

Maryland Institute for  
Emergency Medical  
Services Systems

EMS Region IV Office  
301 Bay Street Ste.306  
Easton, MD 21601  
410-822-1799

Bryan Ebling  
Regional Coordinator

Michael Parsons  
Assistant Regional  
Coordinator

Dawn Rose  
Administrative Aide

### Council Chairs

Chris Truitt  
Chairman

Chris Shaffer  
Vice Chairman

Kathy Jo Marvel  
Secretary

## Region IV EMS Advisory Council Agenda

Talbot County Emergency Operations Center  
28640 Mary's Ct. Rm. 225, Easton, MD 21601

**Meeting Agenda for September 16, 2025**

### Join with Google Meet

Meeting ID

[meet.google.com/mny-zpqy-xhv](https://meet.google.com/mny-zpqy-xhv)

Phone Number

(US)[+1 615-952-0607](tel:+16159520607)

PIN: 286 377 070#

1. Call to order and introductions
2. Attendance (virtual role call/in person sign roster)
3. Approval of Minutes
4. Regional Medical Director's Report
5. Pediatric Medical Director's / EMS-C Report
6. EMS Board Report
7. SEMSAC Report
8. Mobile Integrated Health Programs
  - Caroline County
  - Cecil County
  - Queen Anne's County
  - Salisbury
  - Talbot County
  - Worcester
9. Regional Affairs Report
10. MIEMSS Report
11. Agency Reports (Circle "yes" on the roster if you wish to make a report)
12. Old Business
13. New Business
14. Adjournment

**The next meeting will be held on November 18, 2025 @ 1330 hrs.**

## **REGION IV EMS ADVISORY COUNCIL**

**September 16, 2025**

### **Minutes**

#### **Attendees:**

**In person** – Michael Parsons, Zach Yerkie, Mark Sheridan, Kathy Jo Marvel, Chris Shaffer, John Dennis, Miranda Webster, Tina Kintop, Dr. Chiccone, Dr. Klotz, Dr. Chizmar, Dr. White.

**Virtual** – Doug Walters, Lorenzo Cropper, Shari Donoway, Angie Lord, Derrick Simpson, Dr. Fratta, Joel Dixon, Bobbie Jo Trossbach, Nicole Leonard, Debbie Wheedleton, Zachery Phillips, Dwayne Kitis, Patrick Campbell, Scott Haas, Logan Quinn, Todd Abramson, Kristie Hull, Stephen Cummins, Mark Bilger, Yelitza Hernandez-Davis, Aaron Edwards.

The meeting was called to order at 1:30 by Chairman Zach Yerkie

**Approval of Minutes:** A motion was made by Kathy Jo Marvel to approve the May 20, 2025 minutes as written, seconded by Chris Shaffer and passed.

#### **Regional Medical Director's Report:**

**Dr. Chiccone** – Just as a reminder for interested parties, the Chesapeake College Advisory Council meeting for EMS will be held on Monday September 22<sup>nd</sup> at 12:30pm.

We kicked off our Medical Directors call with the introduction of Dr. Eric Klotz who is here with us today. Dr. Klotz is now functioning as the Assistant Medical Director for Talbot County and will be taking over full-time in January.

The day of our Medical Directors call, the EMS Board had just met where they introduced their newest members. Dr. Delbridge had given a discussion of the phenomenon referred to as Compact. I'm trying to remember the right way is to classify this, maybe let's call it a consortium which currently consists of 24 states who have agreed that if a Clinician is licensed in their individual state, then moves to another state within the compact consortium they would not have to re-license within that state. Presently, Maryland does not want to participate. There is some support from the commercial side but expedited licensure is not necessarily something Maryland is interested in at this time.

The Department of Legislative Services had recently begun to request QA plans from various counties. What this may have to do with in broad strokes is that perhaps a clinician may have received a disciplinary action with which he or she did not agree and made a complaint. So, the

Department of Legislative Services has requested some QA plans to look at so please be sure that your QA plans are up to date.

During our protocol review committee, a couple interesting things came up. There is a research project called Cavalier and it has to do with whether giving calcium, vasopressin or both early in the course of treatment would help severely injured patients with significant blood loss.

Currently, there's a coalition of around 16 level one trauma centers participating so you may hear more about Cavalier in the future.

