DISTRICT COURT, DOUGLAS COUNTY, COLORADO						
Douglas County Justice Center						
4000 Justice Way, Suite 2009						
Castle Rock, CO 80109						
Telephone: 720-437-6200	A COURTIGE ONLY					
IN RE MERIDIAN VILLAGE METROPOLITAN DISTRICT NO. 4	▲ COURT USE ONLY ▲					
Attorneys for the Petitioners:						
SPENCER FANE LLP	Case Number: 2004CV000518					
Thomas N. George, Esq., Atty. Reg. #: 41395						
1700 Lincoln Street, Suite 2000	Division: 3					
	Division, 5					
Denver, CO 80203						
(303) 839-3800 Telephone						
(303) 839-3838 Facsimile						
E-mail: tgeorge@spencerfane.com						
OATH OF OFFICE – THOMAS A	SHBURN					
Colorado, and the laws made pursuant thereto, and will faithfully performed for Meridian Village Metropolitan District No. 4 upon which I am about Signature:  Signature:  Thomas As  IF SWORN OR AFFIRMED BEFORE OFFICER OF THE BOA  BE COMPLETED:	but to enter.  Ashbur					
Subscribed and sworn to before me this day of May, 2023.						
By:	n 1					
Officer of the	ne Board					
OR, IF SWORN OR AFFIRMED BEFORE A NOTARY, T COMPLETED:	HE FOLLOWING SHOULD BE					
STATE OF COLORADO ) ) ss.						
COUNTY OF Denver )						
Subscribed and sworn to before me this 3 day of May, 2023, by	v Thomas Ashburn, Director.					
My Notary Commission expires on 4/14/2027	,					
(SEAL)	Bald					
HANNAH BOLDT Notary Public						
NOTARY PUBLIC - STATE OF COLORADO NOTARY ID 20234014342 MY COMMISSION EXPIRES APR 14, 2027						
***Persons authorized to auminister ouths, i.e. County Clerk and Chairman of the Board of Directors, or any other person autho						

§32-1-901, C.R.S., and Colorado Constitution Article 12, §9 DN 6658879.1



**SHIGDON** 

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/20/2023

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. 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 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. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER TCW Risk Management 384 Inverness Parkway Suite 170 Englewood, CO 80112				PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No): ( E-MAIL ADDRESS: tcwinfo@tcwrm.com					303) 3	368-5863	
•				INSURER(S) AFFORDING COVERAGE						NAIC#	
						R A : <b>R. L. I.</b>					0028
INSURED				INSURER B:							
	Meridian Village Metropolita c/o Denver Technological Co			No. 4	INSURER C:						
	6380 S. Fiddlers Green Circl			00	INSURER D:						
Greenwood Village, CO 80111						INSURER E :					
					INSURER F:						
CO	VERAGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:						
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WITH	RESPEC	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	 }	
	COMMERCIAL GENERAL LIABILITY					······	······	EACH OCCURRENCE		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre	ence)	\$	
								MED EXP (Any one per	· 1	\$	
								PERSONAL & ADV INJ	JURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/C	P AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	MII	\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per p	erson)	\$	
	AUTOS ONLY AUTOS							BODILY INJURY (Per a	uccident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED   RETENTION \$   WORKERS COMPENSATION							PER	OTH-	\$	
	AND EMPLOYERS' LIABILITY							STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		A					E.L. EACH ACCIDENT		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EM		\$	
Α	3 Year Bond			LSM1623758		5/1/2022	5/1/2025	Bond Amount	Y LIMIT	Ф	10,000
Publ 1 Tre	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI lic Official Position Schedule Bond easurer @ \$5,000 ard Members @ \$1,000 each	LES (A	ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requi	ed)			
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Colorado Department of Loc	al Af	fairs	I Picturian	SHO THE	ULD ANY OF 1 EXPIRATION	N DATE TH	ESCRIBED POLICIE IEREOF, NOTICE CY PROVISIONS.	S BE CA WILL B	NCELI	LED BEFORE LIVERED IN

ACORD 25 (2016/03)

Colorado Department of Local Affairs **Division of Local Government-Special Districts** 

1313 Sherman St., Rm 521

**Denver, CO 80203** 

© 1988-2015 ACORD CORPORATION. All rights reserved.

AUTHORIZED REPRESENTATIVE

Tusan a Higdon