DISTRICT CO	OURT, DOUGLAS COUNTY, COLORADO							
Court Address	: 4000 Justice Way							
Telephone:	Castle Rock, CO 80109 (303) 663-7200							
Petitioner:								
CASTLE OA	KS METROPOLITAN DISTRICT NO. 3	▲ COURT USE ONLY ▲						
Attorney for	Petitioner:							
Name:	Kristin B. Tompkins, Esq.	Case Number: 2005CV1483						
Address:	Laura S. Heinrich, Esq. WHITE BEAR ANKELE TANAKA & WALDRON	Division: 5						
	Attorneys at Law 2154 E. Commons Ave., Suite 2000 Centennial, CO 80122	Courtroom:						
Phone:	(303) 858-1800							
Fax:	(303) 858-1801							
Email:	ktompkins@wbapc.com lheinrich@wbapc.com							
Atty. Reg. #:	34839							
, 8	36830							
	BOARD OF DIRECTOR							
	OATH OF OFFICE							
STATE OF CO	OLORADO )							
COUNTY OF	Arapahoe ) ss.							
will support the the laws of the of the Castle Cability. In acc	Morton, do swear, affirm or swear see Constitution of the United States, the Constitute State of Colorado, and will faithfully perform to Daks Metropolitan District No. 3 upon which I arordance with \$32-1-901(2), C.R.S. the bond reath is filed herewith as Exhibit A.	tion of the State of Colorado, and he duties of the office of Director m about to enter to the best of my						
	Town Morton Tom Morton (Jun 1, 2020 19:3	2 MDT)						
	Signature							

Signed and sworn to (or affirmed) before me this _audio-video technology.	1st day of <u>June</u>	,	2020	via
By: <u>C</u>	raig Campbell			
$\sqrt{\frac{1}{0}}$	fficer of the Board of D	irectors	•	

### **EXHIBIT A**

Director Bond

1353.0011: 1043609



writing by the Company.

**RLI Insurance Company** P.O. Box 3967 Peoria IL 61612-3967 Phone: (309)692-1000 Fax: (309)683-1610

## **PUBLIC OFFICIAL POSITION SCHEDULE BOND**

Bond No. <u>LSM0719563</u>

lter	n 1.	Name of Insured:	Castle Oaks Metropo	olitan District #3				
		Principal Address:	c/o White Bear Anke Centennial, CO 8012		aldron 2154 E.	Commons Av		(the "Insured") 000
lter	n 3.	Limit of liability doe	May 2, 2015 es not exceed the sur n Position there listed.	n specified in th			ons or written	acceptances
l.	The		ENT ompany, an Illinois c unto	. ,			_	•
			tennial		-			
	Off	icial or Employee v	while occupying any pany as to said posit	position named	in the sched	ule attached,	or added the	reto by written
II.	CO	NDITIONS						
		Coverage. Automa	atic coverage is grant ewly created position			-		
		beginning, unless	r, that the automation during the said thirty dule, and the Compar	day period the	e Obligee has	requested in	writing that t	
		Coverage on any	position may be incre	ased or decrea	used upon wri	tten request of	f the Obligee,	if agreed to in

to the Company as to any or all positions or Public Officials or Employees, or after thirty days' written notice given by the Company to the Obligee of its intent to cancel this bond in its entirety, or as to any Public Official or Employee or position. C. Liability. The Company's liability under this bond shall not be cumulative, and in no event shall the Company be called upon to pay as a loss hereunder in an amount greater than the largest single amount for which the position occupied by any Public Official or Employee causing such loss is or has been covered in the schedule,

B. Cancellation. Cancellation hereunder is effective, and all liability under this bond shall cease as to future acts or omissions as to any Public Official or Employee on the date specified in written notice given by the Obligee

whether said loss occurred during any one or more years. The liability of the Company for any Public Official or Employee occupying more than one position at one time, or at different times, shall not exceed the largest amount of coverage specified for any single position occupied by said Public Official or Employee. The liability of the Company shall never exceed the amount in effect for the position when the act

OFF 0102 (2/93) Page 1 of 3 Pages of the Public Official or Employee causing the loss shall have occurred. In the event there are more Public Officials or Employees occupying the position covered in the schedule than are listed therein, the Company shall be liable for such proportion of the amount of coverage as the number of Public Officials or Employees listed bears to the number of Public Officials or Employees actually occupying the position when the loss occurred.

