

# COLLINS COCKREL & COLE

A PROFESSIONAL CORPORATION

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May 17, 2012

**VIA EFILE**

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

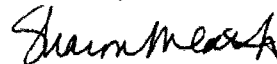
**Re: Airport Vista Metropolitan District No. 1  
Civil Case No. 08CV296**

Dear Sir or Madam:

Attached for filing in the above-referenced file are the Oaths of Office for Nicole J. Champine, Janet A. Holle and Barton S. Brundage who were elected to the Board of Directors of the District for a four-year term expiring in May 2016. Also attached is a Certificate of Insurance as proof that the blanket policy Directors' and Treasurer's Bond of the District previously filed with the Court remains in full force and effect.

Please contact me if you have any questions.

Sincerely,



Sharon Meath  
Paralegal

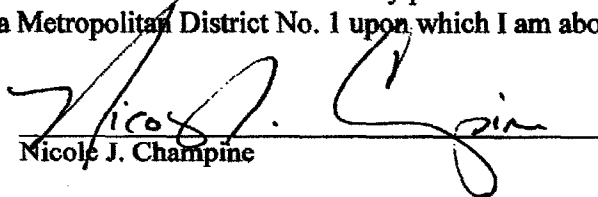
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Attachments

cc: Nicole Champine  
Division of Local Government  
Douglas County Clerk and Recorder

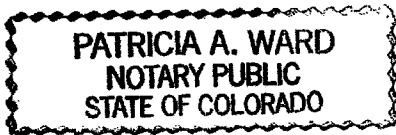
<b>DISTRICT COURT, DOUGLAS COUNTY, STATE OF COLORADO</b> Court Address:     Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 Phone:                 303-663-7200		
<b>IN RE THE ORGANIZATION OF AIRPORT VISTA METROPOLITAN DISTRICT NO. 1</b>		
<b>David A. Greher</b> Collins Cockrel & Cole 390 Union Blvd., Suite 400 Denver, Colorado 80228-1556 Telephone: (303) 986-1551 Facsimile: (303) 986-1755 E-Mail: <a href="mailto:dgreher@cccfirm.com">dgreher@cccfirm.com</a> Atty. Reg#: 27311		<b>▲ COURT USE ONLY ▲</b> Case No.: 08CV296 Div.: 1             Ctrm.: 1
<b>OATH OF OFFICE</b>		


I, Nicole J. Champine, 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 Airport Vista Metropolitan District No. 1 upon which I am about to enter.

  
 \_\_\_\_\_  
 Nicole J. Champine

STATE OF COLORADO            )  
   ) ss.  
 COUNTY OF ARAPAHOE        )

Subscribed and sworn to before me this 10 day of May, 2012 by Nicole J. Champine.



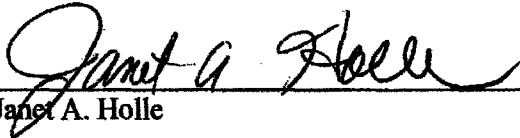
  
 \_\_\_\_\_  
 Person authorized to administer oaths (County Clerk and Recorder, Clerk of the Court, Notary Public, Chairman of the Board or any other person authorized to administer oaths)

Title: Notary Public

My commission expires: 03/23/2013

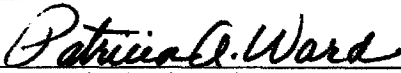
<b>DISTRICT COURT, DOUGLAS COUNTY, STATE OF COLORADO</b> Court Address: <b>Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, CO 80109</b> Phone: <b>303-663-7200</b>		
<b>IN RE THE ORGANIZATION OF AIRPORT VISTA METROPOLITAN DISTRICT NO. 1</b>		
<b>David A. Greher Collins Cockrel &amp; Cole 390 Union Blvd., Suite 400 Denver, Colorado 80228-1556 Telephone: (303) 986-1551 Facsimile: (303) 986-1755 E-Mail: dgreher@cccfirm.com Atty. Reg#: 27311</b>		
<b>OATH OF OFFICE</b>		

I, Janet A. Holle, 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 Airport Vista Metropolitan District No. 1 upon which I am about to enter.

  
 \_\_\_\_\_  
 Janet A. Holle

STATE OF COLORADO   )  
   ) ss.  
 COUNTY OF ARAPAHOE   )

Subscribed and sworn to before me this 10 day of May, 2012 by Janet A. Holle.

  
 \_\_\_\_\_  
 Person authorized to administer oaths (County Clerk and Recorder, Clerk of the Court, Notary Public, Chairman of the Board or any other person authorized to administer oaths)


**PATRICIA A. WARD  
NOTARY PUBLIC  
STATE OF COLORADO**

Title: Notary Public

My commission expires: 03/23/2013

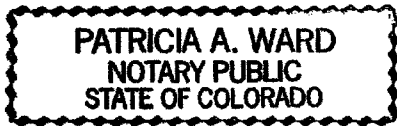
<b>DISTRICT COURT, DOUGLAS COUNTY, STATE OF COLORADO</b> Court Address:     Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 Phone:                   303-663-7200	
<b>IN RE THE ORGANIZATION OF AIRPORT VISTA METROPOLITAN DISTRICT NO. 1</b>	<b>▲ COURT USE ONLY ▲</b>
David A. Greher Collins Cockrel & Cole 390 Union Blvd., Suite 400 Denver, Colorado 80228-1556 Telephone: (303) 986-1551 Facsimile: (303) 986-1755 E-Mail: dgreher@cccfirm.com Atty. Reg#: 27311	Case No.: 08CV296  Div.: 1            Ctrm.: 1
<b>OATH OF OFFICE</b>	


I, Barton S. Brundage, 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 Airport Vista Metropolitan District No. 1 upon which I am about to enter.

  
 Barton S. Brundage

STATE OF COLORADO                            )  
   ) ss.  
 COUNTY OF ARAPAHOE                    )

Subscribed and sworn to before me this 10 day of May, 2012 by Barton S. Brundage.



  
 \_\_\_\_\_  
 Person authorized to administer oaths (County Clerk and Recorder, Clerk of the Court, Notary Public, Chairman of the Board or any other person authorized to administer oaths)

Title: Notary Public

My commission expires:     03/23/2013



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/17/2012

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).

<b>PRODUCER License # 322444</b> <b>T. Charles Wilson Insurance Service</b> <b>2260 South Xanadu Way, Suite 280</b> <b>Aurora, CO 80014</b>	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(303) 368-5757</b>	FAX (A/C, No): <b>(303) 872-1947</b>	
	<b>E-MAIL ADDRESS:</b> _____		
<b>INSURED</b>  <b>Airport Vista Metropolitan District #1</b> <b>390 Union Blvd.</b> <b>Suite 400</b> <b>Denver, CO 80228-1556</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A: Western Surety</b>		<b>0022</b>
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

**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
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> 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						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ _____ \$ _____
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ _____ \$ _____
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ _____ \$ _____
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____
<b>A</b>	<b>Public Officials Bon</b>			<b>15146623</b>	<b>5/20/2011</b>	<b>5/20/2012</b>	<b>Limit 10,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Position Schedule Bond  
1 Treasurer: \$5,000  
5 Directors: \$1,000 each

<b>CERTIFICATE HOLDER</b>  <b>Airport Vista Metro No. 1</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 