

DISTRICT COURT, DOUGLAS COUNTY, COLORADO 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80109 (720) 437-6200	
IN RE THE MATTER OF FOXHILL METROPOLITAN DISTRICT NO. 2	▲ COURT USE ONLY ▲
Attorneys for the District: SPENCER FANE LLP David S. O'Leary, #26851 1700 Lincoln Street, Suite 2000 Denver, CO 80203-4554 (303) 839-3800 – Telephone (303) 839-3838 – Facsimile E-mail: doleary@spencerfane.com	Case No. 2006 CV 283 Division: 3 Courtroom:
OATH OF OFFICE – DEVIN CAPRA	

I, **Devin Capra** 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 Foxhill Metropolitan District No.2 upon which I am about to enter.

Signature: _____

IF SWORN OR AFFIRMED BEFORE OFFICER OF THE BOARD, THE FOLLOWING SHOULD BE COMPLETED:

Subscribed and sworn to before me this _____ day of May, 2023.

By: _____

Title: Officer of the Board

OR, IF SWORN OR AFFIRMED BEFORE A NOTARY, THE FOLLOWING SHOULD BE COMPLETED:

STATE OF COLORADO)
) ss.
COUNTY OF Douglas)

Subscribed and sworn to before me this 12th day of May, 2023, by Devin Capra, Director.

My Notary Commission expires on 07/27/2025

(SEAL)
WILLIAM LeCORGNÉ
Notary Public
State of Colorado
Notary ID: 20214029805
My Commission Expires 7/27/2025

Notary Public

Persons authorized to administer oaths, i.e. County Clerk and Recorder, Clerk of the Court, Chairman of the Board of Directors, or any other person authorized to administer oaths)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/12/2023

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 rows for Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation, and 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

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

Jusan A Shigdon