DISTRICT COURT, DOUGLAS COUNTY, COLORADO Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80109											
IN RE THE MATTER OF MERIDIAN METROPOLITAN DISTRICT	▲ COURT USE ONLY ▲										
Attorneys for the District: SPENCER FANE LLP Thomas N. George, Esq., #41395 1700 Lincoln Street, Suite 2000 Denver, CO 80203-4554	Case No.: 1976CV4507										
(303) 839-3800 – Telephone; (303) 839-3838 – Facsimile E-mail: tgeorge@spencerfane.com	Division: 1										
OATH OF OFFICE – ELIZABETH A. SHARRER											
I, Elizabeth A. Sharrer, 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 Meridian Metropolitan District upon which I am about to enter. Signature: Signature: Signature: Signature:											
Elizabeth IF SWORN OR AFFIRMED BEFORE OFFICER OF THE BOAR COMPLETED: Subscribed and sworn to before me this day of	A. Sharrer D, THE FOLLOWING SHOULD BE										
Elizabeth IF SWORN OR AFFIRMED BEFORE OFFICER OF THE BOAR COMPLETED: Subscribed and sworn to before me this day of	A. Sharrer D, THE FOLLOWING SHOULD BE										

My Notary Commission expires on Jule 21, 2026

(SEAL)

MAKAILA LYNN FORKELL

Notary Public

State of Colorado

Notary ID # 20184025499

My Commission Expires 06-21-2026:

Subscribed and sworn to before me this 24th day of January, 2023, by Elizabeth A. Sharrer, Director.

^{***}Persons authorized to administer oaths, i.e. County Clerk and Recorder, Clerk of the Court, Chairman of the Board of Directors, or any other person authorized to administer oaths***

CERTIFICATE OF APPOINTMENT

IN THE MATTER OF THE MERIDIAN METROPOLITAN DISTRICT, DOUGLAS COUNTY, COLORADO

COMES NOW, the President of Meridian Metropolitan District, Douglas County, Colorado, and certifies that at a meeting of the Board of Directors of the District held on January 10, 2023, the Board determined that a vacancy did occur on the Board of Directors of the District, that it was necessary to appoint a new Director to act until the next regular election of the District, that nominations were open for the appointment of the new Director, and that upon unanimous vote there was appointed to the Board the following eligible elector of the District to act until the next regular election of the District:

Name:

Elizabeth A. Sharrer

Residence Address:

2045 N. Eudora St., Denver, CO 80207

I further certify that I have caused this Certificate of Appointment to be delivered to said new Director and to the Division of Local Government of the State of Colorado.

By:

resident

KIMT01

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/9/2022

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 have ADDITIONAL INSURED provisions or 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).

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PRO	DUCER				CONTA NAME:	СТ						
TCW Risk Management 384 Inverness Parkway Suite 170 Englewood, CO 80112				PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No): (303) 368-58								
				E-MAIL ADDRESS: tcwinfo@wilsonins.com								
<u>-</u>					INSURER(S) AFFORDING COVERAGE						NAIC #	
					INSURER A : CNA Surety						0022	
INSURED					INSURER B:							
Meridian Metropolitan District c/o Denver Technology Center 6380 S.Fiddlers Green Circle, Suite 400 Greenwood Village, CO 80111						INSURER C:						
						INSURER D:						
						INSURER E:						
						INSURER F:						
СО	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCHI	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W SED HEREIN IS	ITH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRE	NCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO REN PREMISES (Ea ou	NTED ccurrence)	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any on		\$		
								PERSONAL & AD	V INJURY	\$		
								GENERAL AGGREGATE		\$		
	POLICY PRO- JECT LOC							PRODUCTS - CO	MP/OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	LE LIMIT	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAM. (Per accident)	AGE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$							PER	OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE	ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCID	ENT	\$		
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE		\$		
_	DÉSCRIPTION OF OPERATIONS below 3 Year Bond			43057306		3/11/2022	3/11/2025	E.L. DISEASE - PO	OLICY LIMIT	\$	10,000	
Α	3 Teal Bullu			43037300		3/11/2022	3/11/2023	Lilling			10,000	
Pub 1 Tr	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL lic Official Position Schedule Bond easurer @ \$5,000 oard Members @ \$1,000 each	LES (A	CORE	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)				
CF	RTIFICATE HOLDER				CANC	ELLATION						
Colorado Department of Local Affairs Division of Local Government-Special Districts 1313 Sherman St., Rm 521 Denver, CO 80203					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							
	Delivel, CO 00203					AUTHORIZED REFRESENTATIVE						