Dr. Matt Levy brought back the abdominal aortic junctional tourniquet so that we could have some input from PEMAC and PEMAC I believe abstained was their official position. So currently as that proposal moves forward, this would be for patients aged 15 years and up and its use would be in extremis situations for hemorrhagic shock. This will move forward through the committee.

Dr. Anders brought back a revised critical unstable patient protocol. This would be a protocol that would apply to but not strictly limited to those patients for example with altered mental status, airway compromise, respiratory distress and poor perfusion. A huge amount of effort was placed on the exact verbiage of the stay and play part of this protocol. Dr. Stone was able to propose a modification of verbiage which was accepted.

Dr. Jonathan Wendell brought forward modifications to the adult bradycardia protocol emphasizing the role of symptomatic patients and making the flowchart of the protocol more consistent with other flowchart's algorithms for treatments of dysrhythmia and that one was approved.

Another item of business was the prolapsed cord and the recommendation for a change in position. I think we're all aware of the inherent danger in transporting patients who are in the knee chest position on a stretcher. This was a proposal for a change in position, but a new emphasis on elevation of the presenting part which was passed.

Then there was an effort to make a reasonable educational modification to the crush phenomenon to try and separate crush injury which we'll define for purposes of this discussion as localized tissue damage from crush syndrome which would be a crush injury plus systemic complications but to put them all in the same place as a protocol so with one look you can figure out what you have and proceed from there.

Dr. Steve White put forward a protocol for the use of TXA in angioedema and in the interest of time, that was moved to the November protocol meeting.

Mustafa Sidik put forth a proposal to take a look at the pain protocol. He is assembling a working group with a goal of proposing some changes to the pain protocol as it exists currently and even including multimodal things such as maybe given more than one kind of pain medicine

in conjunction with another in order to avoid the use of opioids. He is assembling a working group of regional medical directors and we are going to try to meet a couple of times so that we can put forward a cohesive plan for this pain proposal before the November meeting. That's an ambitious agenda because that November meeting is the drop-dead meeting. Meaning what doesn't get approved by then will not be in the protocol changes for 2026. Therefore, since I'm a member of this pain working group, if you have things about the current pain protocol that are painful to you, please go ahead and let me know email or phone call work and let me know if you have ideas and I will try to take that with me into the working group. There are a couple of sessions scheduled so if anyone would like to attend, please reach out.

Lastly, I had the pleasure to be with Katie Hall when she did the annual CIC review at Shore Regional Hospital in Easton and she is quite an impressive in person. She was here at the protocol review committee to take a look at the 12-lead acquisition optional supplemental protocol. Although it was a tidy presentation, there was some discussion over how much medical history to include in that protocol and so in the interest of time, that was moved to the November meeting as well.

#### **Pediatric Medical Director's/EMSC Report:**

**Dr. Steve White** – We had our PEMAC meeting on September 3<sup>rd</sup> where they covered the Pediatric Readiness program and different facilities are trying to demonstrate their pediatric readiness on both a national level and a state level and it is certainly the focus of MIEMSS for facilities to voluntarily assert their pediatric readiness in terms of pediatric ready facilities including the freestanding centers.

The Nurse and the EMS Pediatric Champion training is ongoing. The Pediatric Physician champion forum was held virtually on July 30<sup>th</sup>.

There's a multi-center study looking at dosing for seizures and standardizing those on a standardized dose versus a weight-based dose.

There has been a lot of work with regard to protocols and we are reviewing a few changes to existing protocols. We are also looking at revising the newly born resuscitation protocol, more so the formatting of it and aligning it with the ALS sequencing language from the Neonatal Resuscitation program (NRP) who I think will be meeting in the fall.

#### **EMS Board Report:**

No Report

## **SEMSAC Report:**

**Scott Haas** – Are there any jurisdictions that are currently billing educational programs for a ride along?

**Dr. Chiccone** – When I read in the SEMSAC report that there were educational programs that were charging students a fee when they had to use educational resources outside of the program, I reached out to John Longest who is the educator in charge of the program at Chesapeake College to see if this was a common practice since this was off of my radar. He said, "While the practice exists, he did not call it exactly a common phenomenon." He said, "They understand there may be a need to absorb some cost, but usually they are folded back into tuition so that they weren't billed out separately as a fee."

