DISTRICT COURT, DOUGLAS COUNTY, COLORADO 4000 Justice Way Ste. 2009 Castle Rock, CO 80109	
720-437-6200	
IN RE ROXBOROUGH VILLAGE METROPOLITAN DISTRICT	
Dino A. Ross, Atty. Reg. #: 20965	▲ COURT USE ONLY ▲
Ireland Stapleton Pryor & Pascoe, PC 1660 Lincoln, Suite 3000 Denver, Colorado 80264	Case Number: 1985CV141
Phone: (303) 628-3686 Fax: (303) 623-2062 E-mail: DRoss@irelandstapleton.com	
OATH OF DIRECTOR	
COMES NOW the Roxborough Village Metropolitan counsel, and submits to the Court this Director oath of office pursu. I, Brendan Coupe, do Affirm Swear that I will support States, the Constitution of the State of Colorado, and the laws of t faithfully perform the duties of the office of Director, upon which of my ability.	ant to C.R.S. § 32-1-901(1). the Constitution of the United he State of Colorado, and will I am about to enter, to the best
<i>i</i> Name	Mare 8/22/2024
Administered By:	
By: 8/22/24 Name Date	
□County Clerk & Recorder ☑Board of Directors Officer	
□Notary Public □Court Clerk □Other Person Authorized by th	e Board

Pursuant to C.R.S. § 32-1-901(2) or § 24-14-102(2), a copy of the District's director surety bond or evidence of crime insurance coverage is attached hereto as **Exhibit A**.

Respectfully Submitted,

/s/ Dino A. Ross

Dino A Ross, Esq. #20965 Attorney for the Lyons Fire Protection District

<u>CERTIFICATION OF BOARD APPOINTMENT</u> <u>ROXBOROUGH VILLAGE METROPOLITAN DISTRICT</u>

It is hereby certified that at a Special Meeting of the Board of Directors of the Roxborough Village Metropolitan District, held on August 21, 2024 the Board appointed the following Board Member:

Brendan Coupe	Term Expires: 2025
The Board of Directors thereupon dec	elared:
Brendan Coupe 8509 Kicking Horse Court Littleton, CO 80125 duly appointed to the Board of Directors. Su Section 32-1-901, C.R.S., as amended.	ch person shall take office upon qualification under
	ROXBOROUGH VILLAGE METROPOLITAN DISTRICT
	By Secretary

VILGL1

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).

u	is certificate does not comer rights to	o tile	Cert	ilicate libiuel ili lieu oi su			•				
PRODUCER TCW Risk Management 384 Inverness Parkway Suite 170				CONTACT NAME: PHONE (A/C, No, Ext): (303) 368-5757 E-MAIL ADDRESS: tcwinfo@wilsonins.com							
Englewood, CO 80112											
								RDING COVERAGE		NAIC#	
					INSURE	RA: CNA SU	•			0022	
INSU	RED				INSURER B:						
	Roxborough Village Metropo		n Dist	trict							
	c/o Clifton Larson Allen, LLI	•			INSURER C:						
	8390 E Crescent Pkwy #500 Greenwood Village, CO 801	14			INSURER D:						
	Greenwood village, CO 001				INSURE						
	(FD 4 0 F 0	TIF 1			INSURE	RF:		DEVICION NUMBER			
				E NUMBER:	14\/E B			REVISION NUMBER		NI IOV DEDICE	
IN CI	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQU PER	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RES ED HEREIN IS SUBJEC	SPECT TO	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	L	IMITS		
LIIX	COMMERCIAL GENERAL LIABILITY	IIIOD	1111			(WINE)/DE/1111/	(MIM/DD/1111)	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)			
								MED EXP (Any one person)	\$		
	OFAUL ACCRECATE LIMIT APPLIES DEP							PERSONAL & ADV INJURY			
	POLICY PRO- POLICY PRO- LOC							GENERAL AGGREGATE	\$		
								PRODUCTS - COMP/OP AC			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per perso			
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accide PROPERTY DAMAGE (Per accident)			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$		
	June 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							PER OTH	\$ -		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	If ves, describe under							E.L. DISEASE - EA EMPLO			
Α	DÉSCRIPTION OF OPERATIONS below 2 Year Bond			68996341		5/1/2022	5/1/2024	E.L. DISEASE - POLICY LIN	/IT \$	10,000	
A	z real Boliu			00330341		3/1/2022	3/1/2024	Bona Amount		10,000	
Publ 1 Tre	RIPTION OF OPERATIONS / LOCATIONS / VEHIC ic Official Position Schedule Bond lasurer @ \$5,000 ard Members @ \$1,000 each	LES (A	ACORE	D 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)			
CE	RTIFICATE HOLDER				CANC	ELLATION					
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						
Denver, CO 80203						Jusan a Higdon					

ACORD 25 (2016/03)