DISTRICT COURT, DOUGLAS COUNTY, COLORADO						
Court Address: 4000 Justice Way, Suite 2009 Castle Rock, CO 80109						
Telephone: 720-437-6200						
Petitioner:						
LANTERNS METROPOLITAN DISTRICT NO. 2	▲ COURT USE ONLY ▲					
Attorney for Petitioner:						
Name: Clint C. Waldron, Esq. Megan J. Murphy, Esq.	Case Number: 14CV30994					
Address: WHITE BEAR ANKELE TANAKA & WALDRON Attorneys at Law	Division:					
2154 E. Commons Ave., Suite 2000 Centennial, CO 80122	Courtroom:					
Phone: (303) 858-1800						
Fax: (303) 858-1801						
Email: cwaldron@wbapc.com						
mmurphy@wbapc.com Atty. Reg. #: 36689; 47464						
BOARD OF DIRECTORS OATH OF OFFICE						
STATE OF COLORADO )						
COUNTY OF Adams ) ss.						
I, Ryan Carlson, do select one of the following swear, affirm, or swear by the everliving God, 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 of the Lanterns Metropolitan District No. 2 upon which I am about to enter to the best of my ability. In accordance with § 32-1-901(2), C.R.S. the bond required to be filed at the time of filing of this oath is filed herewith as Exhibit A.						

Subscribed and sworn to before me thisday of May, 2020 via audio-video technology.
Jash M
Officer of the Board of Directors

### **EXHIBIT A**

Director Bond



# PUBLIC OFFICIAL POSITION SCHEDULE BOND

Bond No. <u>LSM0675493</u>

Iter	n 1.	Name of Insured:	Lanterns Metropolitar	District No. 2				
								(the "Insured")
		Principal Address:	c/o McGeady Sisnero	s, P.C. 450 E	17th Avenu	e, Suite 4	00	
			Denver, CO 80203					
			November 5, 2014				. D	
		•	es not exceed the sum	specified in the	Schedule	of named	Positions or Wri	tten acceptances
by	the	Company as to each	h Position there listed.					
	INIC	CUDING ACREME	ENT					
I,		SURING AGREEME	ompany, an Illinois co	ornoration (the	"Company'	") in cons	sideration of an a	agreed premium is
			unto					agreed promium to
	of	a and infiny bound to	enver	. CO . Oblige	e, for the fa	aithful dis	charge of the du	uties of any Public
			while occupying any p					
			npany as to said position					
H.	CO	NDITIONS						
	A.		atic coverage is grante newly created position					
		beginning, unless	er, that the automatic during the said thirty dule, and the Compan	day period the	Obligee h	nas reque	sted in writing th	
		Coverage on any writing by the Com	position may be increa	ased or decrea	sed upon v	vritten req	uest of the Oblig	gee, if agreed to in
	В.	Cancellation. Car or omissions as to to the Company a	ncellation hereunder is any Public Official or as to any or all position	Employee on t	he date sp ficials or E	ecified in Employees	written notice give, or after thirty d	ven by the Obligee lays' written notice
		given by the Compor Employee or po	pany to the Obligee of esition.	its intent to ca	ncel this bo	ond in its	entirety, or as to	any Public Official
	C.	be called upon to position occupied I whether said loss Employee occupyi amount of coverage	mpany's liability under pay as a loss hereund by any Public Official of occurred during any or ing more than one poge specified for any simall never exceed the	der in an amou or Employee ca ne or more yea osition at one ti ngle position oo	nt greater using such rs. The liab me, or at occupied by	than the I loss is or pility of the different to said Publ	argest single am has been covere Company for ar imes, shall <b>not</b> e ic Official or Emp	nount for which the ed in the schedule, ny Public Official or exceed the largest

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:

By \_\_\_\_ Roy C. Die

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 \_\_\_\_\_ th\_\_\_ day of \_\_\_\_ November\_\_\_\_, \_\_\_\_ 2014\_\_\_\_.

**RLI Insurance Company** 

Vice President

(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		\$ 1,000.00
3	Board Member 2	1		\$ 1,000.00
4	Board Member 3	1		\$ 1,000.00
5	Board Member 4	1		\$ 1,000.00
6	Board Member 5	1		\$ 1,000,00
7				
8				
9				
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# **POWER OF ATTORNEY**

## **RLI Insurance Company**

Bond No. <u>LSM0675493</u>

### Know All Men by These Presents:

That the	RLI Insurance Company	, a corporation organized	and existing under the laws of the State of
Illinoi	is, and authorized and licensed to do	business in all states and the	e District of Columbia does hereby make,
constitute and app	point: Roy C, Die	in the City of	Peoria , State of
Illinois	, as <u>Vice President</u> , w	ith full power and authori	y hereby conferred upon him/her to sign,
execute, acknowle	edge and deliver for and on its behalf as Surety,	in general, any and all bor	ds, undertakings, and recognizances in an
amount not to ex	exceed Five Hundred Thousand and C	<u>0/100</u> Dollars	(\$ 500,000,00) for any single
obligation, and sp	pecifically for the following described bond.		
Principal: _	Lanterns Metropolitan District No. 2		
	Same as Principal		
Type Bond:	Public Official Position Schedule Bond		
Bond Amount: _	\$ 10,000.00		
Effective Date: _	November 5, 2014		
The	RLI Insurance Company for	urther certifies that the fo	ollowing is a true and exact copy of a
Resolution adopte	ed by the Board of Directors ofR	LI Insurance Company	, and now in force to-wit:
undertakings, l corporate seal n	n the name of the Company. The corporate Powers of Attorney or other obligations of may be printed by facsimile."	the corporation. The s	gnature of any such officer and the
IN WITNESS WI	THEREOF, theRLI Insurance Co	ompany h	as caused these presents to be executed by
ATTEST:	President with its corporate seal affixed	RLI Insurance	
Cynthia S. Ipohm	Assistant Secretary	015 Roy C. Die	
andCy	RLI Insurance Company , and	/ sworn, acknowledged that Assistant Secretar	t they signed the above Power of Attorney , respectively, of the said
	Souline M. Boeller Politice	OIS COMMISSION EXPIRES 01/14/18	



