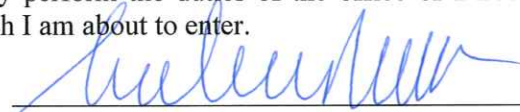


DISTRICT COURT, DOUGLAS COUNTY, COLORADO Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 Telephone: 720-437-6200	▲ COURT USE ONLY ▲
IN RE MERIDIAN VILLAGE METROPOLITAN DISTRICT NO. 4	
Attorneys for the Petitioners: SPENCER FANE LLP Thomas N. George, Esq., Atty. Reg. #: 41395 1700 Lincoln Street, Suite 2000 Denver, CO 80203 (303) 839-3800 Telephone (303) 839-3838 Facsimile E-mail: tgeorge@spencerfane.com	Case Number: 2004CV000518 Division: 3
OATH OF OFFICE – MICHAEL BROWN	

I, **Michael Brown**, 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 Meridian Village Metropolitan District No. 4 upon which I am about to enter.

Signature: _____


 Michael Brown

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: _____

Officer of the Board

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

STATE OF COLORADO)
) ss.
 COUNTY OF Denver)

Subscribed and sworn to before me this 3 day of May, 2023, by Michael Brown, Director.
 My Notary Commission expires on 4/14/2027

(SEAL)



 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)

5/20/2023

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.

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@tcwrm.com. INSURER(S) AFFORDING COVERAGE: R. L. I. NAIC #: 0028.

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 Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation and Employers' Liability.

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: Susan A. Shigdon