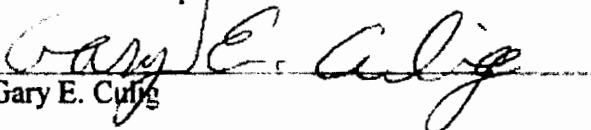


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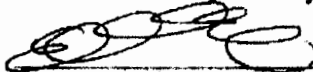
DISTRICT COURT, DOUGLAS COUNTY, STATE OF COLORADO	
Court Address: Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, CO 80109	
Phone Number: 303-663-7200	
IN RE THE MATTER OF PARKER FIRE PROTECTION DISTRICT	
Robert G. Cole Collins Cockrel & Cole 390 Union Blvd., Suite 400 Denver, Colorado 80228-1556 Telephone: (303) 986-1551 Facsimile: (303) 986-1755 E-Mail: rcole@cccfirm.com Atty. Reg #: 15943	▲ COURT USE ONLY ▲ Case No.: 66CV3547
OATH OF OFFICE	

I, Gary E. Culig, 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 Parker Fire Protection District upon which I am about to enter.


Gary E. Culig

STATE OF COLORADO)
) ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to before me this 27th day of May, 2014 by Gary E. Culig.


Person authorized to administer oaths (County Clerk and Recorder, Clerk of the Court, Notary Public, Chairman of the Board or any other person authorized to administer oaths)

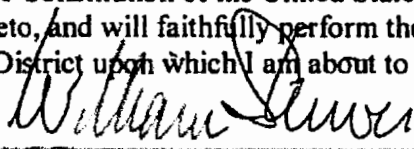
Elizabeth J. Shifrin
Title: **Greenwood Village municipal
Judge**

My commission expires: _____

JUN 11 2014

<p>DISTRICT COURT, DOUGLAS COUNTY, STATE OF COLORADO</p> <p>Court Address: Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, CO 80109</p> <p>Phone Number: 303-663-7200</p>	
<p>IN RE THE MATTER OF PARKER FIRE PROTECTION DISTRICT</p>	
<p>Robert G. Cole Collins Cockrel & Cole 390 Union Blvd., Suite 400 Denver, Colorado 80228-1556 Telephone: (303) 986-1551 Facsimile: (303) 986-1755 E-Mail: rcole@cccfirm.com Atty. Reg #: 15943</p>	<p>▲ COURT USE ONLY ▲</p> <p>Case No.: 66CV3547</p>
<p>OATH OF OFFICE</p>	

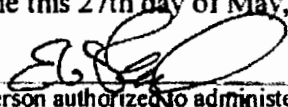
I, William Shriver, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of the Parker Fire Protection District upon which I am about to enter.



William Shriver

STATE OF COLORADO)
) ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to before me this 27th day of May, 2014 by William Shriver.


Person authorized to administer oaths (County Clerk and Recorder,
Clerk of the Court, Notary Public, Chairman of the Board or any
other person authorized to administer oaths)

Elizabeth V. Shifrin

Title: Greenwood Village Municipal
Judge.

My commission expires: _____



PARKFIR-02 VSULLIVAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/14/2014

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: PHONE (A/C No. Ext): (303) 368-6767 FAX (A/C No.): (303) 872-6863 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Parker Fire Protection District 10235 Parkglenn Way Parker, CO 80138	INSURER A: Arch Insurance Company 11150	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

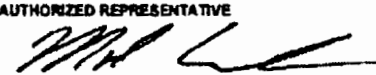
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INBR LTR	TYPE OF INSURANCE	ADOL SUBR WSD 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 GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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 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	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Fidelity Coverage		MEPK07884302	01/01/2014	01/01/2015	500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Includes coverage for directors or board members and treasurer
 Faithful Performance of Duty is Included

JUN 11 2014

CERTIFICATE HOLDER State of Colorado 1700 Broadway Denver, CO 80202	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. AUTHORIZED REPRESENTATIVE 
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