DISTRICT COURT, DOUGLAS COUNTY, COLORADO 4000 Justice Way, Suite 2009 Castle Rock, CO 80109	
Castle Rock, CO 80109 IN RE THE MATTER OF MERIDIAN VILLAGE METROPOLITAN DISTRICT NO. 2	▲ COURT USE ONLY
Attorneys for the District: SPENCER FANE LLP Thomas N. George, #41395 1700 Lincoln Street, Suite 2000 Denver, CO 80203 Telephone: (303) 839-3800 Telephone: (303) 839-3800	Case No.: 2004CV000510 Division: 3
Facsimile: (303) 839-3838 E-mail: <u>tgeorge@spencerfane.com</u>	

I, Neiman Porter, 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. 2 upon which I am about to enter.

Signature:

Neiman Porter

IF SWORN OR AFFIRMED BEFORE OFFICER OF THE BOARD, THE FOLLOWING SHOULD BE COMPLETED:

Subscribed and sworn to before me this 30 day of May, 2023.

By: Martolane Julien

Officer of the Board

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

STATE OF COLORADO

COUNTY OF Douglas

Subscribed and sworn to before me this 20 day of May, 2023, by Neiman Porter, Director.

)

) ss. )

My Notary Commission expires on 5/26/2025

(SEAL)

MARITA ANNE TILGER NOTARY PUBLIC	
STATE OF COLORADO	
NOTARY ID 20174022286 MY COMMISSION EXPIRES MAY 26, 2025	
1011 EXTINES MAY 26, 2025	

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)••••

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



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SHIGDON

DATE (MM/DD/YYYY)	
5/20/2023	

MERIVIL-02

			CE			ABIL	ITY INS	ORAN	JE		5/2	20/2023
E	ERT BELO	CERTIFICATE IS ISSUED AS IFICATE DOES NOT AFFIRM W. THIS CERTIFICATE OF I RESENTATIVE OR PRODUCER,	ATIVEL NSUR/	Y OF	R NEGATIVELY AMEND DOES NOT CONSTITU	, EXTE	ND OR ALT	ER THE CO	VERAGE AFFO	ORDED B	Y TH	E POLICIES
l l	f SUI	RTANT: If the certificate hole BROGATION IS WAIVED, sub ertificate does not confer right:	ject to	the	terms and conditions of	the po	licy, certain	policies may				
PRO	DUCE	ER Contraction of the second sec				CONTA NAME:						
TC	N Ris	sk Management						368-5757		FAX (A/C, No):(303) 368-5863		
Eng	384 Inverness Parkway Suite 170 Englewood, CO 80112					E-MAIL ADDRESS: tcwinfo@tcwrm.com						
							INS			NAIC #		
						INSURER A : CNA Surety						0022
INS	URED	Mantalian Millana Matura a			N- 0	INSUR	RB:					
		Meridian Village Metropol c/o Denver Technological			NO. 2	INSURI	RC:					
		6380 S. Fiddlers Green Ci	rcle			INSUR	RD:					
		Greenwood Village, CO 80	0111			INSURI						
			DTIC	0 A T		INSURI	RF:					<u> </u>
		RAGES CI IS TO CERTIFY THAT THE POLI			ENUMBER:				REVISION NUM			
	NDIC/	ATED. NOTWITHSTANDING ANY FICATE MAY BE ISSUED OR M JSIONS AND CONDITIONS OF SUC	REQU	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRA	CT OR OTHER IES DESCRIB	DOCUMENT WIT	H RESPEC	т то	WHICH THIS
INSF	2	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS		
		COMMERCIAL GENERAL LIABILITY						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EACH OCCURRENC	CE \$	5	
		CLAIMS-MADE OCCUR							DAMAGE TO RENTI PREMISES (Ea occu	ED µrrence) \$	5	
			_						MED EXP (Any one	person) \$	5	
			_						PERSONAL & ADV	INJURY \$	6	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	GATE \$	6	
									PRODUCTS - COMF	P/OP AGG \$	6	
		OTHER:							COMBINED SINGLE	\$		
	AUT								(Ea accident)	\$		
		ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe			
		AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Pe PROPERTY DAMAG (Per accident)	er accident) \$		
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENC			
		EXCESS LIAB CLAIMS-MA	DE						AGGREGATE	\$		
		DED RETENTION \$								\$	5	
	WOF	RKERS COMPENSATION							PER STATUTE	OTH- ER		
		PROPRIETOR/PARTNER/EXECUTIVE	N   N/A						E.L. EACH ACCIDE	NT \$	5	
									E.L. DISEASE - EA E	EMPLOYEE \$	5	
	DÉS	s, describe under CRIPTION OF OPERATIONS below			4 4 5 0 0 0 4 0		5/05/0004	E/05/0004	E.L. DISEASE - POL		5	40.000
A	3 10	ear Bond			14592340		5/25/2021	5/25/2024	Bond Amount			10,000
Put 1 Ti	lic O easu	rion of operations / locations / ver fficial Position Schedule Bond irer @ \$5,000 Members @ \$1,000 each	IICLES (	ACORE	D 101, Additional Remarks Schedu	ule, may t	e attached if mor	e space is requir	ed)			
CE	RTIF	FICATE HOLDER				CAN	CELLATION					
Colorado Department of Local Affairs Division of Local Government-Special Districts 1313 Sherman St., Rm 521 Denver, CO 80203					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
					Susan a Higdon							

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