**Scott Haas** – I was not aware anyone in the state was doing this until it was brought up at SEMSAC. I was just curious if there was anybody within our region that's currently charging educational programs. Dr. Fillmore is the one who brought it up and he requested that SEMSAC write a position statement on it. The final outcome was that SEMSAC didn't have the capability of writing a position statement on it, but they forwarded it to the board to write a position statement basically opposing this from occurring. I just wanted to get a feel for how folks in our region felt about it since I am sure this will be brought up again.

**Zach Yerkie** – I can't speak for those online, but based off of the faces in the room, we are all opposed.

**Scott Haas** – The only other thing I wanted to mention is that the Governor has made a change and my term will end in June of next year because I've served more than two continuous terms. This means I will not be allowed to be reappointed to SEMSAC so this group is going to have to find a new representative come June of next year.

## **MIH Reports:**

### **Caroline County:**

**Kathy Jo Marvel** – We didn't get to start in July like we hoped, we had a little hang up with the Health Department when the Governor put out a hiring freeze, we lost the nurse who was initially lined up. Then Dr. Uribe left and we are now onboarding Dr. Fratta so we are looking at hopefully, November. Dr. Fratta and I need to sit down and we have to send the protocols up to Dr. Chizmar to sign off on. We have the policies and procedures written and we have our paramedics lined up and ready to start training. As of next week, we should have a new nurse and community health worker through the health department. So, hopefully we can start doing some training in October.

**Cecil County:**

**Stephen Cummins** – We started seeing patients about two weeks ago. Our MIH manager has hit the ground running.

**Queen Anne's County:**

**Zach Yerkie** – We are at a steady state, we really haven't had any major updates to the program. Things are going well with it.

**Salisbury:**

**Miranda Webster** – We doing great, Dave is sadly gone, and I am the new coordinator. I really don't have too many updates. We are working on a new safe fall program, which I brought up in the last MIH meeting. We have about 90 patients that we are checking their vitamin D and just following up on regarding home PT and home health. We just enrolled another patient in our buprenorphine program so we have a total of five in that program now since we started in January. I'm about to start an After the Fire type program so hopefully I can get some partnerships with local DME and figuring out how that would work to replace medications or DME lost in a fire.

**Talbot:**

**Tina Kintop** – We are running steady and are looking into some optional protocols for lab draws and a couple other things. The head of our MIH program, Rachel Cox, has just been appointed to a new senior citizen's task force in Talbot County. We had a meeting with the folks who oversee this grant and they are very happy with what we are doing and they profess that they didn't know how big this program was. So, we are trying to get the word out there about everybody else throughout the state. So, hopefully we'll have some other grant opportunities pop up.

**Worcester County:**

No Report

**MIEMSS Report:**

**Dr. Chizmar** – We put this year's protocols in play on July 1<sup>st</sup> as everybody knows. I thought I would just update the committee here. We've used to date Cefazolin 121 times over 10 weeks state wide which is actually more than what I would have expected. There were 19 uses in Region IV as of a couple of days ago, so the number may have gone up a little bit since then. Labetalol has not had as much use, but it's had some good success so far. We have treated a little over 10 or 11 patients with labetalol as of a few days ago and that number may have gone up as well. We have a proposal to expand the use of labetalol in 2026 to treat select stroke patients with very high blood pressure.

We are still debating the use of metoprolol versus esmolol and we will have a decision before the production of diltiazem is downsized at the end of this year. For those of you that are not aware one of the main manufacturers of advantage diltiazem is planning cease production after December of this year. The diltiazem vials will still be around, but as you know if you take them out of refrigeration you have to throw them away after 30 or 60 days so, we are looking for a replacement. The medical directors have had a lot of discussion on it and the desire was to use Esmolol because we already have it. Then there was some concern about using Metoprolol in patients that had reactive airways. So, I really just need to get all of the Docs back together and get a consensus. We will have a replacement drug for Verapamil and I suspect it's going to be Metoprolol. Not to insult anybody who likes Verapamil but it is a very old drug. We are not going to take diltiazem out of the protocol but we do need to put a more suitable 2025 era drug in there in place of Verapamil.

Dr. Chiccone mentioned that the discussion about EMS compact has come back up again and commercial ambulance particularly is interested in it. It is a privilege to practice so for example it would be the equivalent of taking your car with Maryland tags and moving out of state and never changing your Maryland tags ever again. You would leave your Maryland license tags on your car and you would keep your Maryland driver's license and everything would tie back to that home state which is different than health profession compacts where it's an expedited pathway to licensure. So, like in the case of the nursing compact and the physician compact, you don't just get to pick up and take your license from Maryland to another state, but you do get an expedited pathway to getting a Delaware license or a Pennsylvania license, etc., which is totally different than just a privilege to practice that relies back on that home state license.

So, this was brought up again at the board and I don't have any definitive direction. Nobody said we're reversing course on this, but this is another thing that would involve the legislature. It would involve the passage of end block language from EMS compact. It can't be changed and it has to be passed exactly as written by the Maryland legislature. I think there's some interest in commercial ambulance and I think some of that is percolating through to the legislators. So, you're likely to get asked by your delegation at some point in the fall, what do you think about this EMS compact thing.

I think everybody knows we launched the Emergency Department Advisory System (EDAS). There have been some hiccups and some challenges, but we hope that this is giving you a little bit more of a marker as opposed to just the yellow and red for how busy the hospitals are. I know we've had a few of the code black requests. One thing that we've been working on is getting that messaging out to everybody who signed up for automated messaging. That's a piece that we're still actively working through.

I met with the director of the hand center it turns out we request a helicopter for hands maybe about 10 times a year statewide and we fly about five people. I had a very candid conversation with him talking about resource utilization and so forth. His perspective is that they will take

anybody by helicopter, however, he told me he doesn't want to put a patient and a helicopter crew's life in danger over a single finger. He said very clearly that anything that's an amputation at the wrist to elbow he would fly that patient out. The warm ischemia time for a finger, even if we didn't have it wrapped in gauze in a bag and on ice, is 4 to 6 hours. So, there's not like a time pressure clinical sensitivity to flying the patient, however I do understand ground transport can take an ambulance out of service for six hours which is prohibited. So, I did want to let everybody know that I did connect with a hand center and more to follow on that one.

**Aaron Edwards** – Effective July 31, 2025 the new mandatory requirements for all EMTs are as follows:

1. EMS Operational Program Affiliation

- **NEW:** You must be affiliated with a MIEMSS-approved EMS operational program
- **CHANGE:** This is now explicitly required for renewal (not just verification)

2. Annual Protocol Updates

- **NEW:** Must complete the three most recent years of Annual EMS Protocol Updates
- **IMPORTANT:** These are specific MIEMSS courses, not general continuing education

What's changing for the current requirements:

- Mandatory affiliation verification
- Three most recent years of protocol updates (specific requirement)
- State Medical Director-designated continuing education categories
- Technical proficiency verification option (if choosing the CE route)

There are two pathways to choose from for your recertification:

Pathway 1. The National Registry Route Requirements:

- National Registry (NREMT): Current **active status** registration as an EMT or higher
- Complete the 3 most recent years of Annual Maryland Medical Protocols for EMS Updates
- Maintain affiliation with an EMS operational program

Pathway 2. Continuing Education Route Requirements:



1. **24 hours** of continuing education in categories designated by the State EMS Medical Director during your current certification cycle.

**Categories designated by the State EMS Medical Director:**

Categories	Hours
Airway/Ventilation/Respiratory	3
Cardiovascular	3
Medical	2
OB/GYN	1
Pediatrics	2
Toxicology/Environmental	1
Trauma/Burns	3
<b>Total</b>	<b>15</b>

1. **1-9 hours** of your 24 continuing education may be substituted with technical skills. Hands-on skills may include MIEMSS-approved hands-on technical proficiency verification.

Technical Proficiency Verification may be completed through your Maryland State EMS Operational Program or BLS program. [Link to maps of BLS programs](#)

2. **Flexible Content Options:** If your skills verification totals less than 9 hours, you have flexibility in how you complete each remaining hours. These hours may be fulfilled through (MIEMSS-approved):

- Local content relevant to your service area
- Individual educational content that meets your specific learning needs
- Any other MIEMSS-approved continuing education, including skills.

This flexibility allows you to tailor your remaining education hours to areas most relevant to your community and individual needs.

3. Complete the **3 most recent years** of Annual **Maryland Medical Protocols for EMS** Updates.

**Please note** that any time spent on Annual EMS Protocol Updates does NOT count toward your required 24-hour continuing education requirement.

4. Maintain affiliation with an EMS operational program

You can find this and any additional information on our website at <https://www.miemss.org/home/renewal-certification>. You can also reach out to our office with any questions using the below contact information.

