DISTRICT COURT, DOUGLAS COUNTY, COLORADO Douglas County Justice Center 4000 Justice Way, #2009 Castle Rock, Colorado 80109	
IN RE THE MATTER OF HIDDEN POINTE METROPOLITAN DISTRICT	▲ COURT USE ONLY ▲
Attorneys for the District: SPENCER FANE BRITT & BROWNE LLP Russell W. Dykstra 1700 Lincoln Street, Suite 2000 Denver, CO 80203 Telephone: (303) 839-3800 Facsimile: (303) 839-3838 E-Mail: rdykstra@grimshawharring.com Atty. Reg. No.: 30899	Case No. 1994 CV 288 Div.: Ctrm.:
OATH OF OFFICE	
Signature: Subscribed and sworn to before me this 13 day of M PROLIDENT Title:	ay, 2014. Societary
IF SWORN OR AFFIRMED BEFORE A NOTARY, THE FOLLOWIN	G SHOULD BE COMPLETED:
STATE OF COLORADO) ss. COUNTY OF Accorde)	
Supported and sworn to before me this B day of May, 2014, by (TAR) Notary Commission expires on 7 38 3015 (SEAL)	Stegory S. Martin director.
S. AURY C. S.	had Bardallerge
Commission Expires 7-28-2015	

§32-1-901, C.R.S., and Colorado Constitution Article 12, §9



RIDER

It is hereby mutually agreed and understood by and between the Principal and WESTERN SURETY COMPANY, that instead of as originally written:

The Principal's name has been changed to read: Hidden Pointe Metropolitan District

No further changes other than above.

COPY

Nothing herein contained shall be held to vary,	alter, waive or extend any of the terms, limits or
conditions of the bond, except as h	ereinabove set forth.
This Rider becomes effective on the 10th twelve and bne minute o'clock a.m., standard time.	day of <u>January</u> , <u>2007</u> , at
	No. 68996308
Attached to and forming part of bond issued by WESTERN SURETY COMPAN	Y of Sioux Falls, South Dakota, to
Hidden Pointe Metropolitan District	
	44 44 74
Signed this11th day of January	
	WESTERN SURETY COMPANY
Form 128-4-2002	Paul T. Brullat, Senie Vice President

Transaction Report & Invoice

CNA SURETY 2199 INNOVATION WAY CHICAGO, IL 60682-0021

Principal information: ID: 007840350
HIDDEN POINTE METROPOLITAN DISTRICT
6399 S. FIDDLERS GREEN CIRCLE
#102
GREENWOOD VILLAGE CO 80111 Principal information:

Agency Code: 05-16797

T CHARLES WILSON INS SERVICE 2260 S XANADU WAY STE 280 AURORA CO 80014

Transaction Description: RENEWAL

Number:

GNASURETY

68996308

Written By: Description:

WESTERN SURETY COMPANY P E POSITION SCHEDULE (6)

Obligee:

OBLIGEE ADDRESS UNKNOWN

Effective Date: Expiration Date: Current Penalty: Renewal Method: 05-01-2008 05-01-2010 \$10,000.00

Transaction Effective Date: 05/01/2008

FILE LOCATION:

SIOUX FALLS

PHONE:

800-331-6053

PREMIUM

\$170.00 a 30.000

Gross Premium Charge:

\$170.00 \$51.00 \$119.00

Commission Amount: Net Premium Due:

Change Detail:

Agent: You may remove stub below to use as a billing/ gredit involce

CNA Surety

INVOICE

PROCESS DATE 01-23-08 PENALTY \$10,000.00

SF

FILE NO. EFFECTIVE DATE ANNIVERSARY DATE PROCESS DA 05-01-08 05-01-10 01-2:

PRINCIPAL HIDDEN POINTE METROPOLITAN DISTRICT GREENWOOD VILLAGE CD 80111

RISK STATE DESCRIPTION

CO WHITTEN BY WESTERN SURETY COMPANY
P E POSITION SCHEDULE (6)

OBLIGEE

AGENCY CODE 05-16797

CHARGE

\$170.00

Your agent is:

T CHARLES WILSON INS SERVICE 2260 S XANADU WAY STE 280 AURORA CO 80014



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/27/2014

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 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). CONTACT Vicki Sullivan HONE (JC, No. Ext): (303) 368-5757 MAIL T. Charles Wilson Insurance Service FAX (A/C, No): (303) 872-5863 384 Inverness Parkway Suite 170 Englewood, CO 80112 E-MAIL ADDRESS: vsullivan@wilsonins.com INSURER(S) AFFORDING COVERAGE INSURER A: Western Surety Company 13188 INSURED INSURER B : Hidden Pointe Metropolitan District INSURER C: c/o Grimshaw & Harring, P.C. INSURER D : 1700 Lincoln Street, Suite 3800 Denver, CO 80203-4538 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. ADDL SUBR INSD WVD TYPE OF INSURANCE LIMITS POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ OTHER: OMBINED SINGLE LIMIT AUTOMOBILE LIABILITY s (Ea accident) BODILY INJURY (Per person) s ANY AUTO ALL OWNED AUTOS SCHEDULED **BODILY INJURY (Per accident)** \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE 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 2 Year Bond 68996308 05/01/2014 | 05/01/2016 | Bond Limit 10,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Position Schedule Bond/5 Board Members \$1,000/1 Treasurer \$5,000/Bond Limit 10,000 **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Hidden Pointe Metropolitan District c/o Grimshaw & Harring, P.C. 1700 Lincoln Street, Suite 3800 AUTHORIZED REPRESENTATIVE Denver, CO 80203-4538

HIDDEN POINTE METROPOLITAN DISTRICT

CERTIFICATE OF ELECTION

IT IS HEREBY CERTIFIED that at the regular biennial election of the Hidden Pointe Metropolitan District held on Tuesday, May 6, 2014, which election was canceled, the following persons were elected by acclamation to the office of Director for the term indicated:

Gregory S. Martin 4-year term

Richard Schafer 4-year term

IN WITNESS WHEREOF, I have hereunto set my hand this 13th day of May, 2014.

On behalf of the Designated Election Official