

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/16/2012

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).

PRODUCER License # 322444 T. Charles Wilson Insurance Service 2260 South Xanadu Way, Suite 280 Aurora, CO 80014	CONTACT NAME: PHONE (A/C, No, Ext): (303) 368-5757	FAX (A/C, No): (303) 872-1947
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Western Surety		0022
INSURED Castle Oaks Metropolitan District #3 DBA: c/o Grimshaw & Haring, PC 1700 Lincoln Street Suite 300 Denver, CO 80203	INSURER B :	
	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
	GENERAL LIABILITY <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 \$ \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	POSITION SCHEDULE			14832718	5/2/2012	5/2/2013	BOND LIMIT 10,000

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

Position Schedule Bond/5 Board Members \$1,000/1 Treasurer \$5,000/Bond Limit 10,000

CERTIFICATE HOLDER**CANCELLATION**

DOLA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

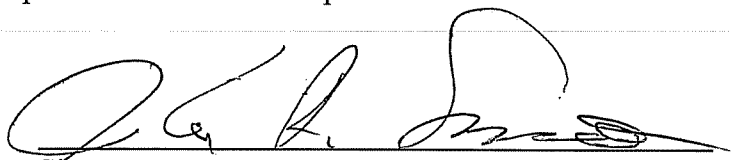
AUTHORIZED REPRESENTATIVE

© 1988-2010 ACORD CORPORATION. All rights reserved.

<p>DISTRICT COURT, DOUGLAS COUNTY, COLORADO</p> <p>Court Address: 4000 Justice Way Castle Rock, CO 80109</p> <p>Telephone: (303) 663-7200</p>	<p style="text-align: center;">▲ COURT USE ONLY ▲</p>
<p>IN RE THE ORGANIZATION OF CASTLE OAKS METROPOLITAN DISTRICT NO. 3, TOWN OF CASTLE ROCK, DOUGLAS COUNTY, COLORADO</p>	
<p>Attorneys for Petitioners:</p> <p>Name: George M. Rowley</p> <p>Address: WHITE, BEAR & ANKELE Professional Corporation 2154 E. Commons Ave. Suite 2000 Centennial, CO 80122</p> <p>Phone Number: (303) 858-1800 Fax Number: (303) 858-1801 Email: growley@wbapc.com</p> <p>Atty. Reg. #: 31089</p>	<p>Case No: 05 CV 1483</p> <p>Ctrlm:</p> <p>Div:</p>
<p>OATH OF OFFICE – GLEN SMITH CASTLE OAKS METROPOLITAN DISTRICT NO. 3</p>	

STATE OF COLORADO)
) ss.
COUNTY OF DOUGLAS)

I, Glen Smith, 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 Castle Oaks Metropolitan District No. 3 upon which I am about to enter for a term ending May 2016.


 Signature

Subscribed and sworn to before me this ____ day of May, 2012.

By: _____
Person authorized to administer oaths (County Clerk and Recorder, Clerk of the Court, and any other person authorized to administer oaths or Chairman of the Board of Directors)

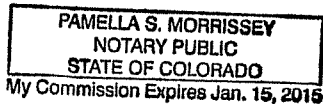
IF SWORN OR AFFIRMED BEFORE A NOTARY THE FOLLOWING SHOULD BE COMPLETED.

STATE OF COLORADO)
) ss.
COUNTY OF Douglas

Subscribed and sworn to before me this 17 day of May, 2012.

(S E A L)

My commission expires: 1-15-15



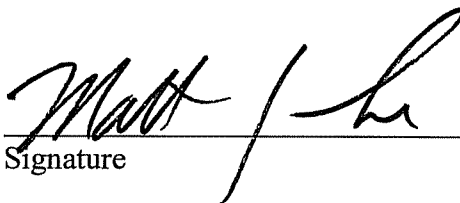
Pamela Morrissey
Notary Public

To be filed with the Clerk of the Court and with the Division of Local Government within thirty (30) days after the election (or being appointed).