**Contact Information:**

- **Phone:** (410) 706-3666
- **Email:** [licensure-support@miemss.org](mailto:licensure-support@miemss.org)
- **Subject Line for emails:** "EMT Renewal Transition Question"

**Michael Parsons** – We have one outstanding cardiac device grant for FY25 that we are working on getting finalized.

I wanted to mention is VAIP updates went in place on July 1<sup>st</sup> so if you are getting ready to do an inspection make sure you have the updated checklist. Also, if you see anything that you would like to see changed, please send that to our office.

Congratulations to Caroline County DES, Federalsburg VFC and Preston VFC on passing your voluntary ambulance inspections.

I have a few training opportunities I would like to share.

- Topics in Trauma Conference will be held at Tidal Health on September 19, 2025
- ALS refresher will be held at Tidal Health October 17<sup>th</sup>, 24<sup>th</sup>, and 31<sup>st</sup> from 8am to 5pm. For more information or to register please reach out to Doug Walters.
- Winterfest will be held Jan 30, 31 and Feb 1<sup>st</sup>. More details to come.

**Regional Affairs Report:**

**Dwayne Kitis** – We put out the new cycle for the Cardiac Devices grant. Please make sure everyone is aware that applications are being accepted and they are due by midnight on October

16<sup>th</sup>. I believe Bryan sent in a reimbursement for last cycle, so I think there are only two or three left in your region which is great news. I really appreciate everyone's hard work and Bryan and Michael for their due diligence and helping you all out.

### **Agency / Regional Reports:**

#### **Cecil County:**

**Stephen Cummins** – We are just finishing up the validation process for blood with the blood bank of Delmarva. I'm finishing up the paperwork to submit to MIEMSS, so hopefully we'll have that soon.

**Patrick Campbell** – I scheduled the Education Committee for October 1<sup>st</sup> at 1000 hours. If anybody needs details that didn't get them in the email that was sent let me know and I can forward the email to you.

#### **Kent County:**

**Logan Quinn** – Nothing to report.

#### **Queen Anne's County:**

**Zach Yerkie** – Our Emergency Management office is going to be working with the Delmarva Emergency Management group to try and put a proposal for a regional mutual aid agreement between all of our jurisdictions so that we have one centralized mutual aid agreement that we all operate under to hopefully make things a little cleaner for everyone.

The Bay Bridge run will take place on Sunday, November 9<sup>th</sup> and I'm still looking for some BLS units. If anyone has any interest in partaking in that, please shoot me an email and I'll get you the particulars on it.

#### **Caroline County:**

**Kathy Jo Marvel** – Our IV pumps are out and they are working well and Stephanie is going to be working with Dr. Fratta to develop the training and protocols.

Our LP35's are in and we completed our super user training and we will start to train the staff in October. We're looking for a November 1<sup>st</sup> rollout for them. We did not buy the printers so our folks will need to learn how to stream and read everything on the screen.

We have Tim Phalen coming the week of October the 20<sup>th</sup> and I wanted to say thank you to all of you in here who have offered to host.

We did apply for a grant through the Caroline Foundation and we will know in October if we get that grant. If we get that grant, we are going to put whole blood in Caroline County.

The last thing I have is regarding Tele-EMS and UMMS. We have been working to get this up and running for quite some time. Our people are trained; our staff is good however, UMMS is still quite not on board and so we have suspended all operation until they are able to get on board.

**Talbot:**

**Tina Kintop** – We are breaking ground on our North Station on the 27th of September. We were held up by the railroad that nobody uses anymore, but that has been resolved. They are actually clearing now, but we will be having the official groundbreaking on 27th of September.

We are finalizing our alternate destination protocol with UMMS just to have an option for when things get crazy in the flu months and we are looking at a few other optional protocols as well.

We are getting our LP35s and we will be having our super user training on December 1<sup>st</sup> and the rest of the week we are going to be training shifts and then doing consistent in-service training throughout the month in hopes that the beginning of January or when they are ready, we can deploy.

**Dorchester County:**

**Debbie Wheedleton** – We did BiPAP training and we now have everybody trained on BiPAP and we put that in service. We have a new Deputy Chief, Zack Phillips and he's here with me.

