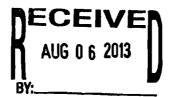
STATE OF COLORADO

Division of Local Government

1313 Sherman Street, Suite 521 Denver, Colorado 80203 Phone: (303) 866-2156 TDD: (303) 866-5300





LOCAL GOVERNMENT DESIGNATED AGENT INFORMATION FOR NOTICE OF CLAIM HB12-1244

			Date	7-31-	-13	<u>LGID</u>		
Local Government Information ¹	Official Name	South Metro Fire Rescue Authority						
	Principal Address	9195 East Mineral Avenue						
	Mailing Address (if not same as above)							
	City	Centennial		State	CO		Zip	80107
								<u></u>
Designated	Agent Name	Daniel H. Qualman						
Agent ²	Agent Title	Fire Chief						
	Agent Mailing Address (if not same as above)							_
	Agent Alt. Address							
	City			State			Zip	-

I hereby certify the contact information provided in this filing is true and accurate for purposes of compliance with the requirements of 24-32-116 C.R.S.

X <	Daniel aha	Qua_	
		_	Authorized Signatory
Title: _	Fire Chief		
		DATE: _	7/31/13

¹ Local governments for purposes of this form are all governments not required to comply with 32-1-104 (2); those include municipalities, counties, city & counties, non-Title 32-1 special districts, school districts, and any other local government pursuant to statute.

² Person designated by a local governmental entity to receive a filing of a notice of claim pursuant to 24-10-109 (3) C.R.S.

>Title 32-1 special districts official contact communicated annually by January 15th will be utilized as those local government's agents pursuant to 24-32-116.

