

DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF COLORADO 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 720-437-6200		
IN RE JORDAN CROSSING METROPOLITAN DISTRICT Suzanne M. Meintzer, Atty. Reg. # 36795 McGEADY BECHER P.C. 450 E. 17 th Avenue, Suite 400 Denver, Colorado 80203 Phone: (303) 592-4380 Fax: (303) 592-4385 E-mail: smeintzer@specialdistrictlaw.com		
		▲ COURT USE ONLY ▲
		Case Number: 2006CV626
		Div.: 1 Ctrm.: _____
OATH OF DIRECTOR		

I, M. Alberta Saran, 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 Jordan Crossing Metropolitan District upon which I am about to enter to the best of my ability.

Signed: *M. Alberta Saran*
 Name: M. Alberta Saran
 Address: 17070 Blue Indigo Lane
Parker Colorado 80134

Subscribed and sworn affirmed to before me this _____ day of _____, 20____.

By: _____

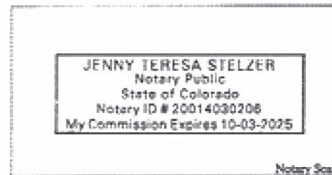
(Person authorized to administer oaths, i.e. County Clerk and Recorder, Officer of the Board of Directors, or any other person authorized to administer oaths)

STATE OF COLORADO)
) ss.
COUNTY OF Douglas)

Subscribed and sworn affirmed to before me this 9th day of May, 2023.

Jenny Stelzer
(Notary's official signature)

10/03/2025
(Commission Expiration)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/21/2023

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.

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.

PRODUCER: TCW Risk Management, 384 Inverness Parkway Suite 170, Englewood, CO 80112. CONTACT NAME, PHONE (303) 368-5757, FAX (303) 368-5863, E-MAIL ADDRESS: tcwinfo@wilsonins.com. INSURER(S) AFFORDING COVERAGE: RLI Insurance Company. NAIC #.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Employers' Liability, and a 3 Year Bond.

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: Colorado Department of Local Affairs, Division of Local Government-Special Districts, 1313 Sherman St., Rm 521, Denver, CO 80203. CANCELLATION: 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: Diame Pheon.