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:	
Alan D. Pogue	Case No: 2004 CV 439
Deborah A. Early	
ICENOGLE SEAVER POGUE, P.C.	
4725 S. Monaco St., Suite 360	Div: 5
Denver, Colorado 80237	
Phone Number: (303) 292-9100	
FAX Number: (303) 292-9101	
E-mail: <u>APogue@isp-law.com</u>	
DEarly@isp-law.com	
Atty. Reg. #: 30156 (Pogue)	
34849 (Early)	

I, Travis Leo, 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.

Tuc

Travis Leo

STATE OF COLORADO)) ss. COUNTY OF DOUGLAS) RAVYN MENDOZA SCHNEIDER NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20214033977 MY COMMISSION EXPIRES AUGUST 25, 2025

Subscribed and sworn to before me this 10 day of May, 2022 by Travis Leo.

WITNESS my hand and official seal.

My commission expires 8/25/25

(SEAL)

Notary Public (

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

KIMT01

RAVEMET-01

					6/1	2022
THIS CERTIFICATE IS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIVEL BELOW. THIS CERTIFICATE OF INSURA REPRESENTATIVE OR PRODUCER, AND T	Y OR NEGATIVELY AMEND ANCE DOES NOT CONSTITU	, EXTEND OR ALT	ER THE CO	VERAGE AFFORDED B	Y THE	POLICIES
IMPORTANT: If the certificate holder is a If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to the	the terms and conditions of	the policy, certain	policies may			
PRODUCER	certificate fiolder in fied of st	CONTACT NAME:	•			
			368-5757 FAX (A/C, No): (303) 368-5863			
			505, 50	0-0000		
						NAIC #
		INSURER A : CNA SL			0	022
INSURED		INSURER B :	liety			
Ravenna Metropolitan District		INSURER C :				
c/o TWS Financial		INSURER D :				
7345 S Pierce St. #205 Littleton, CO 80128		INSURER E :				
,		INSURER F :				
COVERAGES CERTIFIC	CATE NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES O		HAVE BEEN ISSUED				CY PERIOD
INDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH POLI	TAIN, THE INSURANCE AFFOR CIES. LIMITS SHOWN MAY HAVE	DED BY THE POLIC BEEN REDUCED BY	IES DESCRIB PAID CLAIMS.			
INSR TYPE OF INSURANCE ADDL INSD	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY					\$	
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:					\$	
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO				BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY SCHEDULED					\$	
HIRED AUTOS ONLY AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$	
					\$	
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$	
DED RETENTION \$					\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE N / A OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$	
				E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$	
A 3 Year Bond	14587806	5/7/2022	5/7/2025	Bond Amount		10,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (/ Public Official Position Schedule Bond 1 Treasurer @ \$5,000 5 Board Members @ \$1,000 each CERTIFICATE HOLDER Colorado Department of Local At Division of Local Government-Sp 1313 Sherman St., Rm 521 Denver, CO 80203	ffairs	CANCELLATION SHOULD ANY OF	THE ABOVE D N DATE TH TH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B		
Vog						

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