DISTRICT C	OURT, DOUGLAS COUNTY, COLORADO	
Court Address	s: 4000 Justice Way	
	Castle Rock, CO 80109	
Telephone:	(303) 663-7200	
Petitioner:		
CASTLE OA	KS METROPOLITAN DISTRICT	▲ COURT USE ONLY ▲
Attorney for	Petitioner:	
Name:	Kristin B. Tompkins, Esq.	Case Number: 2000CV0742
	Laura S. Heinrich, Esq.	
Address:	WHITE BEAR ANKELE TANAKA & WALDRON	Division:
	Attorneys at Law	
	2154 E. Commons Ave., Suite 2000	Courtroom:
	Centennial, CO 80122	
Phone:	(303) 858-1800	
Fax:	(303) 858-1801	
Email:	ktompkins@wbapc.com	
	lheinrich@wbapc.com	
Atty. Reg. #:	34839	
	36830	
	BOARD OF DIRECTORS OATH OF OFFICE	
STATE OF C	OLORADO)	
COUNTY OF	, Douglas	

I, Kenneth Duane Allen, 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 of the Castle Oaks Metropolitan District upon which I am about to enter to the best of my ability. In accordance with § 32-1-901(2), C.R.S. the bond required to be filed at the time of filing of this oath is filed herewith as Exhibit A.

Ken Allen (May 27, 2020 16:37 MDT)

Signature

Signed and sworn to (or affirmed) before me this 27 day of _	May	,	2020	via
audio-video technology.	-			

By: Chris Pratt
Officer of the Board of Directors



writing by the Company.

RLI Insurance Company P.O. Box 3967 Peoria IL 61612-3967 Phone: (309)692-1000 Fax: (309)683-1610

PUBLIC OFFICIAL POSITION SCHEDULE BOND

Bond No. <u>LSM0577150</u>

lter	m 1. Name of Insured:	Castle Oaks Metropolitan District		(1, 11, 11)
	Principal Address:	c/o White, Bear & Ankele, PC 2154 Centennial, CO 80122	E. Commons Ave., Ste. 200	(the "Insured") 00
lter		April 11, 2014 to Continuous solution to the sum specified in the Position there listed.		tions or written acceptances
l.		NT ompany, an Illinois corporation (the untoCast		• .
	Official or Employee v	tennial , <u>CO</u> , Oblige while occupying any position named npany as to said position after the	I in the schedule attached,	, or added thereto by writter
II.	_	atic coverage is granted for the first the ewly created position identical with c	• •	• •
	beginning, unless	r, that the automatic coverage her during the said thirty day period the dule, and the Company by written ac	e Obligee has requested i	n writing that the position be

or omissions as to any Public Official or Employee on the date specified in written notice given by the Obligee to the Company as to any or all positions or Public Officials or Employees, or after thirty days' written notice given by the Company to the Obligee of its intent to cancel this bond in its entirety, or as to any Public Official or Employee or position. C. Liability. The Company's liability under this bond shall not be cumulative, and in no event shall the Company

B. Cancellation. Cancellation hereunder is effective, and all liability under this bond shall cease as to future acts

Coverage on any position may be increased or decreased upon written request of the Obligee, if agreed to in

be called upon to pay as a loss hereunder in an amount greater than the largest single amount for which the position occupied by any Public Official or Employee causing such loss is or has been covered in the schedule, whether said loss occurred during any one or more years. The liability of the Company for any Public Official or Employee occupying more than one position at one time, or at different times, shall not exceed the largest amount of coverage specified for any single position occupied by said Public Official or Employee. The liability of the Company shall never exceed the amount in effect for the position when the act

OFF 0102 (2/93) Page 1 of 3 Pages of the Public Official or Employee causing the loss shall have occurred. In the event there are more Public Officials or Employees occupying the position covered in the schedule than are listed therein, the Company shall be liable for such proportion of the amount of coverage as the number of Public Officials or Employees listed bears to the number of Public Officials or Employees actually occupying the position when the loss occurred.

The Liability of the Company hereunder is subject to the terms and conditions of the following Riders, attached thereto:

None of the specifications of this Bond shall be altered or waived, except in writing by the Company executed by its President, Vice President, Secretary, Assistant Secretary or Treasurer.

Dated this 11th day of April, 2014

RLI Insurance Company

Roy C. Die Vice President

OFF 0102 (2/93)

Page 2 of 3 Pages
00002304-30,30

SCHEDULE OF POSITIONS - EFFECTIVE THE 11th DAY OF April , 2014.

(If there is more than one position of like classification, list by number, thus: Cashier No. 1, Cashier No. 2)

Schedule Number	Position Name	No.	Position Location	Bond Amount
1	Treasurer	1		\$ 5,000.00
2	Board Member	1		\$ 1,000.00
3	Board Member	1		\$ 1,000.00
4	Board Member	1		\$ 1,000.00
5	Board Member	1		\$ 1,000.00
6	Board Member	1		\$ 1,000.00
7				
8				
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RLI Insurance Company
P.O. Box 3967 Peoria IL 61612-3967
Phone: (309)692-1000 Fax: (309)683-1610

POWER OF ATTORNEY

RLI Insurance Company

Bond No. <u>LSM0577150</u>

Know All Men by These Presents:

That the	RLI	Insurance Company	, a corporation	organized and exis	sting under the la	ws of the State of
		, and authorized and licens		-	_	
		Roy C. Die				
Illi	inois, a	s <u>Vice President</u>	, with full power a	and authority hereb	y conferred upor	n him/her to sign,
execute, ack	nowledge and de	liver for and on its behalf as	Surety, in general, any	and all bonds, und	ertakings, and re	cognizances in an
amount not	to exceed	Five Hundred Thousa	and 00/100	Dollars (<u>\$</u>	500,000.00	_) for any single
		r the following described bo				
Principal:	_Castle Oal	ks Metropolitan District				
Obligee:	Same as P	rincipal				
Type Bond:	Public Off	icial Position Schedule Bon	ıd			
Bond Amou	ınt: <u>\$ 10,000.</u>	00				
Effective Da	nte: <u>April 11, 2</u>	2014				
The	RLI Inst	urance Company	further certifies	that the following	g is a true and	exact copy of a
		ard of Directors of				
undertakir	ngs, Powers of	e of the Company. The c Attorney or other obligated by facsimile."				
IN WITNES	S WHEREOF, th	ne RLI Insu	rance Company	has cause	d these presents	to be executed by
its	Vice President	with its corporate sea	l affixed this <u>11th</u>	day of <u>April</u>		·
ATTEST:	Al Color	W	SEAL	Insurance Compa	ny	
Cynthia S. I		Assistant Secretary	Roy (Vice President
	Cynthia S. Dol Vice Pre RLI Insura	April , 2014 before m hm , who being by sident and nce Company	me duly sworn, acknowd Assista	wledged that they si ant Secretary	igned the above I	Power of Attorney ctively, of the said
Jacqueline M.	assiseline	M. Boeklek Notary Public	"OFFICIAL PUBLIC STATE OF ILLINOIS COMMISSION EXPI	. SEAL" 1. BOCKLER		