

DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF COLORADO

4000 Justice Way, Suite 2009
Castle Rock, CO 80109
303-663-7200

IN RE CASTLEWOOD RANCH METROPOLITAN DISTRICT

Paula J. Williams
McGEADY BECHER P.C.
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Atty. Reg. #:2692 8

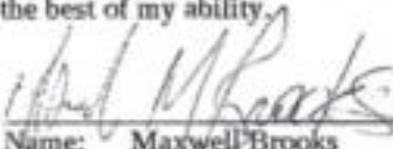
▲ COURT USE ONLY ▲

Case Number: 84CV180

Div.: 1 Ctrm.: ____

OATH OF DIRECTOR

I Maxwell Brooks, do **SWEAR** **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 Castlewood Ranch Metropolitan District upon which I am about to enter to the best of my ability.


Name: Maxwell Brooks
Address: 537 Gardner Street
Castle Rock, Colorado 80104

Subscribed and sworn affirmed to before me this 25 day of JUNE, 2021.

By: Notary Public

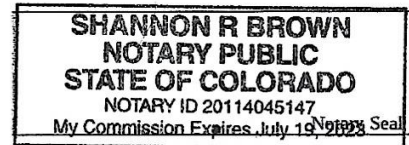
(Person authorized to administer oaths, i.e. County Clerk and Recorder, Chairman of the Board of Directors, or any other person authorized to administer oaths)

STATE OF COLORADO)
) ss.
COUNTY OF DOUGLAS)

Subscribed and sworn affirmed to before me this 25 day of JUNE, 2021.

Shannon R Brown
(Notary's official signature)

07/19/2023
(Commission Expiration)



CERTIFICATE OF APPOINTMENT

I, David Solin, Secretary of the Board of Directors (the “**Board**”) of the Castlewood Ranch Metropolitan District of Douglas County, Colorado (the “**District**”), hereby certify that at a special meeting of the Board of said District held June 3, 2021, at 6:30 p.m., which meeting was held and properly noticed to be held via telephone conference due to COVID-19 restrictions, the Board determined that due to a vacancy on the Board, it was necessary to appoint a new Director to act until the next regular election of the District. Nominations were open for appointment of a new Director, and upon unanimous vote there was appointed to the Board the following qualified elector of the District to act until the next regular election of the District:

Name:	Maxwell Brooks
Address:	537 Gardner Street Castle Rock, Colorado 80104

I further certify that evidence of this appointment has been entered in the minutes of the meeting and that I have caused this Certificate of Appointment to be delivered to said new Director and to the Division of Local Government of the State of Colorado, in accordance with Section 32-1-905(3), C.R.S, as amended.

CASTLEWOOD RANCH METROPOLITAN
DISTRICT

By: 
Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/26/2020

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 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 T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170 Englewood, CO 80112	CONTACT NAME: PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No): (303) 368-5863 E-MAIL ADDRESS: info@wilsonins.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : RLI Insurance Company	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	3 Year Bond			LSM0936153	12/1/2019	12/1/2022	Bond 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
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