DISTRICT CO	OURT, DOUGLAS COUNTY, COLORADO	
Court Address	s: 4000 Justice Way Castle Rock, CO 80109	
Telephone:	(303) 663-7200	
Petitioner:		
THE CANYO	ONS METROPOLITAN DISTRICT NO. 9	▲ COURT USE ONLY ▲
Attorney for	Petitioner:	
Name:	Clint C. Waldron, Esq. Megan J. Murphy, Esq.	Case Number: 2010CV802
Address:	WHITE BEAR ANKELE TANAKA & WALDRON Attorneys at Law	Division:
	2154 E. Commons Ave., Suite 2000 Centennial, CO 80122	Courtroom:
Phone:	(303) 858-1800	
Fax:	(303) 858-1801	
Email:	cwaldron@wbapc.com; mmurphy@wbapc.com	
Atty. Reg. #:	36689; 47464	
	BOARD OF DIRECTOR OATH OF OFFICE	
STATE OF C	,	
COUNTY OF	DENVER) ss.	
by the everliv	ren Everett, do select one of the following oing God, that I will support the Constitution of the Colorado, and the laws of the State of Colorado	he United States, the Constitution

Darren Everett (May 9, 2020)

Signature

duties of the office of Director of The Canyons Metropolitan District No. 9 upon which I am about to enter to the best of my ability. In accordance with § 32-1-901(2), C.R.S. the bond

required to be filed at the time of filing of this oath is filed herewith as Exhibit A.

Subscribed and sworn to before me this <u>9</u> day of May, 2020.

By: Jonatha Alpert (Jay 9, 2020)
Officer of the Board of Directors

Canyons MD Nos. 1-5 & 8-11 - Oaths of Office

Final Audit Report 2020-05-09

Created: 2020-05-08

By: Allison Hanson (ahanson@wbapc.com)

Status: Signed

Transaction ID: CBJCHBCAABAAk7QHWg92w6Tq54z9delc9kze_7DNTvnY

"Canyons MD Nos. 1-5 & 8-11 - Oaths of Office" History

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 2020-05-09 9:30:56 PM GMT

EXHIBIT A

Director Bond



writing by the Company.

RLI Insurance Company P.O. Box 3967 Peoria IL 61612-3967 Phone: (309)692-1000 Fax: (309)683-1610

PUBLIC OFFICIAL POSITION SCHEDULE BOND

Bond No. <u>LSM0842229</u>

ltem	1. Name of Insured:	The Canyons Metrop	olitan District No. 9			
					(the "Insured")
	Principal Address:	c/o White Bear Ankel	e Tanaka & Waldron 215	4 East Common		
	'	Centennial, CO 8012				
ltem	2. Bond Period	May 1, 2016	to Continuous Until Ca	ncelled		
			specified in the Schedul		sitions or written	acceptances
		h Position there listed.	•			•
٠,						
l.	INSURING AGREEMI	ENT				
	The RLI Insurance C	company, an Illinois co	orporation (the "Company	v"), in considera	ation of an agree	ed premium is
		• •	The Canyons Metr	•	_	-
			_, <u>CO</u> , Obligee, for the	-		
			position named in the sci		_	
			on after the1st			
	acceptance of the Col	ilpairy as to sald positi	on alter the	day or	iviay,	
	CONDITIONS					
	COMPINIONS					
	A Coverage Autom	atic coverage is grante	d for the first thirty days	convice of any D	ublic Official or F	Employee:
	-		ed for the first thirty days s	•		
	(1) Occupying a r		ed for the first thirty days s identical with one listed in	•		
	-		• •	•		
	(1) Occupying a ramount.	newly created position	identical with one listed in	n the schedule o	of positions, in a	n equal
	(1) Occupying a ramount.Provided, however	newly created position er, that the automatic	identical with one listed in	n the schedule o	of positions, in a	n equal
	(1) Occupying a ramount.Provided, however beginning, unless	newly created position er, that the automatic during the said thirty	coverage herein granted day period the Obligee	n the schedule of ed shall be voi has requested	of positions, in a id and of no e in writing that th	n equal
	(1) Occupying a ramount.Provided, however beginning, unless	newly created position er, that the automatic during the said thirty	identical with one listed in	n the schedule of ed shall be voi has requested	of positions, in a id and of no e in writing that th	n equal

B. Cancellation. Cancellation hereunder is effective, and all liability under this bond shall cease as to future acts or omissions as to any Public Official or Employee on the date specified in written notice given by the Obligee to the Company as to any or all positions or Public Officials or Employees, or after thirty days' written notice given by the Company to the Obligee of its intent to cancel this bond in its entirety, or as to any Public Official or Employee or position.

