DISTRICT COURT, COUNTY OF DOUGLAS, STATE **OF COLORADO** 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 720-437-6200 IN THE MATTER OF OVERLOOK METROPOLITAN DISTRICT Megan M. Becher ▲ COURT USE ONLY ▲ Paula J. Williams Case Number: 2014CV30966 McGEADY SISNEROS, P.C. 450 E. 17th Ave., Suite 400 Denver, CO 80203-1214 Div.: 5 Ctrm.: Phone: (303) 592-4380 Fax: (303) 592-4385 mbecher@mcgeadysisneros.com E-mail: pwilliams@mcgeadysisneros.com Atty. Reg. #: #33108; #26928 OATH OF DIRECTOR The undersigned solemnly swears (or affirms) that he will faithfully perform the duties of this office as required by law and will support the Constitution of the United States, the Constitution of the State of Colorado, and the laws made pursuant thereto. David J. Goldberg Address: 4575 S. Lafayette St. Cherry Hills Village, CO)80113 STATE OF COLORADO COUNTY OF ARAPAITOR Subscribed and sworn to before me this 12⁴⁴ day of NOVEMBER, 2014. WITNESS my hand and official seal. ROBERT C. SORENSEN

My commission expires: 10-24-2017

NOTARY PUBLIC STATE OF COLORADO

NOTARY ID 19934014135
MY COMMISSION EXPIRES OCTOBER 24, 2017

CERTIFICATE OF ELECTION

IT IS HEREBY CERTIFIED THAT

DAVID J. GOLDBERG

WAS ELECTED TO SERVE UNTIL THE SECOND REGULAR ELECTION

AS A MEMBER OF THE BOARD OF DIRECTORS OF THE

OVERLOOK METROPOLITAN DISTRICT

AT THE ELECTION HELD TUESDAY, NOVEMBER 4, 2014.

Dated: 11-5-14

Signed:

Designated Election Official

THIS CERTIFICATE OF ELECTION IS MADE PURSUANT TO §§1-11-103(1), 1-13.5-1306 AND 32-1-305(5), C.R.S.



RLI Insurance Company Phone: (309)692-1000 Fax: (309)683-Phone: (309)692-1000 Fax: (309)683-1610

PUBLIC OFFICIAL POSITION SCHEDULE BOND

Bond No. LSM0675496

Itei	m 1.	Name of Insured: Overlook Metropolitan District						
		(the "Insured")						
		Principal Address: c/o McGeady Sisneros, P.C. 450 E. 17th Avenue, Suite 400 Denver, CO 80203						
Ite	m 3.	Bond Period November 5, 2014 to Continuous Until Cancelled. Limit of liability does not exceed the sum specified in the Schedule of named Positions or written acceptances Company as to each Position there listed.						
l.	INSURING AGREEMENT							
The RLI Insurance Company, an Illinois corporation (the "Company"), in consideration of an agreed pre-								
	hel	d and firmly bound unto Overlook Metropolitan District						
		Denver , CO, Obligee, for the faithful discharge of the duties of any Public						
	Official or Employee while occupying any position named in the schedule attached, or added thereto by written							
	acceptance of the Company as to said position after the5thday ofNovember,2014							
II.								
	A.	Coverage. Automatic coverage is granted for the first thirty days service of any Public Official or Employee: (1) Occupying a newly created position identical with one listed in the schedule of positions, in an equal amount.						
		Provided, however, that the automatic coverage herein granted shall be void and of no effect from the beginning, unless during the said thirty day period the Obligee has requested in writing that the position be added to the schedule, and the Company by written acceptance has consented thereto.						
		Coverage on any position may be increased or decreased upon written request of the Obligee, if agreed to in writing by the Company.						
	В.	Cancellation. Cancellation hereunder is effective, and all liability under this bond shall cease as to future acts or omissions as to any Public Official or Employee on the date specified in written notice given by the Obligee to the Company as to any or all positions or Public Officials or Employees, or after thirty days' written notice						

given by the Company to the Obligee of its intent to cancel this bond in its entirety, or as to any Public Official

