

BRIAN A. MAGOON
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February 17, 2016

Division of Local Government
State of Colorado
1313 Sherman Street, Room 521
Denver, CO 80203

Douglas County Clerk & Recorder
301 Wilcox Street
Castle Rock, CO 80104

Re: Heritage Hills Metropolitan District

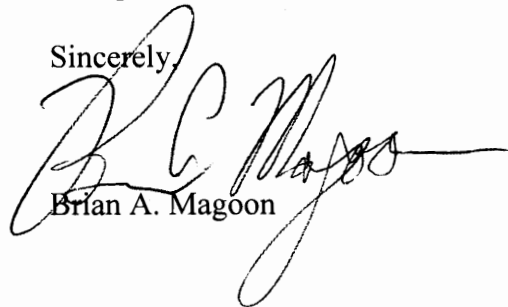
Ladies and Gentlemen:

Enclosed are (a) a copy of the Notice of Appointment of Darron Tucker to the Board of Directors of Heritage Hills Metropolitan District, (b) a copy of the Oath of Office of Darron Tucker, and (c) a copy of the Certificate showing the Directors' bond coverage. Mr. Tucker was appointed to fill the vacancy on the Board created by the resignation of Don Winslow.

These documents are also being filed with the Douglas County District Court today.

If you have any questions regarding the enclosed, please do not hesitate to call.

Sincerely,



Brian A. Magoon

BAM/dcs

Enclosures

BOARD OF DIRECTOR
OATH OF OFFICE

STATE OF COLORADO
DOUGLAS COUNTY

HERITAGE HILLS METROPOLITAN DISTRICT

I, **Darron Tucker**, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of Heritage Hills Metropolitan District, upon which I am about to enter.



Darron Tucker

Subscribed and sworn to before me this 12th day of February, 2016.

KRISTI KELLOW
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 19874105469
MY COMMISSION EXPIRES MARCH 11, 2020

By Kristi Kellow

IF SWORN OR AFFIRMED BEFORE A NOTARY, THE FOLLOWING SHOULD BE COMPLETED:

STATE OF COLORADO)
) ss.
COUNTY OF Denver)

SUBSCRIBED AND SWORN to before me this 12th day of February, 2016 by Darron Tucker.

WITNESS my hand and official seal.


Notary Public

My commission expires 3/11/20

KRISTI KELLOW
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 19874105469
MY COMMISSION EXPIRES MARCH 11, 2020

NOTICE OF APPOINTMENT

At a noticed meeting on December 3, 2015, pursuant to C.R.S. § 32-1-905(3), the Board of Directors of the Heritage Hills Metropolitan District appointed the following eligible elector to fill a vacancy on the Board of Directors:

Name: **Darron Tucker**
Mailing Address: 9207 E. STAR HILL LN.
Lone Tree, CO 80124

This appointment will expire at the next regular election in May of 2016.

Heritage Hills Metropolitan District



**Robert F. Orban, Chairman of the Board of
Directors of the Heritage Hills Metropolitan
District**

Per C.R.S. § 32-1-905(3), all appointments shall be evidenced by an appropriate entry in the minutes of the meeting, and the Board shall cause a Notice of Appointment to be delivered to the person so appointed. A duplicate of each Notice of Appointment, together with the mailing address of the person so appointed, shall be forwarded to the Division.



HERIHIL-01 VSULLIVAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/17/2016

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 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 (AC, Ho, Ext): (303) 368-6757	FAX (AC, No): (303) 368-6863	
	E-MAIL ADDRESS: Info@wilsonins.com		
INSURED Heritage Hills Metropolitan District c/o MSI Management Specialists 390 Interlocken Crescent #500 Broomfield, CO 80021	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : CNA Surety		0022
	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 SUBR INSD 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 - COMPOP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					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 <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Bond		69486775	03/11/2015	03/11/2016	Limit 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\$25,000 Position Schedule Bond
4 Directors at \$5,000 each
1 Treasurer at \$5,000

CERTIFICATE HOLDER

CANCELLATION

To Whom It May Concern	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 <i>Viola Sullivan</i>

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