DISTRICT COURT		
COUNTY OF DOUGLAS, COLORADO		
Court Address: 4000 Justice Way, Suite 2009		
Castle Rock, Colorado 80109		
Telephone No.: (303) 663-7200		
In the Matter of:		
	<b>▲Court Use Only</b> ▲	
Remuda Ranch Metropolitan District	5	
Attorneys for District:		
	Case Number: 2008CV002202	
Jennifer L. Ivey	Div.: 6	
Alicia J. Corley	DIV 0	
ICENOGLE SEAVER POGUE, P.C.		
A Professional Corporation		
4725 South Monaco Street, Suite 360		
Denver, Colorado 80237		
Telephone: 303.292.9100		
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E-mail: <u>JIvey@JSP-Law.com</u>		
ACorley@ISP-Law.com		
Atty. Reg. #: 37851 (Ivey)		
50977 (Corley)		
OATH OF DIRECTOR AND EVIDENCE OF BOND		
IN THE MATTER OF		

# REMUDA RANCH METROPOLITAN DISTRICT

### **OATH OF DIRECTOR**

I, Thomas J. Wiens, 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.

Thomas J. Wiens, 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 ) ) ss. ) county of Douglass )

Subscribed and sworn to or affirmed before me this <u>11+</u> day of <u>Marc</u>, 20<u>23</u>by

WITNESS my hand and official seal.

My commission expires: 09-16-2026

(SEAL) ANGELIC K WOOD Notary Public State of Colorado Notary ID # 20024029142 My Commission Expires 09-16-2026

Motary Public

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Officer of the District

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 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 <u>after</u> 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 Remuda Ranch 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 N Certificate Number: 23PL-610		Insurer: Federal Insurance Company (Chubb) Coverage Period: 1/1/2023 to EOD 12/31/2023	
<u>Named Member</u> : Remuda Ranch Metropolitan I c/o Icenogle Seaver Pogue, P.4 4725 South Monaco Street, Su Denver, CO 80237	С.	Broker of Record: TCW Risk Management 384 Inverness Parkway Suite 170 Englewood, CO 80112	
		Covered Designated Agent(s):	
	rutives, full-time, part-time, seas , interns or non-compensated vo consored benefit plan. rmance of Duty: Fraud:		
PF-52853 (04/20) Gove PF-53127 (04/20) Colo	eer Fraud: Chubb Primary <sup>s</sup> Commercial Cri ernmental Entity (Colorado Spec rado Amendatory Endorsement 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.

Authorized Representative Countersigned by: