DISTRICT COURT, DOUGLAS COUNTY, STATE OF COLORADO Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 Phone Number: 720-437-6200	
IN RE THE MATTER OF STONE CANON RANCH METROPOLITAN DISTRICT	
Kathryn G. Winn Collins Cole Flynn Winn & Ulmer, PLLC 165 S. Union Blvd., Suite 785 Denver, Colorado 80228-1556 Telephone: (720) 617-0080 E-Mail: kwinn@cogovlaw.com Attorney Reg. No.: 38125	▲ COURT USE ONLY ▲ Case No.: 03CV1101 Div.: Ctrm.:

OATH OF OFFICE

I, Donald W. Gibson, do 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 of the Stone Canon Ranch Metropolitan District upon which I am about to enter to the best of my ability.

Donald W. Gibson

STATE OF COLORADO)
) ss.
COUNTY OF Arapahoe)

Subscribed and sworn to before me this 3 day of ~~May~~ June, 2022, by Donald W. Gibson.

ARTURO HERRERA JR.
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 19984013405
MY COMMISSION EXPIRES 09/12/2023

Person authorized to administer oaths (County Clerk and Recorder, Clerk of the Court, Court Judge, Notary Public, any officer of the Board or any person designated by the Board, or any other person authorized to administer oaths)

Title: Branch Manager

My commission expires: 9-12-23

NOTICE OF APPOINTMENT

At a noticed meeting on the date of, May 11, 2022, pursuant to Section 32-1-905, C.R.S., the Board of Directors of the Stone Canon Ranch Metropolitan District appointed the following eligible elector to fill a vacancy on the Board of Directors:

Name: Donald W. Gibson

Mailing Address: 5060 Stone Canon Ranch Road
Castle Rock, CO 80104

This appointment will expire at the next regular election in May of 2023.

_____
Director's signature

STONCAN-01 KIMT01

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/16/2022

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).

PRODUCER	CONTACT NAME:	
TCW Risk Management 384 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: tcwinfo@wilsonins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : CNA Surety	0022
INSURED	INSURER B :	
Stone Canon Ranch Metropolitan District P.O. Box 882 Castle Rock, CO 80104	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ 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 AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	1 Year Bond			14540806	11/24/2021	11/24/2022	Limit	10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Public Official Position Schedule Bond
1 Treasurer @ $5,000
5 Board Members @ $1,000 each

CERTIFICATE HOLDER

Colorado Department of Local Affairs
Division of Local Government-Special Districts
1313 Sherman St., Rm 521
Denver, CO 80203

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE