DISTRICT COURT, COUNTY OFDOUGLAS, 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 ▲

Case No: 2004 CV 439

Div: 1

Attorneys for Petitioner:

Alan D. Pogue Deborah A. Early

ICENOGLE SEAVER POGUE, P.C.

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Denver, Colorado 80237

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Atty. Reg. #: 30156 (Pogue)

34849 (Early)

OATH OF OFFICE – WILLIAM AIRY AND EVIDENCE OF BOND FOR RAVENNA METROPOLITAN DISTRICT

I, William Airy, 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

STATE OF COLORADO) ss. COUNTY OF PAPALOE Subscribed and sworn to before me this 19th day of 1, 2020 by William Airy. ELIZABETH A. ABBOTT NOTARY PUBLIC STATE OF COLORADO (S E A L) NOTARY ID 20164006108 MY COMMISSION EXPIRES FEBRUARY 16, 2024 My commission expires: 0 1 1 2024

IF SWORN OR AFFIRMED BEFORE A NOTARY.

Notary Public

EVIDENCE OF BOND

	The	Ravenna M	etrop	olitan Dis	strict he	reb	y provide	es evidence of	a bond f	or the abo	ve nam	ed
director	in	satisfaction	of t	he requir	ements	of	Section	32-1-901(2),	C.R.S.,	attached	hereto	as
Exhibi	t A	and incorpor	ated l	nerein by	this refe	eren	ice.					

LKLIESEN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/29/2020

ACORD'

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).

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PRO	DUCER				CONTA NAME:	СТ						
C Charles Wilson Insurance Service 84 Inverness Parkway Suite 170 Englewood, CO 80112						PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No): (303) 368-5863						
						E-MAIL ADDRESS: info@wilsonins.com						
-iig	lewoou, CO 60112				ADDRE							
							•	RDING COVERAGE		NAIC#		
					INSURE	0022						
NSU	RED Boycoma Matropoliton Dietri	:-4			INSURE							
	Ravenna Metropolitan Distri				INSURE							
	1627 E. 18th Street	ир			INSURER D :							
Loveland, CO 80538						RE:						
						INSURER F:						
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:				
IN CI	HIS IS TO CERTIFY THAT THE POLICII DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	NY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO	O WHICH THIS		
NSR TR	TYPE OF INSURANCE	ADDL SUB		JBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP					
	COMMERCIAL GENERAL LIABILITY					\	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	OFAUL ACCRECATE LIMIT APPLIES PER											
	POLICY PRO- LOC							GENERAL AGGREGATE	\$			
								PRODUCTS - COMP/OP AGG	\$			
	OTHER:							COMBINED SINGLE LIMIT	\$			
	AUTOMOBILE LIABILITY							(Ea accident)	\$			
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$			
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(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						E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$				
Α	3 Year Bond			14587806		5/7/2019	5/7/2022	Bond Amount		10,000		
ubl Tre	cription of operations / Locations / Vehic ic Official Position Schedule Bond easurer @ \$5,000 ard Members @ \$1,000 each	LES (A	ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)				
_,												
CE	RTIFICATE HOLDER				CANO	CELLATION						
Colorado Department of Local Affairs						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

ACORD 25 (2016/03)

Division of Local Government-Special Districts

1313 Sherman St., Rm 521 Denver, CO 80203

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AUTHORIZED REPRESENTATIVE