

<b>DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF COLORADO</b> 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 720-437-6200	<p style="text-align: center;"><b>▲ COURT USE ONLY ▲</b></p>
<b>IN RE HORSE CREEK METROPOLITAN DISTRICT</b>	
MaryAnn McGeady McGEADY BECHER P.C. 450 E. 17 <sup>th</sup> Ave., Suite 400 Denver, Colorado 80203-1254 Phone: (303) 592-4380 Fax: (303) 592-4385 E-mail: mmegeady@specialdistrictlaw.com Atty. Reg. #: 12417	Case Number: 2004CV500  Div.: 1      Ctrm.: _____
<b>OATH OF DIRECTOR</b>	

I Allison Provence, 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 Horse Creek Metropolitan District upon which I am about to enter to the best of my ability.



Name: Allison Provence  
 Address: 16044 East Tall Timber Lane  
Parker, CO 80134

Subscribed and  sworn  affirmed to before me this 8 day of May, 2020.

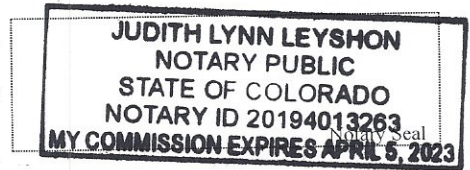
By: Judy Luxton  
 (Person authorized to administer oaths, i.e. County Clerk and Recorder, Officer of the Board of Directors, or any other person authorized to administer oaths)

STATE OF COLORADO )  
 ) ss.  
COUNTY OF Douglas )

Subscribed and  sworn  affirmed to before me this 8 day of May, 2020.

Judy Leyshon  
(Notary's official signature)

April 5, 2023  
(Commission Expiration)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/7/2020

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.

Table with PRODUCER and INSURED information, including contact details for T. Charles Wilson Insurance Service and Horse Creek Metropolitan District/Douglas.

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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

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

Table with CERTIFICATE HOLDER and CANCELLATION sections. Holder: Colorado Department of Local Affairs. Cancellation: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF...