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| DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF COLORADO 4000 Justice Way Ste. 2009 Castle Rock, CO 80109 720-437-6200 | |
| IN RE RAMPART RANGE METROPOLITAN DISTRICT NO. 2 | |
| Megan M. Becher, Atty. Reg. #: 33108 McGEADY BECHER P.C. 450 E. 17 th Ave., Suite 400 Denver, Colorado 80203-1254 Phone: (303) 592-4380 Fax: (303) 592-4385 E-mail: mbecher@specialdistrictlaw.com | <p style="text-align: center;">▲ COURT USE ONLY ▲</p> <p>Case Number: 2000CV711</p> <p>Div.: 3 Ctrm.: ____</p> |
| OATH OF DIRECTOR | |

I, Kenneth Linhardt, 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 Rampart Range Metropolitan District No. 2 upon which I am about to enter to the best of my ability.

Kenneth L Linhardt

 Name: Kenneth Linhardt
 Address: 2891 Canyon Crest Dr.
 Highlands Ranch, CO 80126

Subscribed and ☒ sworn ☒ affirmed to before me this 19th day of July, 2023.

By: *Keith D Simon*

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

CERTIFICATE OF APPOINTMENT

I, Keith Simon, President of the Board of Directors (the “**Board**”) of the Rampart Range Metropolitan District No. 2 of Douglas County, Colorado (the “**District**”), hereby certify that at a special meeting of the Board of said District held July 19, 2023, at 3:30 p.m., 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:

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| Name: | Kenneth Linhardt |
| Address: | 2891 Canyon Crest Dr. Highlands Ranch, CO 80126 |

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.

Rampart Range Metropolitan District No. 2

By: Keith D Simon
President



RAMPRAN-02

SARULRAJ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/8/2023

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 TCW Risk Management 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: tcwinfo@wilsonins.com | | |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A : R. L. I. | | 0028 |
| INSURED Rampart Range Metropolitan District No. 2 c/o CliftonLarsonAllen, LLP 8390 E Crescent Pkwy, Suite 300 Greenwood Village, CO 80111 | INSURER B : | | |
| | 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 | \$ |
| | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ |
| | | | | | | | MED EXP (Any one person) | \$ |
| | | | | | | | PERSONAL & ADV INJURY | \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ |
| | OTHER: | | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE | \$ |
| | DED <input type="checkbox"/> RETENTION \$ | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N | | | | | | E.L. EACH ACCIDENT | \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| A | 3 Year Bond | | | LSM0936496 | 10/25/2022 | 10/25/2025 | Public Officials | 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

CANCELLATION

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

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