

**Resolution: 2024-01**

Peninsula Health Care District (PHCD) wishes to apply for non-profit credit card services with Heritage Bank of Commerce (Lender).

This borrowing resolution shall be used in lieu of the bank issued Resolution to Borrow and shall support the bank’s documentation and credit underwriting requirements but does not guarantee approval of the credit card limit request. Lender’s approval is subject to review of provided documentation and financials.

**Applicant:** Peninsula Health Care District  
**Requested Credit Card Limit:** \$25,000  
**Authorized Officer:** Ana M. Pulido, Chief Executive Officer

**Resolution to Borrow**

**I, THE UNDERSIGEND, DO HEREBY CERTIFY THAT:**

Peninsula Health Care District (PHCD) is the complete name of the applicant. PHCD is a political subdivision of the State of California and is duly organized, validly existing, and in good standing under and by virtue of the laws of the State of California. PHCD is exempt from federal tax reporting. PHCD is duly authorized and has the full power and authority to own its properties and to transact the business in which it is presently engaged or presently proposes to engage. PHCD maintains its principal office at 1819 Trousdale Drive, Burlingame CA, where it keeps its books and records. PHCD will notify Lender prior to any change in location or any change in the organization’s name. PHCD shall do all things necessary to preserve and to keep in full force and effect its existence, rights and privileges, and shall comply with all regulations, rules, ordinances, statutes, orders and decrees of any governmental or quasi-governmental authority or court applicable to the organization’s business activities.

**Resolutions Adopted:** At a meeting of the Board of Directors of PHCD, duly called and held on April 26,2024, at which a quorum was present and voting, or by other duly authorized action in lieu of meeting, the resolution set forth in this Resolution were adopted.

**OFFICER:** The following named person is an officer of Peninsula Health Care District.

<u>NAMES</u>	<u>TITLES</u>	<u>AUTHORIZED</u>	<u>ACTUAL SIGNATURES</u>
Ana M. Pulido	CEO	Y	

**ACTIONS AUTHORIZED.** The authorized person listed above may enter into any agreements of any nature with the Lender, and those agreements will bind the applicant. Specifically, without limitation, the authorized person is authorized, empowered, and directed to do the following for and on behalf of PHCD.

- **Borrow Money.** To borrow, as a cosigner or otherwise, from time to time from Lender, on such as may be agreed up between PHCD and Lender, such sum or sums of money as in his or her judgement should be borrowed, without limitation.

- **Execute Notes.** To accept Lender's promissory note or notes, or other evidence of the organization's credit accommodations, on Lender's forms, at such rate of interest and on such terms as may be agreed upon, evidencing the sum of money so borrowed or any of the organization's indebtedness to Lender, and also to execute and deliver to Lender one or more renewals, extensions, modifications, refinancings, consolidations, or substitutions for one of more of the notes, any portion of the notes, or any other evidence of credit accommodations.
- **Further Acts.** In the case of lines of credit or credit card requests, to designate additional or alternate individuals as being authorized to request advances under such lines, and in all cases, to do and perform such other acts and things, to pay any and all fees and costs, and to execute and deliver such other documents and agreements as the officer may in his or her discretion deem reasonably necessary or proper in order to carry into effect the provisions of this resolution.

**NOTICES TO LENDER.** PHCD will promptly notify Lender in writing at Lender's address prior to any changes to the organization's name, management or authorized signer(s), principal address, state of organization, conversion to a new type of business entity, or change of other aspects that directly or indirectly relates to any agreements between PHCD and Lender.

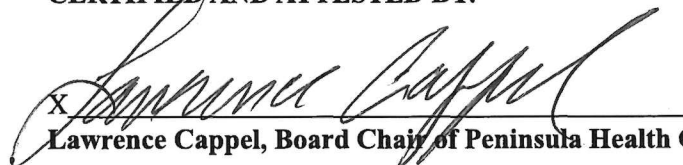
**CERTIFICATIONS CONCERNING OFFICERS AND RESOLUTIONS.** The officer named above is duly elected, appointed and empowered by or for PHCD, as the case may be, and occupies the position set opposite his or her respective name. This Resolution now stands of record on the books of PHCD, is in full force and affect, and has not been modified or revoked in any manner whatsoever.

**CONTINUING VALIDITY.** Any and all acts authorized pursuant to this Resolution and performed prior to the passage of this Resolution are hereby ratified and approved. This Resolution shall be continuing, shall remain in full force and effect and Lender may rely on it until written notice of its revocation shall have been delivered to and received by Lender at Lender's address. Any such notice shall not affect any of the agreements or commitments in effect at the time this notice is given.

**IN TESTIMONY WHEREOF, I have hereunto set my hand and attest that the signature set opposite name listed above is his or her genuine signature.**

**I have read all the provisions of this Resolution, and I personally and on behalf of Peninsula Health Care District certify that all statements and representations made in this Resolution are true and correct. This Resolution to borrow is dated April 26, 2024.**

**CERTIFIED AND ATTESTED BY:**

  
x \_\_\_\_\_  
**Lawrence Cappel, Board Chair of Peninsula Health Care District**