Coverage on any position may be increased or decreased upon written request of the Obligee, if agreed to in

C. Liability. The Company's liability under this bond shall not be cumulative, and in no event shall the Company be called upon to pay as a loss hereunder in an amount greater than the largest single amount for which the position occupied by any Public Official or Employee causing such loss is or has been covered in the schedule, whether said loss occurred during any one or more years. The liability of the Company for any Public Official 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 Public Official or Employee. The liability of the Company shall never exceed the amount in effect for the position when the act

OFF 0102 (2/93) Page 1 of 3 Pages of the Public Official or Employee causing the loss shall have occurred. In the event there are more Public Officials or Employees occupying the position covered in the schedule than are listed therein, the Company shall be liable for such proportion of the amount of coverage as the number of Public Officials or Employees listed bears to the number of Public Officials or Employees actually occupying the position when the loss occurred.

The Liability of the Company hereunder is subject to the terms and conditions of the following Riders, attached thereto:

None of the specifications of this Bond shall be altered or waived, except in writing by the Company executed by its President, Vice President, Secretary, Assistant Secretary or Treasurer.

Dated this 11th day of March, 2016.

RLI Insurance Company

By _______ Vice President

CORPORATE SEAL

OFF 0102 (2/93)

Page 2 of 3 Pages
00002304-30,30

SCHEDULE OF POSITIONS - EFFECTIVE THE <u>1st</u> DAY OF <u>May</u>, <u>2016</u>.

(If there is more than one position of like classification, list by number, thus: Cashier No. 1, Cashier No. 2)

Schedule Number	Position Name	No.	Position Location	Bond Amount
1	Treasurer	1		\$ 5,000.00
2	Board Member	1		\$ 1,000.00
3	Board Member	1		\$ 1,000.00
4	Board Member	1		\$ 1,000.00
5	Board Member	1		\$ 1,000.00
6	Board Member	1		\$ 1,000.00
7				
8				
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RLI Insurance Company
P.O. Box 3967 Peoria IL 61612-3967
Phone: (309)692-1000 Fax: (309)683-1610

POWER OF ATTORNEY

RLI Insurance Company

Bond No. <u>LSM0842229</u>

Know All Men by These Presents:

That the	RLI Insura	ance Company	, a corporation	organized and ex	xisting under the la	ws of the State of
Illino	ois, and	l authorized and licensed	to do business in all s	states and the Dis	strict of Columbia of	loes hereby make,
constitute and ap	ppoint:	Barton W. Davis	in the Cit	y of	Peoria	, State of
Illinois	, as	Vice President	, with full power a	and authority her	reby conferred upor	n him/her to sign,
execute, acknow	ledge and deliver for	or and on its behalf as Su	ırety, in general, any	and all bonds, u	ndertakings, and re	cognizances in an
amount not to	exceed	Five Hundred Thousand	and 00/100	_ Dollars (\$ 500,000.00	_) for any single
obligation, and s	pecifically for the fo	ollowing described bond.				
Principal:	The Canyons Me	etropolitan District No.	9			
Obligee:	Same as Principa	al				
Type Bond:	Public Official P	osition Schedule Bond				
Bond Amount:	\$ 10,000.00					
Effective Date:	May 1, 2016					
The	RLI Insurance	e Company	further certifies	that the follow	ing is a true and	exact copy of a
		Directors of				
corporate seal	may be printed by					
		RLI Insuran				
its Vice	e President	with its corporate seal at	ffixed this 11th	day of <u>Ma</u>	rch , 2016	<u> </u>
ATTEST:			RLI CAPORA	Insurance Com	pany	
Chinie	L Montagna	Assistant Secretary	SEAL	B.t. W	'. X'	
Cherie L. Montgor	mery	Assistant Secretary IIIIIII	Barto Barto	n W. Davis		Vice President
	rie L. Montgomery	, <u>2016</u> before me, a , who being by m and	e duly sworn, acknow	vledged that they	signed the above I	Power of Attorney
said corporation.	RLI Insurance Co	ompany				
Jacqueline M. Boo	apriline M	Notary Public	NOTARY PUBLIC STATE OF ILLINOIS COMMISSION EXPI	SEAL"		