DISTRICT COURT, DOUGLAS COUNTY, COLORADO Court Address: 4000 Justice Way Castle Rock, CO 80109 Telephone: (303) 663-7200	▲ COURT USE ONLY ▲
IN RE THE ORGANIZATION OF CASTLE OAKS METROPOLITAN DISTRICT NO. 3, TOWN OF CASTLE ROCK, DOUGLAS COUNTY, COLORADO	
Attorneys for Petitioners: Name: George M. Rowley Address: WHITE, BEAR & ANKELE Professional Corporation 2154 E. Commons Ave. Suite 2000 Centennial, CO 80122 Phone Number: (303) 858-1800 Fax Number: (303) 858-1801 Email: growley@wbapc.com Atty. Reg. #: 31089	Case No: 05 CV 1483 Ctrm: Div:
OATH OF OFFICE – MATT JANKE CASTLE OAKS METROPOLITAN DISTRICT NO. 3	

STATE OF COLORADO)
) ss.
 COUNTY OF DOUGLAS)

I, Matt Janke, 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 Castle Oaks Metropolitan District No. 3 upon which I am about to enter for a term ending May 2016.



 Signature

Subscribed and sworn to before me this ____ day of May, 2012.

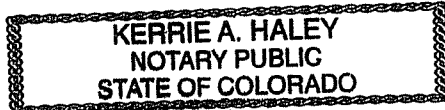
By: _____
Person authorized to administer oaths (County Clerk and Recorder, Clerk of the Court, and any other person authorized to administer oaths or Chairman of the Board of Directors)

IF SWORN OR AFFIRMED BEFORE A NOTARY THE FOLLOWING SHOULD BE COMPLETED.

STATE OF COLORADO)
) ss.
COUNTY OF Arapahoe

Subscribed and sworn to before me this 7th day of June, 2012.

(S E A L)



My commission expires MY COMMISSION EXPIRES 9/28/2014

Kerrie A. Haley
Notary Public

To be filed with the Clerk of the Court and with the Division of Local Government within thirty (30) days after the election (or being appointed).

<p>DISTRICT COURT, DOUGLAS COUNTY, COLORADO</p> <p>Court Address: 4000 Justice Way Castle Rock, CO 80109</p> <p>Telephone: (303) 663-7200</p>	<p style="text-align: center;">▲ COURT USE ONLY ▲</p>
<p>IN RE THE ORGANIZATION OF CASTLE OAKS METROPOLITAN DISTRICT NO. 3, TOWN OF CASTLE ROCK, DOUGLAS COUNTY, COLORADO</p>	
<p>Attorneys for Petitioners:</p> <p>Name: George M. Rowley</p> <p>Address: WHITE, BEAR & ANKELE Professional Corporation 2154 E. Commons Ave. Suite 2000 Centennial, CO 80122</p> <p>Phone Number: (303) 858-1800 Fax Number: (303) 858-1801 Email: growley@wbapc.com</p> <p>Atty. Reg. #: 31089</p>	<p>Case No: 05 CV 1483</p> <p>Ctrm:</p> <p>Div:</p>
<p>OATH OF OFFICE – DANIEL WILHELM CASTLE OAKS METROPOLITAN DISTRICT NO. 3</p>	

STATE OF COLORADO)
) ss.
COUNTY OF DOUGLAS)

I, Daniel Wilhelm, 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 Castle Oaks Metropolitan District No. 3 upon which I am about to enter for a term ending May 2016.



 Signature

Subscribed and sworn to before me this ____ day of May, 2012.

By: _____
Person authorized to administer oaths (County Clerk and Recorder, Clerk of the Court, and any other person authorized to administer oaths or Chairman of the Board of Directors)

IF SWORN OR AFFIRMED BEFORE A NOTARY THE FOLLOWING SHOULD BE COMPLETED.

STATE OF COLORADO)
) ss.
COUNTY OF _____)

Subscribed and sworn to before me this 11th day of MAY, 2012.

HEATH KENNEDY
NOTARY PUBLIC
(SEAL) STATE OF COLORADO

MY COMMISSION EXPIRES 01/29/2016
My commission expires: _____

H Co

Notary Public

To be filed with the Clerk of the Court and with the Division of Local Government within thirty (30) days after the election (or being appointed).