

COLLINS COCKREL & COLE

A PROFESSIONAL CORPORATION

PAUL R. COCKREL
JAMES P. COLLINS
ROBERT G. COLE
TIMOTHY J. FLYNN
EVAN D. ELA
LINDA M. GLESNE
DAVID A. GREHER

ATTORNEYS AT LAW
390 UNION BOULEVARD, SUITE 400
DENVER, COLORADO 80228-1556

TELEPHONE: 303-986-1551
TOLL FREE: 800-354-5941
FACSIMILE: 303-986-1755

www.cccfirm.com

ASSOCIATES
KATHRYN G. WINN
CHRISTOPHER M. PRICE
JOSEPH W. NORRIS

OF COUNSEL
ERIC C. JORGENSON
JOAN M. FRITSCHÉ

DIRECT E-MAIL
prupp@cccfirm.com
DIRECT DIAL
303-218-7208

February 3, 2016

Clerk of the District Court
Douglas County
4000 Justice Way, Suite 2009
Castle Rock, Colorado 80109

**Re: South Metro Fire Rescue Fire Protection District
Civil Action No. 1966CV3547**

Dear Clerk:

Enclosed for filing in the above-referenced case are oaths of office for David M. Jackson, Richard Sokol, Laura Simon and Hank Eng, who were recently appointed to the Board of Directors of the District following the resignation of Directors Culig and Johnson, and the expansion of the board from five members to seven members. Also enclosed is a current bond for the directors and treasurer of the District.

Please let me know if you have any questions.

Sincerely,



Peggy Rupp
Paralegal


/pr

Enclosures

cc: Clerk and Recorder, Douglas County
Clerk and Recorder, Arapahoe County

<p>DISTRICT COURT, DOUGLAS COUNTY, STATE OF COLORADO</p> <p>Court Address: Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, CO 80109</p> <p>Phone Number: 720-437-6200</p>	
<p>IN RE THE MATTER OF SOUTH METRO FIRE RESCUE FIRE PROTECTION DISTRICT</p>	
<p>Robert G. Cole Collins Cockrel & Cole 390 Union Blvd., Suite 400 Denver, Colorado 80228-1556 Telephone: (303) 986-1551 Facsimile: (303) 986-1755 E-Mail: rcole@cccfirm.com Atty. Reg #: 15943</p>	<p>▲ COURT USE ONLY ▲</p> <p>Case No.: 1966CV3547</p>
<p>OATH OF OFFICE</p>	


I, David M. Jackson, 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 South Metro Fire Rescue Fire Protection District upon which I am about to enter.



 David M. Jackson

STATE OF COLORADO)
) ss.
 COUNTY OF ARAPAHOE)

Subscribed and sworn to before me this 25th day of January, 2016 by David M. Jackson.



 Danny Gaddy, Chairman

DISTRICT COURT, DOUGLAS COUNTY, STATE OF COLORADO Court Address: Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 Phone Number: 720-437-6200	
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OATH OF OFFICE	

I, Richard Sokol, 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 South Metro Fire Rescue Fire Protection District upon which I am about to enter.

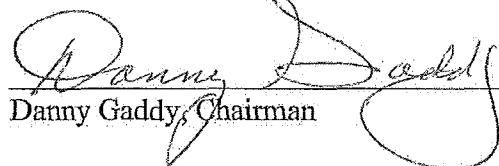

 Richard Sokol

STATE OF COLORADO

)
) ss.
)

COUNTY OF ARAPAHOE

Subscribed and sworn to before me this ^{15th} 15 day of January, 2016 by Richard Sokol.


 Danny Gaddy, Chairman

DISTRICT COURT, DOUGLAS COUNTY,
STATE OF COLORADO

Court Address: Douglas County Justice Center
4000 Justice Way, Suite 2009
Castle Rock, CO 80109

Phone Number: 720-437-6200

IN RE THE MATTER OF SOUTH METRO FIRE RESCUE
FIRE PROTECTION DISTRICT

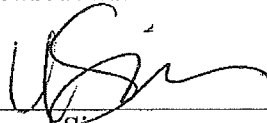
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Telephone: (303) 986-1551
Facsimile: (303) 986-1755
E-Mail: rcole@cccfirm.com
Atty. Reg #: 15943

▲ COURT USE ONLY ▲

Case No.: 1966CV3547

OATH OF OFFICE

I, Laura Simon, 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 South Metro Fire Rescue Fire Protection District upon which I am about to enter.



Laura Simon

STATE OF COLORADO)

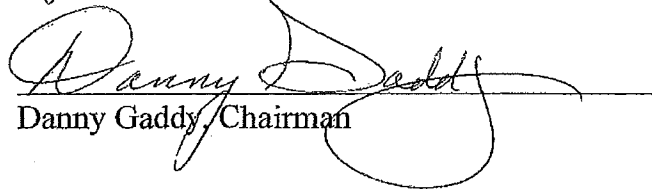
)

) ss.

COUNTY OF ARAPAHOE)

)

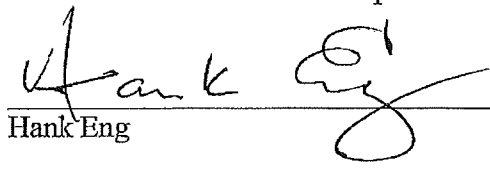
Subscribed and sworn to before me this ^{7th} 15 day of January, 2016 by Laura Simon.



Danny Gaddy, Chairman

<p>DISTRICT COURT, DOUGLAS COUNTY, STATE OF COLORADO</p> <p>Court Address: Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, CO 80109</p> <p>Phone Number: 720-437-6200</p>	
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<p>OATH OF OFFICE</p>	

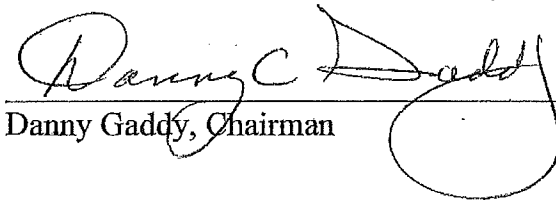
I, Hank Eng, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of the South Metro Fire Rescue Fire Protection District upon which I am about to enter.



Hank Eng

STATE OF COLORADO)
) ss.
COUNTY OF ARAPAHOE)

Subscribed and sworn to before me this 25th day of January, 2016 by Hank Eng.



Danny Gaddy, Chairman



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/2/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170 Englewood, CO 80112	CONTACT NAME: PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No): (303) 368-5863 E-MAIL ADDRESS: info@wilsonins.com
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INSURED South Metro Fire Rescue Fire Protection District dba South Metro Fire 9195 E. Mineral Avenue Centennial, CO 80112	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Arch Insurance Company</td> <td>11150</td> </tr> <tr><td>INSURER B :</td><td></td></tr> <tr><td>INSURER C :</td><td></td></tr> <tr><td>INSURER D :</td><td></td></tr> <tr><td>INSURER E :</td><td></td></tr> <tr><td>INSURER F :</td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Arch Insurance Company	11150	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Crime (Includes Burg			MEPK07883404	01/01/2016	01/01/2017	Limit	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Includes coverage for directors or board members and treasurer
Faithful Performance of Duty Included

CERTIFICATE HOLDER	CANCELLATION
State of Colorado 1700 Broadway Denver, CO 80290	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE