## DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF COLORADO

4000 Justice Way, Suite 2009 Castle Rock, CO 80109 720-437-6200

## PETITIONER: IN RE HESS RANCH METROPOLITAN DISTRICT NO. 3

MaryAnn M. McGeady Elisabeth A. Cortese

McGEADY SISNEROS, P.C.

450 E. 17<sup>th</sup> Avenue, Suite 400 Denver, Colorado 80203

Phone: (303) 592-4380 Fax: (303) 592-4385

E-mail: mmcgeady@mcgeadysisneros.com;

ecortese@mcgeadysisneros.com Atty. Reg#: 12417 and 41222, respectively **▲ COURT USE ONLY ▲** 

Case Number: 2015CV30970

Div.: 3 Ctrm.: 3

#### **OATH OF DIRECTOR**

The undersigned solemnly swears (or affirms) that Cindi M. Rodriguez 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.

Cindi M. Rodriguez

Address: 921 S. Walden Street #204 Aurora, Colorado 80017

STATE OF COLORADO

) ss.

COUNTY OF Angahal

Subscribed and sworn to before me this 12<sup>th</sup> day of November, 2015.

WITNESS my hand and official seal.

Notary Public

My commission expires

NOTARY PUBLIC
STATE OF COLORADO
Notary ID 20104024943
Wy Commission Expires 07/16/2018

# CERTIFICATE OF ELECTION

IT IS HEREBY CERTIFIED THAT

Cindi M. Rodriguez

WAS ELECTED TO SERVE UNTIL THE SECOND REGULAR ELECTION

AS A MEMBER OF THE BOARD OF DIRECTORS OF THE

## HESS RANCH METROPOLITAN DISTRICT NO. 3

AT THE ELECTION HELD TUESDAY, NOVEMBER 3, 2015.

Dated: November 4, 2015

**Signed:** /S/ JENNIFER PINO

**Designated Election Official** 

THIS CERTIFICATE OF ELECTION IS MADE PURSUANT TO SECTION 1-13.5-1305(2), C.R.S.



RLI Insurance Company P.O. Box 3967 Peoria IL 61612-3967 Phone: (309)692-1000 Fax: (309)683-1610

# PUBLIC OFFICIAL POSITION SCHEDULE BOND

Bond No. <u>LSM0807429</u>

| lter | n 1.                                                                                                                                                                                                                                                                                             | Name of Insured: Hess Ranch Metropolitan District No. 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|      |                                                                                                                                                                                                                                                                                                  | (the "Insured") Principal Address: c/o McGeady Sisneros, P.C. 450 E. 17th Avenue, Suite 400 Denver, CO 80203-1254                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
| lter | n 3.                                                                                                                                                                                                                                                                                             | Bond Period November 4, 2015 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| ١.   | The held of _                                                                                                                                                                                                                                                                                    | RLI Insurance Company, an Illinois corporation (the "Company"), in consideration of an agreed premium is d and firmly bound unto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| II.  | <ul> <li>CONDITIONS</li> <li>A. Coverage. Automatic coverage is granted for the first thirty days service of any Public Official or Employee: <ul> <li>(1) Occupying a newly created position identical with one listed in the schedule of positions, in an equal amount.</li> </ul> </li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| í ún |                                                                                                                                                                                                                                                                                                  | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |
|      | B.                                                                                                                                                                                                                                                                                               | 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 or Employee or position.                                                                                                                                                                                                                                                                                               |  |  |  |  |
|      | C.                                                                                                                                                                                                                                                                                               | Liability. The Company's liability under this bond shall <b>not</b> 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 <b>not</b> exceed the largest amount of coverage specified for any single position occupied by said Public Official or Employee. The liability of the Company shall <b>never exceed</b> the amount in effect for the position when the act |  |  |  |  |

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:

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 4th day of November 2015.

**RLI Insurance Company** 

Barton W. Davis

Vice President



SCHEDULE OF POSITIONS - EFFECTIVE THE 4th DAY OF November , 2015 .

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

| Schedule<br>Number | Position Name | No. | Position Location | Bond Amount |
|--------------------|---------------|-----|-------------------|-------------|
| 1                  | Treasurer     | 1   |                   | \$ 5,000.00 |
| 2                  | Board Member  | 1   |                   | \$ 1,000.00 |
| 3                  | Board Member  | 1   |                   | \$ 1,000.00 |
| 4                  | Board Member  | 1   |                   | \$ 1,000.00 |
| 5                  | Board Member  | 1   |                   | \$ 1,000.00 |
| 6                  | Board Member  | 1   |                   | \$ 1,000.00 |
| 7                  |               |     |                   |             |
| 8                  |               |     |                   |             |
| 9                  |               |     |                   |             |
| 10                 |               |     |                   |             |
| 11                 |               |     |                   |             |
| 12                 |               |     |                   |             |
| 13                 |               |     |                   |             |
| 14                 |               |     | 27                |             |
| 15                 |               |     |                   |             |
| 16                 |               |     |                   |             |
| 17                 |               |     |                   |             |
| 18                 |               |     |                   |             |
| 19                 |               | -   |                   |             |
| 20                 |               |     |                   |             |
| 21                 |               |     |                   |             |
| 22                 |               | \   |                   |             |
| 23                 |               |     |                   |             |
| 24                 |               |     |                   |             |
| 25                 |               |     |                   |             |
| 26                 |               |     |                   |             |



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>LSM0807429</u>

### Know All Men by These Presents:

| That the                                                         | RLI Insurance Company                                                                                                                                                          | , a corporation organized                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | and existing under the                            | laws of the State of                  |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------|
| Illinois                                                         | , and authorized and licensed                                                                                                                                                  | d to do business in all states and t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | he District of Columbia                           | does hereby make,                     |
| constitute and appoint:                                          | : Barton W. Davis                                                                                                                                                              | in the City of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Peoria                                            | , State of                            |
| Illinois                                                         | , asVice President                                                                                                                                                             | , with full power and author                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ity hereby conferred up                           | on him/her to sign,                   |
| execute, acknowledge                                             | and deliver for and on its behalf as S                                                                                                                                         | Surety, in general, any and all bo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nds, undertakings, and                            | recognizances in an                   |
| amount not to excee                                              | d Five Hundred Thousand                                                                                                                                                        | d and 00/100 Dollars                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ( \$ 500,000,00                                   | ) for any single                      |
| obligation, and specific                                         | cally for the following described bond                                                                                                                                         | i.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                       |
|                                                                  |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                       |
| Principal: _Hes                                                  | ss Ranch Metropolitan District No. 3                                                                                                                                           | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                       |
| Obligee: San                                                     | ne as Principal                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                       |
| Type Bond: Pub                                                   | olic Official Position Schedule Bond                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   | ···                                   |
| Bond Amount:\$1                                                  | 10,000.00                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                       |
| Effective Date:Nov                                               | vember 4, 2015                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                       |
|                                                                  |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                       |
| The R                                                            | LI Insurance Company                                                                                                                                                           | further certifies that the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | following is a true an                            | d exact copy of a                     |
| Resolution adopted by                                            | the Board of Directors of                                                                                                                                                      | RLI Insurance Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | , and no                                          | ow in force to-wit:                   |
|                                                                  |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                       |
| Secretary, or the T<br>undertakings in the<br>undertakings, Powe | ers as the Board of Directors may a<br>reasurer may appoint Attorneys in<br>e name of the Company. The con<br>ers of Attorney or other obligation<br>be printed by facsimile." | n Fact or Agents who shall har<br>porate seal is not necessary t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ve authority to issue l<br>for the validity of an | bonds, policies or y bonds, policies, |
| IN WITNESS WHER                                                  | EOF, theRLI Insura                                                                                                                                                             | unce Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nas caused these presen                           | ts to be executed by                  |
|                                                                  | ident with its corporate seal                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>_</del>                                      |                                       |
|                                                                  | Will the earperage search                                                                                                                                                      | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 101011001                                         |                                       |
|                                                                  |                                                                                                                                                                                | annaniming.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                       |
| ATTEST:                                                          | and the second                                                                                                                                                                 | RLI Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | e Company                                         |                                       |
| Chinie L.                                                        | Montomer                                                                                                                                                                       | SEAL B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | w. X                                              |                                       |
| Cherie L. Montgomery                                             | Assistant Secretary                                                                                                                                                            | Barton W. Davis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   | Vice President                        |
| On this 4th day o                                                | f November , 2015 before me,                                                                                                                                                   | a Notary Public, personally appe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | eared Barton                                      | W. Davis                              |
| and Cherie L.                                                    | Montgomery , who being by                                                                                                                                                      | me duly sworn, acknowledged th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | at they signed the abov                           | e Power of Attorney                   |
|                                                                  | Vice President and                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                       |
|                                                                  | Insurance Company                                                                                                                                                              | , and acknowledged said instr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ument to be the volunt                            | ary act and deed of                   |
| said corporation.                                                |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                       |
|                                                                  | - 7                                                                                                                                                                            | MOTERCIAL SEATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                                 |                                       |
| asses                                                            | veline M. Bocklex                                                                                                                                                              | "OFFICIAL SEAL"  PUBLE JACQUELINE M. BOCKLER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   |                                       |
| Jacqueline M. Bockler                                            | Notary Public                                                                                                                                                                  | STATE OF STA |                                                   |                                       |