursuant to Idaho Code § 41-227(4), a copy of the Report, verified under oath by the Department's examiner-in-charge, was filed with the Department on March 30, 2021, and a copy of such verified Report was transmitted to GemPlan on the same date. A copy of the verified Report is attached hereto as Exhibit A.

4. On or about April 27, 2021, the Department received a Waiver from GemPlan signed by Vaughn N. Rasmussen, GemPlan Board Chairman. By execution of such Waiver, a copy of which is attached hereto as Exhibit B, GemPlan consented to the immediate entry of a final order by the Director of the Department ("Director") adopting the Report without any modifications; waived its right to make a written submission or rebuttal to the Report; and waived its right to request a hearing and to seek reconsideration or appeal from the Director's final order.

5. No written submissions or rebuttals with respect to any matters contained in the Report were received by the Department from GemPlan.

#### **CONCLUSIONS OF LAW**

6. Idaho Code § 41-227(5) provides that "[w]ithin thirty (30) days of the end of the period allowed for the receipt of written submissions or rebuttals, the director shall fully consider and review the report, together with any written submissions or rebuttals and relevant portions of the examiner's work papers" and shall enter an order adopting the report of examination as filed or with modifications or corrections, rejecting the report and reopening the examination, or calling for an investigatory hearing.

7. Having fully considered the Report, the Director concludes that the Report should be adopted.

#### **ORDER**

NOW, THEREFORE, based on the foregoing, IT IS HEREBY ORDERED that the Report

of Examination of Government Employees Medical Plan as of December 31, 2018, is hereby ADOPTED as filed, pursuant to Idaho Code § 41-227(5)(a).

IT IS FURTHER ORDERED, pursuant to Idaho Code § 41-227(8), that the adopted Report is a public record and shall not be subject to the exemptions from disclosure provided in chapter 1, title 74, Idaho Code.

IT IS FURTHER ORDERED, pursuant to Idaho Code § 41-227(6)(a), that, within thirty (30) days of the issuance of the adopted Report, GemPlan shall file with the Department's Chief Examiner affidavits executed by each of its directors stating under oath that they have received a copy of the adopted Report and related orders.

DATED and EFFECTIVE this 4<sup>th</sup> day of May, 2021.

STATE OF IDAHO  
DEPARTMENT OF INSURANCE

  
DEAN L. CAMERON  
Director

### **NOTIFICATION OF RIGHTS**

This is a final order of the agency. Any party may file a motion for reconsideration of this final order within fourteen (14) days of the service date of this order. The agency will dispose of the motion for reconsideration within twenty-one (21) days of its receipt, or the motion will be considered denied by operation of law. See Idaho Code § 67-5246(4).

Any such motion for reconsideration shall be served on the Director of the Idaho Department of Insurance, addressed as follows:

Dean L. Cameron, Director  
Idaho Department of Insurance  
700 W. State Street, 3<sup>rd</sup> Floor  
P.O. Box 83720  
Boise, ID 83720-0043

Pursuant to Idaho Code §§ 67-5270 and 67-5272, any party aggrieved by this final order or orders previously issued in this case may file a petition for judicial review in the district court of the county in which:

- i. A hearing was held;
- ii. The final agency action was taken;
- iii. The party seeking review of the order resides, or operates its principal place of business in Idaho; or
- iv. The real property or personal property that was the subject of the agency action is located.

A petition for judicial review must be filed within twenty-eight (28) days of: (a) the service date of this final order, (b) the service of an order denying motion for reconsideration, or (c) the failure within twenty-one (21) days to grant or deny a motion for reconsideration, whichever is later. See Idaho Code § 67-5273. The filing of a petition for judicial review does not itself stay the effectiveness or enforcement of the order under appeal. Idaho Code § 67-5274.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that, on this 4<sup>th</sup> day of May, 2021, I caused a true and correct copy of the foregoing ORDER ADOPTING REPORT OF EXAMINATION AS OF DECEMBER 31, 2018 to be served upon the following by the designated means:

Government Employees Medical Plan  
1575 Baldy Avenue  
Pocatello, ID 83201-7117

- ☐ first class mail
- ☒ certified mail
- ☐ hand delivery
- ☐ email

Eric Fletcher  
Chief Examiner, Company Activities Bureau Chief  
Idaho Department of Insurance  
700 W. State Street, 3<sup>rd</sup> Floor  
P.O. Box 83720  
Boise, ID 83720-0043  
eric.fletcher@doi.idaho.gov