# **RIDER**

TO BE ATTACHED TO AND FORM PART (	OF BOND/POLICY NO	LSM0675493	
•	ually agreed and understo nterns Metropolitan Distric	ood by the Principal, ot No. 2	
	RLI Insurance Company	that the nd Address	
	(Identify item(s) to be chang	ued)	
on this bond/po	olicy has/have been chang	ged to the following:	
	-	& Waldron	
2154 E Com	mons Ave Ste 2000 Cent	tennial, CO 80122	
Nothing contained herein shall vary, alter, except as set forth above.  This Rider becomes effective on Standard Time.			
Signed this <u>1st</u> day of <u>April</u>	, <u>2019</u> .		CORPORATE 2
	RLI Insurance	Company	SEAL.
	By Barton W. Da	vis	Vice President



Item 1. Name of Insured: Lanterns Metropolitan District No. 2

# PUBLIC OFFICIAL POSITION SCHEDULE BOND

Bond No. <u>LSM0675493</u>

	(the "Insured")
	Principal Address: c/o McGeady Sisneros, P.C. 450 E. 17th Avenue, Suite 400 Denver, CO 80203
Iter	n 2. Bond Period <u>November 5, 2014</u> to <u>Continuous Until Cancelled</u> . n 3. Limit of liability does not exceed the sum specified in the Schedule of named Positions or written acceptances the Company as to each Position there listed.
I.	INSURING AGREEMENT  The RLI Insurance Company, an Illinois corporation (the "Company"), in consideration of an agreed premium is held and firmly bound unto
11.	CONDITIONS  A. Coverage. Automatic coverage is granted for the first thirty days service of any Public Official or Employee:  (1) Occupying a newly created position identical with one listed in the schedule of positions, in an equal amount.  Provided, however, that the automatic coverage herein granted shall be void and of no effect from the
	beginning, unless during the said thirty day period the Obligee has requested in writing that the position be added to the schedule, and the Company by written acceptance has consented thereto.  Coverage on any position may be increased or decreased upon written request of the Obligee, if agreed to in
	<ul> <li>writing by the Company.</li> <li>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 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.</li> </ul>
	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, 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

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.

By \_\_\_\_ Roy C. Die

Dated this \_\_\_\_\_ 5th\_\_\_ day of \_\_\_\_ November\_\_\_ , \_\_\_\_ 2014\_\_\_ .

**RLI Insurance Company** 

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Vice President

SCHEDULE OF POSITIONS - EFFECTIVE THE 5th DAY OF November, 2014

(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		\$ 1,000.00
3	Board Member 2	1		\$ 1,000.00
4	Board Member 3	1		\$ 1,000.00
5	Board Member 4	1		\$ 1,000.00
6	Board Member 5	1		\$ 1,000.00
7				
8				
9	1			
10				
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## **POWER OF ATTORNEY**

### **RLI Insurance Company**

Bond No. \_\_LSM0675493\_\_

## Know All Men by These Presents:

That the	RLI	Insurance Company	, a corporation	organized and exi	isting under the la	ws of the State of
	Illinois	_, and authorized and lice	ensed to do business in all	states and the Dist	rict of Columbia o	does hereby make,
constitute a	and appoint:	Roy C. Die	in the Cit	ty of	Peoria	, State of
I	llinois, a	s Vice President	, with full power	and authority here	by conferred upo	n him/her to sign,
execute, ac	knowledge and de	liver for and on its behalf	f as Surety, in general, any	and all bonds, une	dertakings, and re	ecognizances in an
			usand and 00/100	Dollars (	\$ 500,000.00	_) for any single
obligation,	and specifically fo	r the following described	bond.			
Principal:			0. 2			
Obligee:	Same as P	rincipal				
			Bond			
	ount: \$ 10,000.					
Effective I	Date: November	5, 2014				
The	DITIns	urance Company	further certifies	that the following	ng is a true and	l exact copy of a
Pacolution	adopted by the Bo	and of Directors of	RLI Insurance	Company	, and no	w in force to-wit:
		Attorney or other oblinted by facsimile."	igations of the corporati	ion. The signatu	ire of any such	officer and the
IN WITN	ESS WHEREOF, 1	he RLII	nsurance Company	has cau	sed these presents	s to be executed by
its	Vice President	with its corporate	seal affixed this 5th	day of Nove	mber , 2014	4
ATTEST:	Elibru	M	CORPORATE E	I Insurance Comp	pany	ı
Cynthia S.	U	Assistant Secretar	CLINO THE	C. Die		Vice Presiden
On this and as said corpo	Cynthia S. Do Vice Pr RLI Insur	ohm , who bein	re me, a Notary Public, persong by me duly sworn, acknounced and Assistant, and acknowledge	owledged that they stant Secretary	signed the above, respe	e Power of Attorney ectively, of the said
Jacqueline	asouelin M. Bockler	M. Balles Notary F	JACQUELINE			