**Wicomico County:**

**Shari Donoway** – We are getting our applications in and getting ready for the VAIP inspection next month.

**Salisbury:**

**John Dennis** – We are still moving forward with regard to whole blood. We are just finishing up with the logistics. Where we are going to put how we are going to manage it.

The final paper work came in this week for our heart monitors, it will be signed and then we will move forward with purchasing.

We have a testing process taking place on the 27th of this month so hopefully we will get some more people to apply. EMT refresher is going on now, it started today and our paramedic refresher is next month.

The Salisbury Paramedic Foundation has their first annual gala this coming Friday and the proceeds will help with equipment and scholarships.

**Worcester County:**

**Chris Shaffer** – No report.

**Ocean City:**

**Derrick Simpson** – Our whole blood process will begin on January 1st with the placebo and going forward from there. We have the IFR working with Maryland State Police at North Side Park. I know that doesn't really affect anybody else around here, just something cool. I know Ryan Whittington is working with MIEMSS on the con-ed training for landing zone.

We are hiring and have both full-time and part-time positions available and our testing will be October 18th or the 22nd.

We had a request for the epinephrine nasal spray which I had discussed with Bryan Ebling. I know we have some people who use it in the schoolboard systems and things like that. I said that Dr. Chizmar was going to take a look at it. We were just thinking about it for the volunteers and for the lay people who may be on the fire engine or coming to the station. So, just something for us to think about and work on.

For awareness to the folks who have the RTF's, body armor and bulletproof stuff, the body armor that we have was manufactured by Bulletproof IT and they are now under a federal indictment. All of their stuff has been pulled off the market and we were listed in a federal investigation and indictment involving the guy out of Washington State.

Lastly, we have requested to host the resuscitation academy which would be in Ocean City probably in the spring.

**Dr. Chizmar** – With regard to the epinephrine nasal spray that Derrick mentioned, I'm certainly open to looking at it. However, when I went to price it, I think it was \$700 or \$800 a dose without insurance. I'm happy to still take a look at it, but I want to know from all of you if you're actually serious about using it at that price point. I don't necessarily want to go through the process of putting it in there and then nobody uses it. We put in the manual draw up vial of epinephrine in because the EpiPens were so expensive and this looks like it's maybe double what EpiPens were running. So, I would ask that you consider the cost and let me know if you still would like me to take a look at it.

**Somerset County:**

**Joel Dixon** – We were able to put our LP35s in service. We switched from Airtraq to UEScope and we are also implementing sager splints.

**Shore Health:**

**Nicole Leonard** – No report.

### **Tidal Health Peninsula:**

**Doug Walters** – Michael, thank you for sharing the information for the Trauma Conference that is being held on Friday. As of today, we are sitting right at about 197 attendees both in-person and virtual. We have 17 Physician APP Providers who will also be attendance this year. This is something new and we are going to offer CEUs for them as well.

I have an ALS refresher that is going to will be held on October 17th, 24th, and 31st. We had hoped that it would be all online, but the work between our education department and our vendor for that new learning platform has not taken off as well as we expected so the ALS refresher will be held in-person.

If you have equipment here, please pick it up. Our room gets full pretty quickly.

We are piloting a new process for ambulance arrivals. We have a triage nurse that is going to be stationed at the ambulance doors that will be receiving ambulance patients and dispersing them where they need to go.

### **Atlantic General:**

**Yelitza Davis-Hernandez** – There will be a CPR renewal class down in Crisfield at Station 8, Lower Somerset this Saturday at 3pm. If interested, please contact EMS Captain Matt Tomlins or Jackie Carey to register.

Atlantic General's next EMS advisory meeting is going to be held next Thursday the 25<sup>th</sup> and that will be our last AGH EMS advisory meeting for Worcester County that will be held separately at Atlantic General. In January, we will be meeting jointly with Peninsula Regional since we are starting to do the merge. So, the January the EMS advisory meeting will be held in Salisbury with Doug Walters at Peninsula Regional.

### **Old Business:**

**Zach Yerkie** – The only thing I have as old business is the nomination that came out of our last council meeting for Chief Shaffer to continue on as our council's Vice Chairman. Since Chief Shaffer is here today, would you accept the nomination that was made for you to continue on as our Vice Chairman?

**Chris Shaffer** – Yes, I will accept the nomination and stay on as the Vice Chairman.

### **New Business:**

None

**Adjournment:** The meeting was adjourned at 3:05pm