DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF COLORADO 4000 Justice Way Castle Rock, Colorado 80109 303-663-7200										
PETITIONER: IN RE RAMPART RANGE METROPOLITAN DISTRICT NO. 6										
Meghan Becher McGEADY BECHER P.C. 450 E. 17 <sup>th</sup> Avenue, Suite 400 Denver, Colorado 80203 Phone: (303) 592-4380 Fax: (303) 592-4385 E-mail: mbecher@specialdistrictlaw.com Atty. Reg. #: 33108	▲ COURT USE ONLY ▲ Case Number: 00 CV 715 Div.: 2 Ctrm.:									
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.

Keith Simon Address: 515 Williams Street Denver, CO 80218

STATE OF COLORADO

Subscribed and sworn to before me this

) ) ss.

)

COUNTY OF DOUGLAS

day of May, 2016.

WITNESS my hand and official seal.

ELIZABETH MATTHEWS NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20004014222 MY COMMISSION EXPIRES 05/12/2020

Notary Public

My commission expires: 5-12-2020

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/	ACORD	CEE		FICATE OF LIA	RII I	TY INS		F		(MM/DD/YYYY)	
_				• • • • • • • • • • • • • • • • • • •						29/2016	
	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).										
P	RODUCER	2010011	ionito	<u>/·</u>	CONTA NAME:	ст					
T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170				PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No): (303) 368-5863							
Englewood, CO 80112					ADDRESS: info@wilsonins.com						
					INSURER(S) AFFORDING COVERAGE					0022	
IN	NSURED				INSURER B :						
ļ	Rampart Range Metropo	litan Di	istrict	#6	INSURER C :						
	8390 E Crescent Pkwty Suite 500				INSUR	RD:					
	Greenwood Village, CO	80111			INSURER E :						
L					INSURER F :						
				E NUMBER:	1101/01 0			REVISION NUMBER:			
	THIS IS TO CERTIFY THAT THE PO INDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR I EXCLUSIONS AND CONDITIONS OF SU	y reqi 1Ay pe 1Ch poi	JIREM RTAIN LICIES	IENT, TERM OR CONDITIC , THE INSURANCE AFFOR , LIMITS SHOWN MAY HAVE	n of /	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHEN IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT 1	ECT TO	WHICH THIS	
IN L	SR TR TYPE OF INSURANCE	ADD	D WVD	R POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$		
								MED EXP (Any one person)	\$		
			[					PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
								PRODUCTS - COMP/OP AGG	\$ \$		
$\vdash$								COMBINED SINGLE LIMIT	s		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
ľ									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-N	ADE						AGGREGATE	\$		
	DED RETENTION \$							PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	7 N						STATUTE ER		<u> </u>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N7.	A					E.L. EACH ACCIDENT	S		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT			
	DESCRIPTION OF OPERATIONS below								<u> </u>		
A	Position Schedule			14774564		11/30/2014	11/30/2017	BOND AMOUNT		10,000	
P( 1	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) POSITION SCHEDULE BOND 1 Treasurer @ \$5,000 5 Board Members @ \$1,000 each										
CERTIFICATE HOLDER CANCELLATION											
DOLA					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				

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