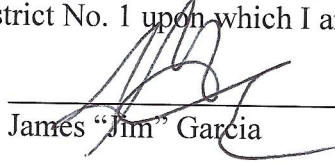


DISTRICT COURT, DOUGLAS COUNTY, COLORADO 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80109	▲ COURT USE ONLY ▲
IN RE THE MATTER OF MEADOWS METROPOLITAN DISTRICT NO. 1	
Attorneys for the District: SPENCER FANE LLP Lisa K. Mayers, Esq., #23335 1700 Lincoln Street, Suite 2000 Denver, CO 80203-4554 (303) 839-3800 – Telephone; (303) 839-3838 – Facsimile E-mail: lmayers@spencerfane.com	Case No.: 1985CV154 Division: 3
OATH OF OFFICE – JAMES “JIM” GARCIA	

I, **James “Jim” Garcia**, 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 Meadows Metropolitan District No. 1 upon which I am about to enter.

Signature: 
 James “Jim” Garcia

IF SWORN OR AFFIRMED BEFORE OFFICER OF THE BOARD, THE FOLLOWING SHOULD BE COMPLETED:

Subscribed and sworn to before me this 11 day of November, 2024.

By: 
 Title: Officer of the Board

OR, 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 ____ day of _____, 2024, by Jim Garcia, Director.

My Notary Commission expires on _____

(SEAL)

 Notary Public

****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 MEADOWS METROPOLITAN DISTRICT NO. 1, COUNTY OF DOUGLAS, STATE OF COLORADO

COMES NOW, a Director of Meadows Metropolitan District No. 1, County of Douglas, State of Colorado, and certifies that at a special meeting of the Board of Directors of the District held at 6:30 p.m. on November 11, 2024, 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 appointment of a new Director, and that upon affirmative 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: James "Jim" Garcia
Residence Address: Not publicly available

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 on this 11 day of November, 2024.

MEADOWS METROPOLITAN DISTRICT NO. 1

By: Richard Morton
Director

Crime Certificate Holder Declaration

Master Coverage Document Number: J05931794
Certificate Number: 24PL-60542-1145

Insurer: Federal Insurance Company (Chubb)
Coverage Period: 1/1/2024 to EOD 12/31/2024

Named Member:

Meadows Metropolitan District No. 1
c/o Spencer Fane, LLP
1700 Lincoln Street, Suite 2000
Denver, CO 80203

Broker of Record:

NO BROKER

Covered Benefit Plan:

Covered Designated Agent(s):

Coverages and Limits:

Employee Theft:	\$5,000
<ul style="list-style-type: none"> · Limit is maximum for each loss · Employee includes executives, full-time, part-time, seasonal, leased and temporary employee(s), interns or non-compensated volunteer. · Includes funds from a sponsored benefit plan, when the Covered Benefit Plan name is listed above. 	
Public Official Faithful Performance of Duty:	\$5,000
Client Theft:	\$5,000
Forgery or Alteration:	\$5,000
On Premises:	\$5,000
In Transit:	\$5,000
Computer System Fraud:	\$5,000
Funds Transfer Fraud:	\$5,000
Debit, Credit or Charge Card Fraud:	\$5,000
Money Orders and Counterfeit Paper Currency Fraud:	\$5,000
Social Engineering Fraud:	\$5,000

Deductible(s):

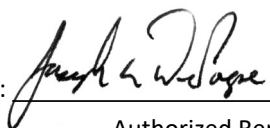
All Crime except Social Engineer Fraud:	\$100
Social Engineering Fraud:	20% of Social Engineering Fraud Limit

Contribution: \$135

Policy Forms:

PF-52815 (04/20)	The Chubb Primary SM Commercial Crime Insurance
PF-52853 (04/20)	Governmental Entity (Colorado Special Districts Pool) Endorsement
PF-53127 (04/20)	Colorado Amendatory Endorsement
PF-52851 (04/20)	Add Corporate Credit Card Coverage

This Certificate Holder Declaration is made and is mutually accepted by the CSD Pool and the Named Member subject to all terms which are made a part of the Master Crime Policy. This Certificate represents only a brief summary of coverages. Please refer to the Master Policy Documents for actual coverage, terms, conditions, and exclusions.

Countersigned by:  _____
Authorized Representative