DISTRICT COURT, COUNTY OF DOUGLAS, COLORADO Court Address: Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80109 Telephone No.: (303) 663-7200 **PETITIONER:** RAVENNA METROPOLITAN DISTRICT **▲ COURT USE ONLY ▲ Attorneys for Petitioner:** Case No: 2004 CV 439 Alan D. Pogue Deborah A. Early ICENOGLE SEAVER POGUE, P.C. Div: 5 4725 S. Monaco St., Suite 360 Denver, Colorado 80237 Phone Number: (303) 292-9100 FAX Number: (303) 292-9101 APogue@isp-law.com E-mail: DEarly@isp-law.com Atty. Reg. #: 30156 (Pogue) 34849 (Early)

OATH OF OFFICE FOR JOHN H. FREDERICKS, III AND EVIDENCE OF BOND FOR RAVENNA METROPOLITAN DISTRICT

I, John H. Fredericks, III, do (SWEAR or 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 upon which I am about to enter to the best of my ability.

A duly signed copy of the document is on file at the office of Icenogle Seaver Pogue, P.C.

John H. Fredericks, III

STATE OF COLORADO)											
COUNTY OF DOUGLAS) ss.											
Subscribed and sworn to before me this <u>que</u> day of <u>May</u> , 2022.											
WITNESS my hand and official seal.											
My commission expires: 11-02-2035											
(SEAL)											
Notary Public											
ERIC S ROLDAN Notery Public											
State of Colorado Notary ID # 20034017185 My Commission Expires 11-02-2025											

EVIDENCE OF BOND

The Ravenna Metropolitan District hereby provides evidence of a bond for the above-named director in satisfaction of the requirements of Section 32-1-901(2), C.R.S., attached hereto as **Exhibit** A and incorporated herein by this reference.

KIMT01

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/1/2022

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 have ADDITIONAL INSURED provisions or 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 TCW Risk Management 384 Inverness Parkway Suite 170 Englewood, CO 80112						CONTACT NAME: PHONE (A/C, No, Ext): (303) 368-5757 E-MAIL ADDRESS: tcwinfo@wilsonins.com						
					INCLIDE	RA: CNA SU	•	NDING COVERAGE			0022	
INSI	JRED	INSURER B:					UULL					
	Ravenna Metropolitan Distri											
	c/o TWS Financial	INSURER C:										
	7345 S Pierce St. #205	INSURER D:										
	Littleton, CO 80128	INSURER E :										
	V=5.4.0=0				NSURER F:							
		TIFICATE NUMBER:			REVISION NUMBER: HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PE						LIOV DEDICE	
IN C	INS TO CERTIFY THAT THE FOLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUII PER	REME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WI ED HEREIN IS S	TH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY						· ·····	EACH OCCURREN	ICE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ΓED	\$		
								MED EXP (Any one	·	\$		
								PERSONAL & ADV		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:									\$		
	POLICY PRO- JECT LOC									\$		
	OTHER:							11000010-001	1701 700	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F		\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$		
	AUTOS ONLY AUTOS ONLY							(i ci accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	IOL	\$		
	DED RETENTION \$	-						AGGREGATE		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Ψ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA				
	If yes, describe under DESCRIPTION OF OPERATIONS below									\$		
Α	3 Year Bond			14587806		5/7/2022	5/7/2025	E.L. DISEASE - POLICY LIMIT Bond Amount		φ	10,000	
											,,,,,,,	
Pub 1 Tr 5 Bc	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI lic Official Position Schedule Bond easurer @ \$5,000 pard Members @ \$1,000 each	LES (A	ACORE	0 101, Additional Remarks Schedu			e space is requi	red)				
CE	RTIFICATE HOLDER				CANC	ELLATION						
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. AUTHORIZED REPRESENTATIVE						