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April 30, 2013

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

**Re: Louviers Water and Sanitation District
Rebecca Connet Oath of Office**

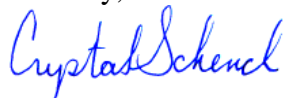
Dear Sir or Madam:

Enclosed for filing in the above-referenced District file is the Oath of Office for Rebecca Connet, who was recently appointed to fill Valerie Hays' seat on the Board and will be up for re-election in May of 2014. At the May 2014 election, Ms. Connet will be eligible to run for the remainder of the four-year term expiring in May 2016.

The blanket faithful performance bond on the position of Director previously filed by the District remains in full force and effect and I have attached a copy for your information.

If you have any questions, don't hesitate to contact me.

Sincerely,




Crystal Schenck
Legal Assistant to Timothy J. Flynn

Enclosures

cc: Division of Local Government
Douglas County Clerk and Recorder

DISTRICT COURT, DOUGLAS COUNTY, STATE OF COLORADO Court Address: Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 Phone Number: 303-663-7200	
IN RE THE MATTER OF LOUVIERS WATER AND SANITATION DISTRICT	
Attorney: Timothy J. Flynn Collins Cockrel & Cole, a Professional Corporation 390 Union Boulevard, Suite 400 Denver, Colorado 80228 Phone Number: (303) 986-1551 Fax Number: (303) 986-1755 E-mail: tflynn@cccfirm.com Attorney No. 10484	<p style="text-align: center;">▲ COURT USE ONLY ▲</p> Case No.: 08CV2136 Div.: Ctrm.: 1
OATH OF OFFICE	

I, Rebecca Connet, 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 Louviers Water and Sanitation District upon which I am about to enter.

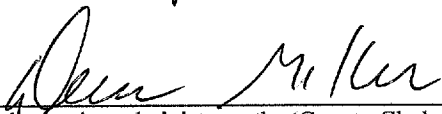


 Rebecca Connet

STATE OF COLORADO)
) ss.
 COUNTY OF DOUGLAS)

Subscribed and sworn to before me this 9th day of April, 2013, by
 Rebecca Connet.

DIANA MILLER
NOTARY PUBLIC
STATE OF COLORADO
 My Commission Expires 10/25/2014



 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)

My commission expires: 10/25/2014 Title: Notary Public

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/31/2012

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 Louviers Water & Sanitation District 390 Union Blvd. Suite 400 Denver, CO 80228-1556	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

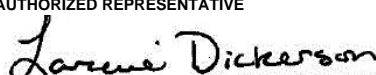
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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 \$ \$
	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						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Position Schedule			15223211	11/14/2011	11/14/2014	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**

Louviers Water & Sanitation District C/O Collins, Cockrel & Cole	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 



Western Surety Company

PUBLIC OFFICIAL POSITION SCHEDULE BOND

Name of Oblige Louviers Water and Sanitation District
Name of Insured Louviers Water and Sanitation District

Bond No. 15223211

WESTERN SURETY COMPANY, as Surety, in consideration of an agreed premium is held and firmly bound unto the Oblige, for the faithful discharge of the duties of any Officer or Employee while occupying any position named in the schedule attached, or added thereto by written acceptance of the Surety, while in the service of the Insured, not exceeding the sum specified in said schedule or written acceptance of the Surety as to said position after the

14th day of November, 2008.

This bond is subject to the following expressed conditions:

1. Automatic coverage is granted for the first thirty days' service of any Officer or Employee occupying a newly created position identical with one listed in the schedule of positions, in an equal amount.

Provided, however, that the automatic coverage herein granted shall be void and of no effect from the beginning, unless during the said thirty day period the Insured has requested in writing that the position be added to the schedule, and the Surety by written acceptance has consented thereto.

2. Coverage on any position may be increased or decreased upon written request of the Insured, and agreed to in writing.

The Surety's liability under this bond shall not be cumulative, and in no event shall the Surety be called upon to pay a loss in excess of an amount greater than the largest single amount for which the position occupied by any Officer or Employee causing said loss is or has been covered in the schedule, whether said loss occurred during any one or more years. The liability of the Surety for any Officer or Employee occupying more than one position at one time, or at different times, shall not exceed the largest amount of coverage specified for any single position occupied by said Officer or Employee. The liability of the Surety shall never exceed the amount in effect for the position when the act of the Officer or Employee causing the loss shall have occurred. In the event there are more Officers or Employees occupying the position covered in the schedule than are listed therein, the Surety shall be liable for such proportion of the amount of coverage as the number of Officers or Employees listed bears to the number of Officers or Employees actually

4. Cancellation hereunder is effective, and all liability under this bond shall cease as to the future acts or omissions as to any Officer or Employee on the date specified in written notice given by the Insured to the Surety as to any or all positions or Officers or Employees, or after thirty days' written notice given by the Surety to the Insured of its intent to cancel this bond in its entirety, or as to any Officer or Employee or position.

5. None of the specifications of this bond shall be altered or waived, except in writing by the Surety executed by the Chairman of the Board, its President, Vice President, Secretary, Assistant Secretary or Treasurer.

6. The liability of the Surety hereunder is subject to the terms and conditions of the following or to the following Riders attached thereto:

Dated this 14th day of November, 2008.

Countersigned
By [Signature]
Resident Agent

WESTERN SURETY COMPANY
By [Signature]
Surety

SCHEDULE OF POSITIONS EFFECTIVE November 14th, 2008
 (If there is more than one position of like classification, list by number, thus: Cashier No. 1, Cashier No. 2)

Number	Position	Location	Amount	Premium
1	Director		\$1,000.00	\$3.50
2	Director		\$1,000.00	\$3.50
3	Director		\$1,000.00	\$3.50
4	Director		\$1,000.00	\$3.50
5	Director		\$1,000.00	\$3.50
6	Treasurer		\$5,000.00	\$25.00
*****	***** End of Schedule	*****		