C. Liability. The Company's liability under this bond shall not be cumulative, and in no event shall the Company be called upon to pay as a loss hereunder in an amount greater than the largest single amount for which the position occupied by any Public Official or Employee causing such loss is or has been covered in the schedule, whether said loss occurred during any one or more years. The liability of the Company for any Public Official or Employee occupying more than one position at one time, or at different times, shall not exceed the largest amount of coverage specified for any single position occupied by said Public Official or Employee. The liability

of the Company shall never exceed the amount in effect for the position when the act

or Employee or position.

of the Public Official or Employee causing the loss shall have occurred. In the event there are more Public Officials or Employees occupying the position covered in the schedule than are listed therein, the Company shall be liable for such proportion of the amount of coverage as the number of Public Officials or Employees listed bears to the number of Public Officials or Employees actually occupying the position when the loss occurred.

The Liability of the Company hereunder is subject to the terms and conditions of the following Riders, attached thereto:

By _____ Roy C. Die

None of the specifications of this Bond shall be altered or waived, except in writing by the Company executed by its President, Vice President, Secretary, Assistant Secretary or Treasurer.

Dated this _____ 5th___ day of ____ November____, ___ 2014___.

RLI Insurance Company

Vice President

(If there is more than one position of like classification, list by number, thus: Cashier No. 1, Cashier No. 2)

Schedule Number	Position Name	No.	Position Location	Bond Amount
1	Treasurer	1		\$ 5,000.00
2	Board Member 1	1		\$ 1,000.00
3	Board Member 2	1		\$ 1,000.00
4	Board Member 3	1		\$ 1,000.00
5	Board Member 4	1		\$ 1,000,00
6	Board Member 5	1		\$ 1,000.00
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RLI Insurance Company P.O. Box 3967 Peoria IL 61612-3967 Phone: (309)692-1000 Fax: (309)683-1610

POWER OF ATTORNEY

RLI Insurance Company

Bond No. <u>LSM0675496</u>

Know All Men by These Presents:

That the	RLI Insu	rance Company	, a corporation organize	ed and existing under th	ne laws of the State of
I	linois, ar	nd authorized and licensed	d to do business in all states and	d the District of Colum	bia does hereby make,
constitute and	appoint:	Roy C. Die	in the City of	Peoria	, State of
Illin	<u>nois</u> , as	Vice President	, with full power and auth	ority hereby conferred	upon him/her to sign,
execute, ackr	owledge and deliver	for and on its behalf as S	Surety, in general, any and all l	oonds, undertakings, ar	d recognizances in an
amount not	to exceed	Five Hundred Thousand	d and 00/100 Dolla	ars (<u>\$ 500,000.00</u>) for any single
obligation, ar	d specifically for the	following described bond	l.		
Principal:		5			
Obligee:	Same as Princi				
Type Bond:					
Bond Amou					
Effective Da	te: November 5, 20)14			
The	RLI Insuran	се Сотрапу	further certifies that the	e following is a true	and exact copy of a
Resolution ac	dopted by the Board o	f Directors of	RLI Insurance Compar	<u>ıy</u> , and	now in force to-wit:
	eal may be printed			h d dh	weets to be executed by
IN WITNES	S WHEREOF, the _	RLI Insura	ance Company	_ nas caused these pres	2014
its	Vice President	with its corporate seal	affixed this 5th day of _	November ,	2014
ATTEST:	mad Coi.A.	AND THE PARTY OF T	CORPORATE SEAL	nce Company	
Cynthia S. I		Assistant Secretary	Roy C. Dige		Vice President
and	Cynthia S. Dohm Vice Preside RLI Insurance	, who being by	, a Notary Public, personally at me duly sworn, acknowledged Assistant Secr , and acknowledged said in	I that they signed the all etary, r	oove Power of Attorney respectively, of the said
Jacquelina M	acqueline /	M. Baller Notary Public	"OFFICIAL SEAL" POUR JACQUELINE M. BOCKLE STATE OF ULLIPOSS COMMISSION EXPIRES 01/14/		