

<b>DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF COLORADO</b> 4000 Justice Way Castle Rock, Colorado 80109 303-663-7200	<p style="text-align: center;"><b>▲ COURT USE ONLY ▲</b></p>
<b>IN RE RAMPART RANGE METROPOLITAN DISTRICT NO. 2</b>	
Megan M. Becher McGEADY BECHER P.C. 450 E. 17 <sup>th</sup> Ave., Suite 400 Denver, Colorado 80203 Phone: (303) 592-4380 Fax: (303) 592-4385 E-mail: mbecher@specialdistrictlaw.com Atty. Reg. #: 33108	Case Number: 2000CV711  Div.: 3                      Ctrm.: _____
<b>OATH OF DIRECTOR</b>	

I, Darryl Jones, do ☒ **SWEAR** ☐ **AFFIRM** that I will support the Constitution of the United States, the Constitution of the State of Colorado, and the laws of the State of Colorado, and will faithfully perform the duties of the office of director of the Rampart Range Metropolitan District No. 2 upon which I am about to enter to the best of my ability.

DocuSigned by:

Darryl Jones

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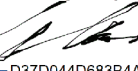
Name: Darryl Jones

 Address: 27701 E. Lakeview Dr.  
 Aurora, CO 80016

Subscribed and ☒ sworn ☐ affirmed to before me this 24<sup>th</sup> day of March, 2021.

DocuSigned by:

By:



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(Person authorized to administer oaths, i.e. County Clerk and Recorder, Officer of the Board of Directors, or any other person authorized to administer oaths)

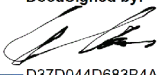
### CERTIFICATE OF APPOINTMENT

I, Keith Simon, President of the Board of Directors (the “**Board**”) of the Rampart Range Metropolitan District No. 2 of Douglas County, Colorado (the “**District**”), hereby certify that at a special meeting of the Board of said District held March 24, 2021, at 3:00 p.m., which meeting was held and properly noticed to be held via telephone conference due to COVID-19 restrictions, the Board determined that due to a vacancy on the Board, it was necessary to appoint a new Director to act until the next regular election of the District. Nominations were open for appointment of a new Director, and upon unanimous vote there was appointed to the Board the following qualified elector of the District to act until the next regular election of the District:

Name:	Darryl Jones
Address:	27701 E. Lakeview Dr. Aurora, CO 80016

I further certify that evidence of this appointment has been entered in the minutes of the meeting and 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, in accordance with Section 32-1-905(3), C.R.S, as amended.

Rampart Range Metropolitan District No. 2

DocuSigned by:  
By  \_\_\_\_\_  
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President



RAMPRAN-02

CHATTER

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/30/2021

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).

<b>PRODUCER</b> <b>T. Charles Wilson Insurance Service</b> <b>384 Inverness Parkway Suite 170</b> <b>Englewood, CO 80112</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (303) 368-5757</b>		<b>FAX (A/C, No): (303) 368-5863</b>
	<b>E-MAIL ADDRESS: info@wilsonins.com</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A : R. L. I.</b>			<b>0028</b>
<b>INSURED</b> <b>Rampart Range Metropolitan District #2</b> <b>c/o CliftonLarsonAllen, LLP</b> <b>8390 E Crescent Pkwy, Suite 300</b> <b>Greenwood Village, CO 80111</b>	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <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 \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	3 Year Bond			LSM0936496	10/25/2019	10/25/2022	Bond Amount \$10,000

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

Public Official Position Schedule Bond

1 Treasurer @ \$5,000

5 Board Members @ \$1,000 each

## CERTIFICATE HOLDER

## CANCELLATION

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

*Law Klein*