- ☐ first class mail
- ☐ certified mail
- ☐ hand delivery
- ☒ email

Edith L. Pacillo  
Lead Deputy Attorney General  
Idaho Department of Insurance  
700 W. State Street, 3<sup>rd</sup> Floor  
P.O. Box 83720  
Boise, ID 83720-0043  
edith.pacillo@doi.idaho.gov

- ☐ first class mail
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DEPARTMENT OF INSURANCE

STATE OF IDAHO



REPORT OF EXAMINATION

Of

GOVERNMENT EMPLOYEES MEDICAL PLAN

(a joint public agency self-funded healthcare plan)

as of

December 31, 2018

**EXHIBIT**

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exhibitsticker.com

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Pocatello, ID  
March 30, 2021

The Honorable Dean L. Cameron  
Director of Insurance  
State of Idaho  
700 West State Street  
P.O. Box 83720  
Boise, Idaho 83720-0043

Dear Director:

Pursuant to your instructions, in compliance with Idaho Code § 41-219(1), and in accordance with the practices and procedures promulgated by the National Association of Insurance Commissioners (NAIC), we have conducted an examination as of December 31, 2018, of the financial condition and corporate affairs of:

Government Employees Medical Plan  
1575 Baldy Avenue  
Pocatello, Idaho 83201

Hereinafter referred to as the "GemPlan" or "Plan", at its offices in Pocatello, ID. The following report of examination is respectfully submitted.



## SCOPE OF EXAMINATION

### *Period Covered*

We have performed our single state examination of GemPlan. This examination covers the period from January 1, 2014 to December 31, 2018.

### *Examination Procedures Employed*

Our examination was conducted in accordance with Idaho Code §§ 41-219(1) and 41-4113. Due to the nature of the GemPlan, the examination was conducted as a modified risk-focused examination; key exhibits from the NAIC *Financial Condition Examiners Handbook* were utilized and customized as appropriate for this examination.

The GemPlan retained the services of a certified public accounting firm, Rudd & Company, to audit its financial records for the years under examination. The firm provided the examiner with access to requested work papers prepared in connection with its audits. The external audit work was relied upon where deemed appropriate.

All accounts and activities of the Plan were considered during the examination process. The initial phase of the examination focused on evaluating the Plan's corporate governance and control environment, as well as business approach, in order to develop an examination plan tailored to the Plan's individual operating profile.

Interviews were held with the Chair of the Board of Trustees and key management personnel of the general manager, Mutual Insurance Associates, Inc. (MIA), to gain an understanding of the entity's operating profile and control environment.

The examination relied on the findings of the actuarial firm, Lewis & Ellis Inc., contracted by the Department to review the Plan's Incurred But Not Reported (IBNR) liability.

### *Status of Prior Examination Findings*

Our examination included a review to determine the status of the four examination findings in our preceding Report of Examination, dated December 31, 2015, which covered the period from January 1, 2009 to December 31, 2013. We determined that the Plan had satisfactorily addressed the prior examination findings.

## SUMMARY OF SIGNIFICANT FINDINGS

Our examination did not disclose any material adverse findings or any adjustments that impacted the Company's reported surplus.

## SUBSEQUENT EVENTS

The following is a summary of significant events that occurred subsequent to December 31, 2018 and prior to the report date:

### New Joint Powers Agreement

On August 23, 2019, the GemPlan Board of Trustees approved a new Joint Powers Agreement (JPA). In October 2019, the Plan had fully executed JPA's, with consistent language, on file for all member counties.

### Repayment of Surplus Note

On December 11, 2019, the Department received GemPlan's request to repay the full principal on its surplus note to Mutual Insurance Associates, Inc. dated June 29, 2009, in the amount of \$1,302,081. On December 17, 2019, the Plan's request was approved.

### New General Manager Agreement

On January 18, 2019, the Plan updated their General Manager Agreement to reflect that MIA is a registered third-party administrator in the State of Idaho.

### New County Members

On October 1, 2019, Blaine and Idaho county joined the GemPlan. On October 1, 2020, Shoshone county joined the Plan, and on January 1, 2021, Lewis county joined the Plan.

### Global Pandemic

On March 11, 2020, the World Health Organization declared the spreading Novel Coronavirus Disease, COVID-19, a pandemic. On March 13, 2020, the United States declared the COVID-19 pandemic as a national emergency. COVID-19 has created economic disruptions on a global scale which has led to uncertainty about the overall economic impact to financial markets. At this time, the full effect of COVID-19 on the Plan is unknown. In a coordinated effort, the Plan and the Department will continue to monitor the effects of the pandemic to the Plan.

