DISTRICT COURT

COUNTY OF DOUGLAS, COLORADO

Court Address: 4000 Judicial Way, Suite 2009

Castle Rock, Colorado 80109

Telephone No.: (303) 663 7200

In the Matter of:

Lincoln Station Metropolitan District

Attorneys for District:

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50977 (Corley)

★Court Use Only

Case Number: 2002CV001068

Div.: 6

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OATH OF DIRECTOR AND EVIDENCE OF BOND IN THE MATTER OF LINCOLN STATION METROPOLITAN DISTRICT

OATH OF DIRECTOR

I, Natalie Dustman, do (SWEAR, AFFIRM, or SWEAR BY THE EVERLIVING GOD) 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 upon which I am about to enter to the best of my ability.

Natalie Dustman, Director

Pursuant to Section 24-12-103, C.R.S., the courts, judges, magistrates, referees, clerks, and deputy clerks within their respective districts or counties; court reporters who hold the registered professional reporter certification or higher; a person designated by the governing body, or any officer thereof; and notaries public within any county of this state have the power to administer all oaths or affirmations of office and other oaths or affirmations. PLEASE SUBSCRIBE AND SWEAR YOUR OATH BEFORE ONE OF THESE AUTHORIZED INDIVIDUALS AND UTILIZE ONE OF THE APPROPRIATE SIGNATURE BLOCKS BELOW:

STATE OF COLORADO)
COUNTY OF ARAPAHOE) ss.)
Subscribed and sworn to or affir Natalie Dustman.	med before me this 25th day of May, 2023 by
WITNESS my hand an	nd official seal.
My commission expire	s: 5·2·2024
(SEA AMY L WARD Notary Public State of Colorado Notary ID # 20084015606 My Commission Expires 05-02-2024	Notary Public
	this day of, 20
	Officer of the District
Subscribed and sworn to before me	this, 20
	Designee of the District

PROCEDURAL INSTRUCTIONS: In accordance with Sections 32-1-901 and 24-12-101, C.R.S., file this Oath of Director (1) with the county clerk and recorder in every county in which the District extends; (2) the Division of Local Government; and (3) the clerk of the court. The oath must be taken within 30 days after the individual's election, or if the election is cancelled, within 30 days after the election date or appointment to fill a vacancy. Oaths taken prior to the regular election date are invalid regardless of whether the election was held or cancelled.

EVIDENCE OF BOND

The Lincoln Station Metropolitan District hereby provides evidence of bond for the above named director in satisfaction of the requirements of Section 32-1-901(2), C.R.S., attached hereto as **Exhibit A** and incorporated herein by this reference.

EXHIBIT A

Evidence of Bond



Crime Certificate Holder Declaration

Master Coverage Document Number: J05931794

Certificate Number: 23PL-60151-2949

Named Member:

Lincoln Station Metropolitan District

c/o CliftonLarsonAllen LLP

8390 East Crescent Parkway, Suite 300

Greenwood Village, CO 80111

Broker of Record:

TCW Risk Management 384 Inverness Parkway

Suite 170

Englewood, CO 80112

Covered Designated Agent(s):

Insurer: Federal Insurance Company (Chubb)

Coverage Period: 1/1/2023 to EOD 12/31/2023

Coverages and Limits:

Employee Theft: \$15,000

Limit is maximum for each loss

• Employee includes executives, full-time, part-time, seasonal, leased and temporary employee(s), interns or non-compensated volunteer.

· Includes funds from a sponsored benefit plan.

\$15,000
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\$15,000

Deductible(s):

All Crime except Social Engineer Fraud: \$250

Social Engineering Fraud: 20% of Social Engineering Fraud Limit

Contribution: \$217

Policy Forms:

PF-52815 (04/20) The Chubb Primary[™] Commercial Crime Insurance

PF-52853 (04/20) Governmental Entity (Colorado Special Districts Pool) Endorsement

PF-53127 (04/20) Colorado Amendatory Endorsement PF-52851 (04/20) Add Corporate Credit Card Coverage

This Certificate Holder Declaration is made and is mutually accepted by the CSD Pool and the Named Member subject to all terms which are made a part of the Master Crime Policy. This Certificate represents only a brief summary of coverages. Please refer to the Master Policy Documents for actual coverage, terms, conditions, and exclusions.

Countersigned by

Authorized Representative