DISTRICT COURT, DOUGLAS COUNTY, COLORADO Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80109									
IN RE THE MATTER OF MERIDIAN METROPOLITAN DISTRICT	▲ COURT USE ONLY ▲								
Attorneys for the District:									
SPENCER FANE LLP									
Thomas N. George, Esq., #41395 1700 Lincoln Street, Suite 2000	Case No.: 1976CV4507								
Denver, CO 80203-4554									
(303) 839-3800 – Telephone; (303) 839-3838 – Facsimile E-mail: <u>tgeorge@spencerfane.com</u>	Division: 1								
OATH OF OFFICE – THOMAS ASHBURN									

I, **Thomas Ashburn**, 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 Metropolitan District upon which I am about to enter.

Signature:

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

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

By: Title: Officer of the Board

OR, IF SWORN OR AFFIRMED BEFORE A NOTARY, THE FOLLOWING SHOULD BE COMPLETED: STATE OF COLORADO)

~

COUNTY OF Denver

Subscribed and sworn to before me this 3 day of May, 2023, by Thomas Ashburn, Director. My Notary Commission expires on 4/14/2027

) SS.

(SEAL)



in Bald 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



CERTIFICATE OF LIABILITY INSURANCE

KIMT01 DATE (MM/DD/YYYY) 5/0/2022

MERIMET-01

C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN	IVEL	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	TE HOI BY TH	E POLICIES	
lf	MPORTANT: If the certificate holder SUBROGATION IS WAIVED, subjec his certificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain	policies may				
	DUCER		UCIT		CONTA NAME:		•				
тси	TCW Risk Management					368-5863					
384 Inverness Părkway Suite 170 Englewood, CO 80112				PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No): (303) 3 E-MAIL ADDRESS: tcwinfo@wilsonins.com 5 </td <td></td>							
					INSURER(S) AFFORDING COVERAGE					NAIC #	
					INSURER A : CNA Surety					0022	
INSURED					INSURER B :						
	Meridian Metropolitan Distri				INSURER C :						
	c/o Denver Technology Cent 6380 S.Fiddlers Green Circle		ite 40	0	INSURE	RD:					
Greenwood Village, CO 80111					INSURER E :						
					INSURER F :						
CO	VERAGES CER	TIFIC	CATE	ENUMBER:				REVISION NUMBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	equi Per Poli	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE	ЕСТ ТО	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	· ·							MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$		
								AGGREGATE	\$		
	DED RETENTION \$							PER OTH-	\$		
	AND EMPLOYERS' LIABILITY							STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$		
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
Α	DÉSCRIPTION OF OPERATIONS below 3 Year Bond			43057306		3/11/2022	3/11/2025	E.L. DISEASE - POLICY LIMIT	\$	10,000	
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											
CE	RTIFICATE HOLDER				CANC	ELLATION					
Colorado Department of Local Affairs Division of Local Government-Special Districts 1313 Sherman St., Rm 521				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Denver, CO 80203					AUTHORIZED REPRESENTATIVE						
						Vig					

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