DISTRICT COURT, DOUGLAS COUNTY, COLORADO Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80109 Telephone: 720-437-6200				
IN RE MERIDIAN VILLAGE METROPOLITAN DISTRICT NO. 3	▲ COURT USE ONLY ▲			
Attorneys for the Petitioners: SPENCER FANE LLP Matthew R. Dalton 1700 Lincoln Street, Suite 2000 Denver, CO 80203 (303) 839-3800 Telephone (303) 839-3838 Facsimile E-mail: <u>mdalton@spencerfane.com</u> Atty. Reg. #: 11192	Case Number: 2004CV00517 Division: 3			

OATH OF OFFICE – GRAHAM HOLLIS

I, **Graham Hollis**, 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. 3 upon which Lam 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	,	2020.	6	11	
	By:	Officer	of the Bo	Dard	B	re

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

STATE OF CO	LORADO)					
COUNTY OF	trapahoe)ss.					
Subscribed and sworn to before me this 19 day of May 2020, by Graham Hollis, Director.						
My Notary Commission expires on March 10, 2020						
(SEAL)	JENNIFER EADS					
	STATE OF COLORADO					
	NOTARY ID 20174010898					
***Pe	MY COMMISSION EXPIRES 03/10/2021 rsons authorized to administer outry, i.e. County Clerk and Recorder, Clerk of the Court,					
Chairman of the Board of Directors, or any other person authorized to administer oaths***						



LKLIESEN DATE (MM/DD/YYYY)

MERIVIL-03

1	CE CE	RTI	FICATE OF LIA	BIL	ITY INS	SURAN	CE	5/	26/2020	
	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 If SUBROGATION IS WAIVED, subject this certificate does not confer rights to the	o the	terms and conditions of	the pol	licy, certain j	policies may				
Р	RODUCER			CONTAC NAME:		-				
T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170			PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No): (303) 368-5863							
	nglewood, CO 80112			E-MAIL ADDRESS: info@wilsonins.com INSURER(S) AFFORDING COVERAGE						
						NAIC #				
	ISURED			INSURE	RA: CNA SU	nety			0022	
"	Meridian Village Metropolitan D	istrict	No. 3	INSURE						
	c/o Denver Technological Cent			INSURE						
	6380 S. Fiddlers Green Circle, S Greenwood Village, CO 80111	Suite 4	00	INSURE						
				INSURE						
C	OVERAGES CERTIF		E NUMBER:				REVISION NUMBER:		1	
	THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH PO	of ins Uireme Rtain, Licies.	SURANCE LISTED BELOW H ENT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC 7 THE POLICI REDUCED BY	TO THE INSUF CT OR OTHEF IES DESCRIB PAID CLAIMS.	RED NAMED ABOVE FOR 1 DOCUMENT WITH RESPI	ECT TO	WHICH THIS	
	SR TYPE OF INSURANCE AD	DL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$		
							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$		
							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO						BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE // N OFFICER/MEMBER EXCLUDED? // (Mandatory in NH)	•					E.L. EACH ACCIDENT	\$		
							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
	A 3 Year Bond		14592350		5/25/2018	5/25/2021	Bond Amount		10,000	
Pu 1 ⁻ 5	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES Julic Official Position Schedule Bond Treasurer @ \$5,000 Board Members @ \$1,000 each	(ACORE	D 101, Additional Remarks Schedu			e space is requir	ed)			
				CANC	ELLATION					
	Colorado Department of Local	Affairs		THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.			

Colorado Department of Local Affairs Division of Local Government-Special Districts 1313 Sherman St., Rm 521 Denver, CO 80203

AUTHORIZED REPRESENTATIVE

crald

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