BOARD OF DIRECTOR

OATH OF OFFICE

STATE OF COLORADO

DOUGLAS COUNTY

VILLAGES AT CASTLE ROCK METROPOLITAN DISTRICT NO. 7

I, Michael Johaneson, 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 Villages at Castle Rock Metropolitan District No. 7, upon which I am about to enter.

Markadohanes (signatu (signature of oath taker)

Subscribed and sworn to before me this	5 day of May	, 2016.
	By: Michael Jo	shaveson

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

STATE OF COLORADO)	
COUNTY OF 1000	lan) ss.	
Subscribed and s	worn to before me this $\frac{18^{4h}}{18^{4h}}$	day of <u>May</u> , 2016.
\bigcirc	$\overline{2020}$	Pamela a. Wamon (Notary signature)
SEAL	PAMELA A. DIAMOND NOTARY PUBLIC STATE OF COLORADO NOTARY ID #20124007593 MY COMMISSION EXPIRES 04/19/2020	

CERTIFICATE

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ELECTION

member of the Board of Directors of the Villages at Castle Rock Metropolitan District No. 7 at the election held May 3, 2016. This certifies that Michael Johaneson was elected to serve a four-year term as a

Jese Jacolie

Designated Election Official







Colorado Special Districts Property and Liability Pool Comprehensive Crime Certificate Holder Declaration

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Master Coverage Policy Nu	mber: CCP0037259	
Certificate Number: 29C609 Named Member:	911-1303	Coverage Period: 1/1/2016 Until Cancelled Billing Period: 1/1/2016 to 1/1/2017
Villages at Castle Rock Metro c/o Special District Managem 141 Union Blvd., Suite 150 Lakewood, CO 80228		<u>Broker of Record:</u> T. Charles Wilson Insurance Service 384 Inverness Parkway Englewood, CO 80112
Covered ERISA Pla	<u>in:</u>	
Covered Designated Agent(<u>(s):</u>	
Coverage, Limits of Insur	ance and Deductibles	Limits
Public Employee Dis	shonesty Coverage:	\$5,000
- Welfare and Perif if Covered Plan - Volunteer Work Forgery or Alteration Theft, Disappearand Inside Premise Outside Premise Computer and Fund Debit, Credit or Cha	nance of Duty ors, and Trustees ension Plan ERISA Compl n is shown on application kers as Employees n Coverage: ce, and Destruction Co	\$5,000 \$5,000 \$5,000 erage: \$5,000 rerage: \$5,000
Crime Deductible:	\$100	
Contribution: Policy Forms:	 \$133.31 CR 00260506 Government Crime Policy CR 25070300 Include Specified Directors or Trustees on Committee as Employees CR 25080300 Include Specified Non-Compensated Officers as Employees CR 25090300 Include Volunteer Workers as Employees CR 25190506 Add Faithful Performance of Duty CR 25120300 Include Treasurers or Tax Collectors as Employees CR 02151104 Colorado Changes CR 25200300 Debit, Credit or Charge Card Forgery 	

This Certificate Holder Declaration is made and is mutually accepted by the CSD Pool and the Named Member subject to all terms which are made a part of the Master Comprehensive Crime Policy. This Certificate represents only a brief summary of coverages. Please refer to the Master Policy Document for actual coverage, terms, conditions, and exclusions.

Countersigned by:

Jage Authorized Representative

Friday, November 06, 2015