## **PLAN HISTORY**

The Plan was registered as a joint public agency self-funded health care plan under Title 41, Chapter 41, Idaho Code, effective September 25, 2007. The Plan was formed during 2002, prior to statutory guidance being in place for self-funded counties, by county commissioners approving and signing joint powers agreements (JPAs) in accordance with Title 67, Chapter 23, Idaho Code. Self-funded medical, dental, and vision benefits are provided to eligible employees of participating Idaho counties and their eligible dependents. GemPlan benefits are funded by contributions from the participating counties and, if so provided, eligible employees.

The GemPlan started operations in 2004 with five member counties and approximately 400 beneficiaries. The Plan's past and current JPAs designates counties as either small or large counties. Small counties pool their contributions and share in claims whereas large counties do not pool their contributions and instead pay their contributions and claims to the Plan's third-party health care administrator. As of December 31, 2018, there were twenty-one member counties, nineteen small counties and two large counties. As of October 1, 2019, two new small counties joined the Plan, Blaine and Idaho, and there were approximately 6,000 beneficiaries. As of October 1, 2020, Shoshone county joined the Plan as a small county, and as of January 1, 2020, Lewis county joined the Plan as a small county.

## **PLAN RECORDS**

The Plan is operated in accordance with the terms of the JPA's and the Trust Agreement's in place with the participating counties. Management of the Plan is delegated to a board of trustees. The JPAs in place as of December 31, 2018 stated that the board of trustees would be made up of up to thirteen elected public officials of participating counties, no more than seven of whom shall be county commissioners and no more than six of whom shall hold elective office in other political subdivisions. The new JPA, effective August 23, 2019, states that the board of trustees would be made up of up to fifteen elected public officials of participating counties, no more than nine of whom shall be county commissioners and no more than seven of whom shall hold elective office in other political subdivisions.

The meetings of the Board of Trustees (Trustees) were conducted on a quarterly basis for all the years under examination. Terms are for two years and there is no limit to terms a Trustee may serve. The Chairman is appointed by the Trustees. Minutes of the meetings were detailed and included discussion and approval of investments, financial statements and legal matters regarding the Trust.

## MANAGEMENT AND CORPORATE GOVERNANCE

### *Trustees*

The following persons served as Trustees as of December 31, 2018:

<u>Name</u>	<u>County</u>	<u>District</u>
Bill Brown, Chair*	Adams County Commission Chairman	District 3
Vaughn Rasmussen**	Bear Lake County Commission Chairman	District 5
Glenda Poston	Boundary County Clerk	District 1
Don Ebert	Clearwater County Commission Chairman	District 2
Robert Moore	Minidoka County Commission Chairman	District 4
Seth Beal	Butte County Commission Chairman	District 6
Gregory Shenton	Clark County Commission Chairman	District 6
A. Ladd Carter	Bingham County Commission Chairman	Member At Large

*\*No Longer Chairman in 2019*

*\*\*Became Chairman in 2019 & 2020*

### *Conflict of Interest*

The Plan had a conflict of interest policy in place that required the Trustees to complete a Conflict of Interest Statement annually. The statements completed during the examination period appeared to appropriately disclose any possible conflicts of interest.

### *Contracts and Agreements*

The GemPlan had the following agreements in effect at December 31, 2018:

#### General Manager Agreement

Effective October 1, 2003, the Plan entered into a general manager agreement with Mutual Insurance Associates, Inc. (MIA). Under the agreement, MIA agrees, under the direction of the board of trustees, to manage the day-to-day business functions of the GemPlan. On January 18, 2019, the Plan updated their General Manager Agreement to reflect that MIA is a registered third-party administrator in the State of Idaho.

#### Administrative Services Agreement

The Plan entered into an administrative services agreement with Blue Cross of Idaho Health Service, Inc. (BCI) effective October 1, 2006, which renews annually. The agreement states that BCI will provide general claims administrative services and benefit payment services to the Plan. In return, the Plan will pay BCI a monthly administrative fee based on per enrollees per month.

#### Joint Powers Agreements

Each participating county executed a Joint Powers Agreement (JPA) with the Plan pursuant to Idaho Code § 67-2326 through 67-2333. The original JPA was approved by the Board of Trustees and, subsequently, the Department through the registration process effective September 25, 2007. On August 23, 2019, the GemPlan Board of Trustees approved a new Joint Powers Agreement (JPA). In October 2019, the Plan had fully executed JPA's, with consistent language, on file for all member counties.

#### Other Agreements and Contracts

The Plan maintains Service Representative Agreements for various counties to provide members assistance with enrollment of beneficiaries, employee meetings, presentation of benefit summaries and other pertinent information for an agreed upon service fee. The Plan also maintains a law firm agreement to provide legal and professional services to the Board of Trustees for the Plan.

