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 ▲				
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: 1				
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)					
OATH OF OFFICE – PATRICK D. VELLONE					
AND EVIDENCE OF BOND FOR					
RAVENNA METROPOLITAN DISTRICT					
KAVENNA WEIKUPULITAN DISTRICT					

I, Patrick D. Vellone, 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.

is on file at the office of Icenogle Seaver A duly copy of the docun sign Pogue

Patrick D. Vellone, Director

IF SWORN OR AFFIRMED BEFORE A NOTARY.

STATE OF COLORADO ) COUNTY OF Douglas ) ss.

Subscribed and sworn to before me this 2.0H day of May, 2020 by Patrick D. Vellone.

(S E A L)

My commission expires:

09/26/2021

i L tacheco

Notary Public

STACIE L PACHECO NOTARY PUBLIC STATE OF CO NOTARY ID 19974016948 Y COMMISSION EXPIRES SEPTEMBER 26, 2021

## **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.



EXHIBIT A

**RAVEMET-01** 

LKLIESEN DATE (MM/DD/YYYY)

	CERTIFICATE	OF LIABILITY	INSURANCE
--	-------------	--------------	-----------

	UEI					UKAN			5/29/2020
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 If SUBROGATION IS WAIVED, this certificate does not confer ri	subject to	the	terms and conditions of	the pol	icy, certain	policies may			
PRODUCER	-			CONTAC NAME:					
T. Charles Wilson Insurance Servic	e				, <sub>Ext):</sub> (303) 3	868-5757	F		) 368-5863
384 Inverness Parkway Suite 170 Englewood, CO 80112				E-MAIL	info@wi	sonins.cor		A/0, N0). (***	,
				ADDICE			RDING COVERAGE		NAIC #
									0022
INSURED				INSURE					
Ravenna Metropolitan District		INSURE							
c/o Pinnacle Consutlir	g Group								
1627 E. 18th Street INSURER D :   Loveland, CO 80538 INSURER E :									
,				INSURE					
COVERAGES	CERTIFI	САТЕ	E NUMBER:	1			REVISION NUM	BFR:	
THIS IS TO CERTIFY THAT THE F INDICATED. NOTWITHSTANDING / CERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS OF	OLICIES C ANY REQU MAY PER	)F INS IREMI RTAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRA	TO THE INSUF CT OR OTHEF IES DESCRIB	RED NAMED ABOV R DOCUMENT WITH ED HEREIN IS SUI	E FOR THE P I RESPECT T	O WHICH THIS
NSR TYPE OF INSURANCE	ADDI		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
COMMERCIAL GENERAL LIABILIT	(						EACH OCCURRENCE	E \$	
CLAIMS-MADE OCCUF	t -						DAMAGE TO RENTEL PREMISES (Ea occurr	D rence) \$	
							MED EXP (Any one pe	erson) \$	
							PERSONAL & ADV IN	JURY \$	
GEN'L AGGREGATE LIMIT APPLIES PER	:						GENERAL AGGREGA	TE \$	
POLICY PRO- JECT LOC							PRODUCTS - COMP/	OP AGG \$	
OTHER:								\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	_IMIT \$	
ANY AUTO							BODILY INJURY (Per	person) \$	
OWNED AUTOS ONLY SCHEDULE	D						BODILY INJURY (Per		
HIRED AUTOS ONLY NON-OWNI	ED LY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
UMBRELLA LIAB OCCUF	ť						EACH OCCURRENCE	E \$	
EXCESS LIAB CLAIMS	S-MADE						AGGREGATE	\$	
DED RETENTION \$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N / N						PER STATUTE	OTH- ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDEN	г \$	
(Mandatory in NH)							E.L. DISEASE - EA EM	MPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC		
A 3 Year Bond			14587806		5/7/2019	5/7/2022	Bond Amount		10,00
DESCRIPTION OF OPERATIONS / LOCATIONS Public Official Position Schedule Bon I Treasurer @ \$5,000 5 Board Members @ \$1,000 each	VEHICLES ( d	ACORI	D 101, Additional Remarks Schedu	ule, may b	e attached if moi	e space is requir	ed)	[	
CERTIFICATE HOLDER				CANC	ELLATION				
Colorado Department Division of Local Gove 1313 Sherman St., Rm Deputer CO 20202	rnment-S			THE ACC	EXPIRATIO	N DATE TH TH THE POLIC	ESCRIBED POLICIE EREOF, NOTICE Y PROVISIONS.		
Denver, CO 80203 AUTHORIZED REPRESENTATIVE									

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Lava Klimen
A THOREED REFREDENTATIVE

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