DISTRICT COURT	
COUNTY OF DOUGLAS, COLORADO	
Court Address: 4000 Justice Way, Suite 2009	
Castle Rock, Colorado 80109	
Telephone No.: 720-437-6200	
Petitioners:	
Castle Pines Commercial Metropolitan District	
No. 3	
Attorneys for Petitioners:	A Court Use OnlyA
Kim J. Seter	
Jennifer M. Wascak	
SETER & VANDER WALL, P.C.	Case Number: 87 CV 50
7400 E. Orchard Road, Suite 3300	
Greenwood Village, Colorado 80111	
Telephone: 303.770.2700	
Facsimile: 303.770.2701	5 C
E-mail: kseter@svwpc.com	
E-mail: jwascak@svwpc.com	
Atty. Reg. # 14294	
Atty. Reg. # 29457	
OATH OF DIRECTOR	R

MICHAEL R. DALL

OATH OF DIRECTOR

I, Michael R. Dall, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of the Castle Pines Commercial Metropolitan District No. 3 into which I am about to enter.

Michael Rehall

Michael R. Dall, Director

Subscribed and sworn to before me this 21D day of UNE, 2014.

(SEA

WITNESS my hand and My commission expires	
E A L) MARILYN J. MOORE	Mariline Modes
NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20134031606 MY COMMISSION EXPIRES MAY 22, 2017	Notary Public



RLI Insurance Company P.O. Box 3967 Peoria IL 61612-3967 Phone: (309)692-1000 Fax: (309)683-1610

PUBLIC OFFICIAL POSITION SCHEDULE BOND

Bond No. <u>LSM0563413</u>

Item 1. Name of Insured: Castle Pines Commercial Metropolitan District No. 3

(the "Insured")

Principal Address: c/o Clifton Larson Allen, LLP 8390 E. Crescent Parkway, Suite 600 Greenwood Village, CO 80111

Item 2. Bond Period <u>February 20, 2014</u> to <u>Continuous Until Cancelled</u>. Item 3. Limit of liability does not exceed the sum specified in the Schedule of named Positions or written acceptances by the Company as to each Position there listed.

I. INSURING AGREEMENT

The RLI Insurance Company, an Illinois corporation (the "Company"), in consideration of an agreed premium is held and firmly bound unto ______ Castle Pines Commercial Metropolitan District No. 3______

of <u>Greenwood Village</u>, <u>CO</u>, Obligee, for the faithful discharge of the duties of any Public Official or Employee while occupying any position named in the schedule attached, or added thereto by written acceptance of the Company as to said position after the <u>20th</u> day of <u>February</u>, <u>2014</u>

II. CONDITIONS

A. Coverage. Automatic coverage is granted for the first thirty days service of any Public Official or Employee:
 (1) Occupying a newly created position identical with one listed in the schedule of positions, in an equal amount.

Provided, however, that the automatic coverage herein granted shall be void and of no effect from the beginning, unless during the said thirty day period the Obligee has requested in writing that the position be added to the schedule, and the Company by written acceptance has consented thereto.

Coverage on any position may be increased or decreased upon written request of the Obligee, if agreed to in writing by the Company.

- B. Cancellation. Cancellation hereunder is effective, and all liability under this bond shall cease as to future acts or omissions as to any Public Official or Employee on the date specified in written notice given by the Obligee to the Company as to any or all positions or Public Officials or Employees, or after thirty days' written notice given by the Obligee of its intent to cancel this bond in its entirety, or as to any Public Official or Employee or position.
- C. Liability. The Company's liability under this bond shall not be cumulative, and in no event shall the Company be called upon to pay as a loss hereunder in an amount greater than the largest single amount for which the position occupied by any Public Official or Employee causing such loss is or has been covered in the schedule, whether said loss occurred during any one or more years. The liability of the Company for any Public Official or Employee occupying more than one position at one time, or at different times, shall not exceed the largest amount of coverage specified for any single position occupied by said Public Official or Employee. The liability of the Company shall never exceed the amount in effect for the position when the act

OFF 0102 (2/93)

Page 1 of 3 Pages 00002304-30,30 of the Public Official or Employee causing the loss shall have occurred. In the event there are more Public Officials or Employees occupying the position covered in the schedule than are listed therein, the Company shall be liable for such proportion of the amount of coverage as the number of Public Officials or Employees listed bears to the number of Public Officials or Employees actually occupying the position when the loss occurred.

The Liability of the Company hereunder is subject to the terms and conditions of the following Riders, attached thereto:

RLI Insurance Company

None of the specifications of this Bond shall be altered or waived, except in writing by the Company executed by its President, Vice President, Secretary, Assistant Secretary or Treasurer.

Dated this 20th day of February, 2014

By Vice President Roy C. Die I N

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Bond No. LSM0563413

SCHEDULE OF POSITIONS - EFFECTIVE THE ______ DAY OF ____ February ____ 2014___

(If there is more than one position of like classification, list by number, thus: Cashier No. 1, Cashier No. 2)

Schedule Number	Position Name	No.	Position Location	Bond Amount
1	Treasurer .	1		\$ 5,000.00
2	Board Member	1		\$ 1,000.00
3	Board Member	1		\$ 1,000.00
4	Board Member	1		\$ 1,000.00
5	Board Member	1		\$ 1,000.00
6	Board Member	1		\$ 1,000.00
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RLI Insurance Company P.O. Box 3967 Peoria IL 61612-3967 Phone: (309)692-1000 Fax: (309)683-1610

POWER OF ATTORNEY

RLI Insurance Company

Bond No. __LSM0563413__

Know All Men by These Presents:

That the	RLI Insurance Company				, a corporation organized and existing under the laws of the State of			
	Illinois	, and :	authorized and license	d to do business in all sta	ites and the D	istrict of Columbi	a does hereby make,	
constitut	e and appoint:	•	Roy C. Die	in the City	of	Peoria	, State of	
	Illinois	, as	Vice President	, with full power an	d authority h	ereby conferred u	pon him/her to sign,	
execute,	acknowledge and	deliver for	and on its behalf as	Surety, in general, any ar	nd all bonds,	undertakings, and	recognizances in an	
amount	not to exceed	F	ive Hundred Thousan	d_and_00/100	Dollars (\$ 500,000.00) for any single	
obligatio	n, and specifically	for the fol	lowing described bon	d.				

Principal:	Castle Pines Commercial Metropolitan District No. 3
Obligee:	Same as Principal
Type Bond:	Public Official Position Schedule Bond
Bond Amount:	<u>\$ 10,000.00</u>
Effective Date:	February 20, 2014

further certifies that the following is a true and exact copy of a RLI Insurance Company The . Resolution adopted by the Board of Directors of _______ RLI Insurance Company _____, and now in force to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

has caused these presents to be executed by IN WITNESS WHEREOF, the _____ RLI Insurance Company with its corporate seal affixed this ______ day of _____ February_____ 2014 Vice President its_

RLI Insurance Company ATTEST: Vice President Roy C. Dig Assistant Secretary Cynthia S. Øphm Rov C. Die

 On this __20th_ day of __February __, 2014 before me, a Notary Public, personally appeared ______ Rov C. Die

 and ______Cynthia S. Dohm ______, who being by me duly sworn, acknowledged that they signed the above Power of Attorney

 as _______Vice President ______ and _______, respectively, of the said _________, respectively, of the said __________, and acknowledged said instrument to be the voluntary act and deed of

said corporation.

-----"OFFICIAL SEAL" uler JACQUELINE M. BOCKLER Notary Public COMMISSION EXPIRES 01/14/18 Jacqueline M. Boch