The Liability of the Company hereunder is subject to the terms and conditions of the following Riders, attached thereto:

None of the specifications of this Bond shall be altered or waived, except in writing by the Company executed by its President, Vice President, Secretary, Assistant Secretary or Treasurer.

Dated this <u>19th</u> day of <u>March</u>, <u>2015</u>.

#### **RLI Insurance Company**

Roy C. Die Vice President

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00002304-30,30

SCHEDULE OF POSITIONS - EFFECTIVE THE <u>2nd</u> DAY OF <u>May</u>, <u>2015</u>.

(If there is more than one position of like classification, list by number, thus: Cashier No. 1, Cashier No. 2)

Schedule Number	Position Name	No.	Position Location	Bond Amount
1	Treasurer	1		\$ 5,000.00
2	Board Member	1		\$ 1,000.00
3	Board Member	1		\$ 1,000.00
4	Board Member	1		\$ 1,000.00
5	Board Member	1		\$ 1,000.00
6	Board Member	1		\$ 1,000.00
7				
8				
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OFF 0102 (2/93)



RLI Insurance Company
P.O. Box 3967 Peoria IL 61612-3967
Phone: (309)692-1000 Fax: (309)683-1610

# **POWER OF ATTORNEY**

# **RLI Insurance Company**

Bond No. <u>LSM0719563</u>

## Know All Men by These Presents:

That the	RLI Insur	rance Company	, a corporatio	on organized and e	xisting under the l	aws of the State of
I11	linois , an	d authorized and licensed	l to do business in al	ll states and the Di	strict of Columbia	does hereby make,
constitute and	appoint:	Roy C. Die	in the C	City of	Peoria	, State of
Illin	<u>ois</u> , as	Vice President	, with full powe	r and authority he	reby conferred up	on him/her to sign,
execute, ackno	owledge and deliver	for and on its behalf as S	urety, in general, an	ny and all bonds, u	indertakings, and i	ecognizances in an
amount not t	o exceed	Five Hundred Thousand	d and 00/100	Dollars (	\$ 500,000.00	) for any single
obligation, and	d specifically for the	following described bond	·•			
Principal:	_Castle Oaks Me	etropolitan District #3				
Obligee:	Same as Princip	pal				
Type Bond:	Public Official l	Position Schedule Bond				
Bond Amoun	t: <u>\$ 10,000.00</u>					
The	RLI Insuranc	ce Company	further certifie	es that the follow	ring is a true and	d exact copy of a
Resolution add	opted by the Board of	f Directors of	RLI Insurance	e Company	, and no	w in force to-wit:
corporate se	eal may be printed b	-				
		RLI Insura				
itsV	ice President	_ with its corporate seal a	iffixed this <u>19th</u>	_ day of <u>Ma</u>	arch , 201	<u>5</u> .
ATTEST:	aled. Cola	RU III	SEAL	LI Insurance Com	apany	i.
Cynthia S. Ioh			Roy		D (	Vice President
and	Cynthia S. Dohm Vice President RLI Insurance C	, 2015 before me, , who being by r t and company	ne duly sworn, ackn Assis	owledged that the stant Secretary	y signed the above , respe	Power of Attorney ectively, of the said
saiu corporatio	JII.					
Jacqueline M. E	anguseline M. Bockler	Notary Public	MOTARY OFFICIAL STATE OF COMMISSION EX	XPIRES 01/14/18		