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. 4 ▲ Court Use Only ▲ **Attorneys for Petitioners:** Kim J. Seter Jennifer M. Wascak Case Number: 87 CV 51 SETER & VANDER WALL, P.C. 7400 E. Orchard Road, Suite 3300 Greenwood Village, Colorado 80111 Telephone: 303.770.2700 Facsimile: 303.770.2701 E-mail: kseter@svwpc.com E-mail: jwascak@svwpc.com Atty. Reg. # 14294 Atty. Reg. # 29457 OATH OF DIRECTOR 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. 4 into which I am about to enter. Nichael & hall Michael R. Dall, Director Subscribed and sworn to before me this 240 day of 4014, 2014. WITNESS my hand and official seal. 5.22.2017 My commission expires: (SEAL) MARILYN J. MOORE NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20134031606

MY COMMISSION EXPIRES MAY 22, 2017



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>LSM0563416</u>

n 1.	Name of Insured: Castle Pines Commercial Metropolitan District No. 4 (the "Insured")
	Principal Address: c/o Clifton Larson Allen, LLP 8390 E. Crescent Parkway, Suite 600 Greenwood Village, CO 80111
n 3.	Bond Period February 20, 2014 to Continuous Until Cancelled. Limit of liability does not exceed the sum specified in the Schedule of named Positions or written acceptances Company as to each Position there listed.
The held of _	URING AGREEMENT RLI Insurance Company, an Illinois corporation (the "Company"), in consideration of an agreed premium is d and firmly bound unto
GO A.	NDITIONS 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. 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 Company to the Obligee of its intent to cancel this bond in its entirety, or as to any Public Official or Employee or position. 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
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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:

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

RLI Insurance Company

Roy C. Die

Vice President

SCHEDULE OF POSITIONS - EFFECTIVE THE 20th DAY OF February 2014

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

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 7 8 8 \$ 9 \$ 100 \$ 10	Schedule Number	Position Name	No.	Position Location	Bond Amount
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 7	1	Treasurer	1		\$ 5,000.00
3 Board Member 1	2	Board Member	1		\$ 1,000.00
5 Board Member 1 \$ 1,000.00 6 Board Member 1 \$ 1,000.00 7	3	Board Member	1		\$ 1,000.00
6 Board Member 1 \$ 1,000.00 7	4	Board Member	1		\$ 1,000.00
7 8 9 9 10 11 11 12 13 3 14 15 16 17 18 19 20 21 21 22 23 24 25 8	5 .	Board Member	1		\$ 1,000.00
8 9	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. _ LSM0563416_

Know All Men by These Presents:

That the	RLI Insurance	Company	, a corporation	organized and exi	isting under the la	iws of the State of
	linois and au					
	appoint:					
Illir	nois, as	Vice President	, with full power	and authority here	by conferred upo	on him/her to sign,
execute, ackn	owledge and deliver for a	nd on its behalf as Su	rety, in general, any	and all bonds, un	dertakings, and re	ecognizances in an
amount not	to exceedFive	Hundred Thousand	and 00/100	Dollars (\$ 500,000,00	_) for any single
	d specifically for the follo					
Principal:	Castle Pines Commo					
Obligee:	Same as Principal					
Type Bond:						
Bond Amour	nt: \$ 10,000.00					1 2 2
Effective Dat	te: February 20, 2014					
TheResolution ad	RLI Insurance Co	mpany ectors of	further certifies RLI Insurance	that the followir	ng is a true and	exact copy of a win force to-wit:
undertakin corporate s	gs in the name of the C gs, Powers of Attorney eal may be printed by fac S WHEREOF, the	or other obligation esimile."	s of the corporati	on. The signatu	re of any such	officer and the
IN WITNESS	whereor, me	k ita samarata sasi si	ffived this 20th	day of Fahru	om/ 201/	4
	lice President wi	h its corporate seal at	Manual Ma	Insurance Comp		* ·
ATTEST:	\circ	<u> </u>	CORPORATE	k	•	
()"	mad Lak	mummer A	SĒĀL]	5	2	.
Cynthia S. Iopl		ssistant Secretary Thing	W. T. N. O. W.	C. Die		Vice President
On this <u>20t</u>	h day of February	, <u>2014</u> before me, a	Notary Public, perso	onally appeared	Roy C	
and	Cynthia S. Dohm		ne duly sworn, ackno	wieugeu mai mey	resne	ectively, of the said
as	Vice President RLI Insurance Comp	andand	_, and acknowledged	I said instrument	to be the volunta	ry act and deed of
said corporat		lany				•
Said Corporat					4.	
Jacqueline M.	adoreline M. a	Notary Public	HOTARY E PUBLIC JACQUELINE /	L SEAL" M. BOCKLER	,	
Jacqueinie M.	200.00		A	******		