### **FIDELITY BONDS AND OTHER INSURANCE**

Insurance coverage for the protection of the Plan was maintained through the period under examination. Coverages in effect as of December 31, 2018 included property, general liability and employee dishonesty. The coverage provided met the requirements specified in Idaho Code § 41-4114. The insurance companies providing the coverages to the Plan were licensed or otherwise authorized in the State of Idaho.

### **TERRITORY AND PLAN OF OPERATION**

The Plan was registered with the Idaho Department of Insurance as a Joint Public Agency Self-Funded Health Care Plan on September 25, 2007. Certificate of Registration Number 3823 was granted to the GemPlan to transact business in the State of Idaho. Operations of the Plan are conducted at the general manager's office in Pocatello, Idaho.

During the period under examination, the following counties participated in the GemPlan: Adams, Bannock, Bear Lake, Bingham, Boise, Boundary, Butte, Caribou, Canyon, Clark, Clearwater, Custer, Gem, Lemhi, Lincoln, Minidoka, Owyhee, Payette, Power, Valley and Washington. On October 1, 2019, Blaine and Idaho counties joined the Plan.

## GROWTH OF THE PLAN

The growth of the Plan since December 31, 2013, as taken from the audited financial statements is shown in the following table:

	2014	2015	2016	2017	2018
Assets	\$ 12,675,267	13,386,356	13,627,231	14,140,924	15,172,608
Liabilities	\$ 2,722,580	2,800,008	2,808,310	2,481,355	3,386,798
Net					
Assets/Surplus	\$ 9,952,687	10,586,348	10,818,921	11,659,569	11,785,810
Change in Net					
Assets/Surplus	\$ 1,974,858	633,661	232,573	840,648	126,241

## STOP LOSS COVERAGE

The Administrative Services Agreement with Blue Cross of Idaho Health Services, Inc. (BCI) provides for stop loss coverage. During the examination period, the agreement stated that BCI agreed to provide specific excess loss coverage for each agreement period for claims exceeding \$125,000 for a monthly fee per enrollee. In addition, BCI agreed to provide aggregate excess loss coverage for a fee per enrollee per month for covered services that exceeded the aggregate excess loss amount. The aggregate excess loss amount equals the sum of the aggregate loss factor times the number of enrollees for each month of the agreement period; one year.

## ACCOUNTS AND RECORDS

### *General Accounting*

The Plan's accounting records and financial reports were maintained and produced by the general manager's accounting and information systems.

### *Independent Accountants*

The annual external independent audits for all years under examination were performed by Rudd & Company, CPA's, Rexburg, Idaho. The financial statements for each year were prepared using Generally Accepted Accounting Principles (GAAP). The examination placed reliance on the 2018 audit workpapers.

### *Actuarial Certification*

Actuarial certifications were prepared for each year under examination by Actuarial Work-Products, Inc. for Incurred But Not Reported (IBNR) claims.

The IBNR claims reserve indicated by the Plan's actuarial certification as of December 31, 2018 was \$2,384,603. This amount agreed with the IBNR claims presented in the December 31, 2018 audited financial statements.

Review of the IBNR claim reserve by the examining actuary determined the actuarial methodology utilized in the reserve process to be reasonable and that the IBNR reported at December 31, 2018 is reasonable.

## **FINANCIAL STATEMENTS**

The financial section of this report contains the following statements:

Statement of Net Assets as of December 31, 2018

Statement of Revenues, Expenses and Changes in Net Assets as of December 31, 2018

Reconciliation of Changes in Assets December 31, 2014 through December 31, 2018

**Statement of Net Assets**

As of December 31, 2018

<b>Assets</b>	<b>2018</b>
Current Assets	
Cash and cash equivalents	\$ 7,794,920
Investments	5,174,203
Bannock County Receivable	919,936
Prepaid Expense	318,851
Receivable from other counties	186,952
Rebate receivable	<u>777,746</u>
 Total Current Assets	 <u>15,172,608</u>
	 <u>\$ 15,172,608</u>
 <b>Liabilities and Net Assets</b>	
Current Liabilities	
IBNR liability	\$ 2,384,603
Claims payable	295,112
Unearned county payments	621,841
Administration payable	<u>85,242</u>
 Total Current Liabilities	 <u>3,386,798</u>
 Total Liabilities	 <u>3,386,798</u>
 Net Assets	
Unrestricted	<u>11,785,810</u>
	 <u>\$ 15,172,608</u>



