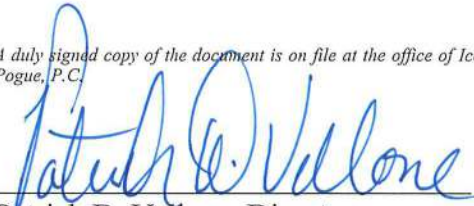


DISTRICT COURT, COUNTY OF DOUGLAS, COLORADO Court Address: Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80109 Telephone No.: (303) 663-7200	
<b>PETITIONER:</b>  <b>RAVENNA METROPOLITAN DISTRICT</b>	<b>▲ COURT USE ONLY ▲</b>
<b>Attorneys for Petitioner:</b> Alan D. Pogue Deborah A. Early ICENOGLE SEAVER POGUE, P.C. 4725 S. Monaco St., Suite 360 Denver, Colorado 80237 Phone Number: (303) 292-9100 FAX Number: (303) 292-9101 E-mail: <a href="mailto:APogue@isp-law.com">APogue@isp-law.com</a> <a href="mailto:DEarly@isp-law.com">DEarly@isp-law.com</a> Atty. Reg. #: 30156 (Pogue) 34849 (Early)	Case No: 2004CV00439  Div: 5
<b>OATH OF OFFICE FOR PATRICK D. VELLONE          AND EVIDENCE OF BOND FOR          RAVENNA METROPOLITAN DISTRICT</b>	

I, Patrick D. Vellone, do (SWEAR or AFFIRM) 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.

*A duly signed copy of the document is on file at the office of Icenogle Seaver Pogue, P.C.*

  
 Patrick D. Vellone, Director

STATE OF COLORADO )  
 ) ss.  
COUNTY OF DENVER )

Subscribed and sworn to before me this 3<sup>rd</sup> day of May, 2023 by  
Patrick D. Vellone.

My commission expires: 11/23/2023

(S E A L)

**LISA R. KRAAI  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID 19994031970  
MY COMMISSION EXPIRES 11/23/2023**

*Lisa R. Kraai*  
Notary Public

## **EVIDENCE OF BOND**

The Ravenna Metropolitan District hereby provides evidence of a 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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/1/2022

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 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. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>TCW Risk Management</b> 384 Inverness Parkway Suite 170 Englewood, CO 80112	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(303) 368-5757</b>   FAX (A/C, No): <b>(303) 368-5863</b> E-MAIL ADDRESS: <b>tcwinfo@wilsonins.com</b>	
INSURER(S) AFFORDING COVERAGE		NAIC #
		<b>0022</b>
<b>INSURED</b>  <b>Ravenna Metropolitan District</b> c/o TWS Financial 7345 S Pierce St. #205 Littleton, CO 80128		INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

**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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="checked" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>3 Year Bond</b>			<b>14587806</b>	<b>5/7/2022</b>	<b>5/7/2025</b>	<b>Bond Amount    10,000</b>

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**

<b>CERTIFICATE HOLDER</b>  <b>Colorado Department of Local Affairs</b> Division of Local Government-Special Districts 1313 Sherman St., Rm 521 Denver, CO 80203	<b>CANCELLATION</b>  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 
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