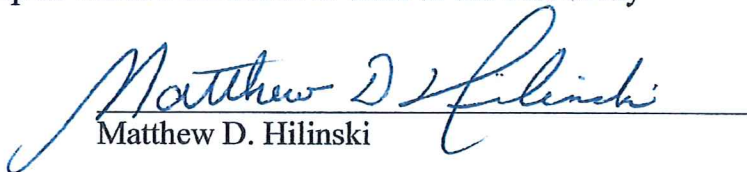|	
DISTRICT COURT, DOUGLAS COUNTY, STATE OF COLORADO Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 Phone Number: 720-437-6200	
IN RE THE MATTER OF VILLAGES AT CASTLE ROCK METROPOLITAN DISTRICT NO. 4	
Matthew P. Ruhland Collins Cockrel & Cole 390 Union Blvd., Suite 400 Denver, Colorado 80228-1556 Telephone: (303) 986-1551 Facsimile: (303) 986-1755 E-Mail: mruhland@cccfirm.com Attorney Reg. No.: 36940	▲ **COURT USE ONLY** ▲ Case No.: 84CV182 Div.: Ctrm.:

OATH OF OFFICE

I, Matthew D. Hilinski, do 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 of the Villages at Castle Rock Metropolitan District No. 4 upon which I am about to enter to the best of my ability.
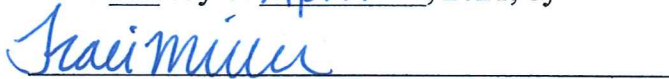
_____
Matthew D. Hilinski
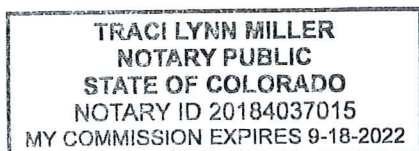
STATE OF COLORADO   )
) ss.
COUNTY OF   )

Subscribed and sworn to before me this 27th day of April , 2021, by Matthew D. Hilinski.

_____
Person authorized to administer oaths (County Clerk and Recorder, Clerk of the Court, Court Judge, Notary Public, any Officer of the Board or any person designated by the Board, or any other person authorized to administer oaths)

TRACI LYNN MILLER
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20184037015
MY COMMISSION EXPIRES 9-18-2022

{00820724.DOCX / }

Title: *Notary Public*

NOTICE OF APPOINTMENT

At a noticed meeting on the date of April 21, 2021, pursuant to Section 32-1-905(3), C.R.S.,

the Board of Directors of the Founders Village Metropolitan District

appointed the following eligible elector to fill a vacancy on the Board of Directors:

Name: Matthew D. Hilinski

Mailing Address: 228 Laramie Court
Castle Rock, Co 80104
(303) 725-4828

This appointment will expire at the next regular election in May of 2022.

_____
Board Chair's signature

{00820728.DOCX / }Per C.R.S. § 32-1-905(3) All appointments shall be evidenced by an appropriate entry in the minutes of the meeting, and the board shall cause a notice of appointment to be delivered to the person so appointed. A duplicate of each notice of appointment, together with the mailing address of the person so appointed, shall be forwarded to the division.

Revised 12/16/2011

Colorado Special Districts Property and Liability Pool

Crime Certificate Holder Declaration

Master Coverage Document Number: J05931794
Certificate Number: POL-0005821

Insurer: Federal Insurance Company (Chubb)
Coverage Period: 1/1/2021 to EOD 12/31/2021

Named Member:
Villages at Castle Rock Metropolitan District No. 4
c/o Pinnacle Consulting Group, Inc.
550 W. Eisenhower Blvd
Loveland, CO 80537

Broker of Record:
 NO BROKER

Covered Benefit Plan:

Covered Designated Agent(s):

Coverages and Limits:

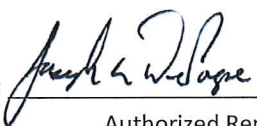**Employee Theft:** $15,000

- Limit is maximum for each loss
- Employee includes executives, full-time, part-time, seasonal, leased and temporary employee(s), interns or non-compensated volunteer.
- Includes funds from a sponsored benefit plan, when the Covered Benefit Plan name is listed above.

Public Official Faithful Performance of Duty: $15,000
Client Theft: $15,000
Forgery or Alteration: $15,000
On Premises: $15,000
In Transit: $15,000
Computer System Fraud: $15,000
Funds Transfer Fraud: $15,000
Debit, Credit or Charge Card Fraud: $15,000
Money Orders and Counterfeit Paper Currency Fraud: $15,000
Social Engineering Fraud: $15,000

Deductible(s):
All Crime except Social Engineer Fraud: $250
Social Engineering Fraud: 20% of Social Engineering Fraud Limit

Contribution: $209

Policy Forms:
PF-52815 (04/20)   The Chubb Primary℠ Commercial Crime Insurance
PF-52853 (04/20)   Governmental Entity (Colorado Special Districts Pool) Endorsement
PF-53127 (04/20)   Colorado Amendatory Endorsement
PF-52851 (04/20)   Add Corporate Credit Card Coverage

This Certificate Holder Declaration is made and is mutually accepted by the CSD Pool and the Named Member subject to all terms which are made a part of the Master Crime Policy. This Certificate represents only a brief summary of coverages. Please refer to the Master Policy Documents for actual coverage, terms, conditions, and exclusions.

Countersigned by: _____
                          Authorized Representative