**Statement of Revenues, Expenses and Changes in Net Assets**

As of December 31, 2018

	2018
Operating Revenues	
Payments	\$ 25,729,972
Formulary rebate	<u>1,043,968</u>
Total Operating Revenues	<u>26,773,940</u>
 Operating Expenses	
Claims expense	19,119,707
Service fees/reinsurance	4,111,339
IBNR liability expense	2,384,603
General overhead expenses	1,051,270
EAP expense	<u>38,543</u>
Total Operating Expenses	<u>26,705,462</u>
 Income from Operations	<u>68,478</u>
 Non-Operating Revenues	
Interest Income	<u>57,763</u>
Total Non-Operating Expense	<u>57,763</u>
 Changes in Net Assets	126,241
 Total Net Assets January 1	<u>11,659,569</u>
 Total Net Assets December 31	<u>\$ 11,785,810</u>

**Reconciliation of Changes in Assets**

December 31, 2014 through December 31, 2018

	2014	2015	2016	2017	2018
Net Assets, End of Previous Year	\$7,977,829	\$9,952,687	\$10,586,348	\$10,818,921	\$11,659,569
Net Income (Loss)	1,974,858	633,661	232,573	840,648	126,241
Net Assets, End of Year	<u>\$ 9,952,687</u>	<u>\$10,586,348</u>	<u>\$10,818,921</u>	<u>\$11,659,569</u>	<u>\$11,785,810</u>

## NOTES TO FINANCIAL STATEMENTS

Lewis & Ellis Actuaries and Consultants were retained by the Department to review the above actuarial liabilities and reserves as of December 31, 2018. Based on the actuary's review, it appears that the assumptions and methodologies used by the Company's actuary were accurate and appropriate.

## SUMMARY OF RECOMMENDATIONS

The examination resulted in no material or significant findings.

## ACKNOWLEDGEMENT

Michael Mayberry, FSA, MAAA of Lewis & Ellis, Inc., performed the actuarial phases of the examination. Eric Fletcher, CFE, Chief Examiner of the Idaho Department of Insurance supervised the examination. They join the undersigned in acknowledging the assistance and cooperation extended during the course of the examination by and representatives of the Trust.

Respectfully submitted,



Jessie L. Adamson, CFE  
Examiner-in-Charge  
Deputy Chief Examiner  
Idaho Department of Insurance

## AFFIDAVIT OF EXAMINER

State of Idaho County of Ada

Jessie L. Adamson, being duly sworn, deposes and says that she is a duly appointed Examiner for the Department of Insurance of the State of Idaho, that she has made an examination of the affairs and financial condition of Government Employees Medical Plan for the period from January 1, 2014 through December 31, 2018, that the information contained in the report consisting of the foregoing pages is true and correct to the best of her knowledge and belief; and that any conclusions and recommendations contained in this report are based on the facts disclosed in the information.

Jessie Adamson

Jessie L. Adamson, CFE  
Examiner-in-Charge  
Deputy Chief Examiner  
Idaho Department of Insurance

Subscribe and sworn to before me the 30<sup>th</sup> day of March, 2021, at  
Boise (City), Idaho (State)



Alicia Hyman  
Notary Public

My Commission Expires: 4/19/2023

BRAD LITTLE  
Governor

*State of Idaho*  
**DEPARTMENT OF INSURANCE**

700 West State Street, 3rd Floor  
P.O. Box 83720  
Boise, Idaho 83720-0043  
Phone (208)334-4250  
FAX # (208)334-4398

DEAN L. CAMERON  
Director

**WAIVER**

In the matter of the Report of Examination as of December 31, 2018 of the:

**Government Employees Medical Plan**

By executing this Waiver, the Company hereby acknowledges receipt of the above-described examination report, verified as of the 30<sup>th</sup> day of March 2021, and by this Waiver hereby consents to the immediate entry of a final order by the Director of the Department of Insurance adopting said report without any modifications.

By executing this Waiver, the Company also hereby waives:

1. its right to examine the report for up to thirty (30) days as provided in Idaho Code section 41-227(4),
2. its right, after the date of this waiver, to make a written submission or rebuttal to the report prior to entry of a final order as provided in Idaho Code section 41-227(4) and (5),
3. any right to request a hearing under Idaho Code sections 41-227(5) and (6), 41-232(2)(b), or elsewhere in the Idaho Code, and
4. any right to seek reconsideration and appeal from the Director's order adopting the report as provided by section 41-227(6), Idaho Code, or elsewhere in the Idaho Code.

Dated this 27th day of April, 2021

**Government Employees Medical Plan**

Vaughn N Rasmussen

\_\_\_\_\_  
Name (print)

*Vaughn N Rasmussen*

\_\_\_\_\_  
Name (signature)

GemPlan Board Chairman

\_\_\_\_\_  
Title

**EXHIBIT**

B

exhibitstickers.com