

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	

I, **Richard L. Schafer**, 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 the Hidden Pointe Metropolitan District upon which I am about to enter.

Signature: _____

Subscribed and sworn to before me this 13th day of May, 2014.

By: _____

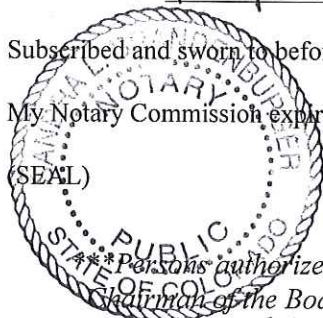
Title: PRESIDENT

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

STATE OF COLORADO)
) ss.
COUNTY OF Arapahoe)

Subscribed and sworn to before me this 13th day of May, 2014, by Richard L. Schafer, director.

My Notary Commission expires on 7-28-2015



Sadie L. Brandenburg
Notary Public

Persons authorized to administer oaths, i.e. County Clerk and Recorder, Clerk of the Court, Chairman of the Board of Directors, or any other person authorized to administer oaths

971 Commission Expires 7-28-2015



Western Surety Company

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 hereinabove set forth.

This Rider becomes effective on the 10th day of January, 2007, at twelve and one minute o'clock a.m., standard time.

Attached to and forming part of bond No. 68996308
issued by WESTERN SURETY COMPANY of Sioux Falls, South Dakota, to
Hidden Pointe Metropolitan District

Signed this 11th day of January, 2007.

WESTERN SURETY COMPANY

By 
Paul T. Bruffat, Senior Vice President



CNA SURETY

CNA SURETY
2199 INNOVATION WAY
CHICAGO, IL 60682-0021

Transaction Report & Invoice

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

Agency Code: 05-16797

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

Transaction Description: RENEWAL

Number: 68996308

Written By: WESTERN SURETY COMPANY
Description: P E POSITION SCHEDULE (6)

Obligee: OBLIGEE ADDRESS UNKNOWN

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

Transaction Effective Date: 05/01/2008

FILE LOCATION: SIOUX FALLS

PHONE: 800-331-6053

PREMIUM \$170.00 @ 30.000%

Gross Premium Charge: \$170.00
Commission Amount: \$51.00
Net Premium Due: \$119.00

Change Detail:

Agent: You may remove stub below to use as a billing/ credit invoice

CNA Surety**INVOICE**

FILE NO.	EFFECTIVE DATE	ANNIVERSARY DATE	PROCESS DATE	PENALTY
0601 68996308	05-01-08	05-01-10	01-23-08	\$10,000.00
PRINCIPAL	HIDDEN POINTE METROPOLITAN DISTRICT 6399 S. FIDDLERS GREEN CIRCLE GREENWOOD VILLAGE CO 80111			
RISK STATE	CO	WRITTEN BY: WESTERN SURETY COMPANY		SF
DESCRIPTION	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



HIDDPOI-01

CAMKR1

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).

PRODUCER T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170 Englewood, CO 80112	CONTACT NAME: Vicki Sullivan	FAX (A/C, No): (303) 872-5863	
	PHONE (A/C, No, Ext): (303) 368-5757	E-MAIL ADDRESS: vsullivan@wilsonins.com	
INSURED Hidden Pointe Metropolitan District c/o Grimshaw & Harring, P.C. 1700 Lincoln Street, Suite 3800 Denver, CO 80203-4538	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Western Surety Company		13188
	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
	COMMERCIAL GENERAL LIABILITY <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 - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	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

Hidden Pointe Metropolitan District c/o Grimshaw & Harring, P.C. 1700 Lincoln Street, Suite 3800 Denver, CO 80203-4538	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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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