DISTRICT COURT, DOUGLAS COUNTY, COLORADO Court Address: 4000 Justice Way, Castle Rock, CO 80109	Need of
Telephone: 720-437-6200	▲ COURT USE ONLY ▲
Petitioner: TWO BRIDGES METROPOLITAN DISTRICT (F/K/A HIGH PRAIRIE POLO CLUB METROPOLITAN DISTRICT NO. 2)	
Attorney for Petitioner: Name: George M. Rowley, Esq. Address: WHITE BEAR ANKELE TANAKA & WALDRON Attorneys at Law 2154 E. Commons Ave., Suite 2000 Centennial, CO 80122 Phone: (303) 858-1800 Fax: (303) 858-1801 Email: growley@wbapc.com Atty. Reg. #: 31089	Case Number: 2009CV2992 Division: Courtroom:
BOARD OF DIRECTORS OATH OF OFFICE	

STATE OF COLORADO

SS.

) )

)

COUNTY OF DOUGLAS

I, Korin Elizabeth Barr, do [\_] swear, [1] affirm or [\_] swear by the everliving God, that I will support the Constitution of the United States, the Constitution of the State of Colorado, and the laws of the State of Colorado, and will faithfully perform the duties of the office of Director of the Two Bridges Metropolitan District upon which I am about to enter to the best of my ability. In accordance with § 32-1-901(2), C.R.S. the bond required to be filed at the time of filing of this oath is filed herewith as Exhibit A.

Signature Kn Elyst Ban

STATE OF COLORADO ) ) ss. COUNTY OF DOUGLAS )

Signed and sworn to (or affirmed) before me this  $17^{+2}$  day of <u>Nay</u>, 2020 by <u>hon-Elizobeth Dar</u> via audio-video technology.

(S E A L)

My commission expires: 4/8/2023

ASHLEY B. FRISBIE NOTARY PUBLIC - STATE OF COLORADO Notary ID #20154014228 My Commission Expires 4/8/2023

Ashley Trishi Notary Public

## EXHIBIT A

Director Bond



LKLIESEN DATE (MM/DD/YYYY)

**HIGHPRA-03** 

CERTIFICATE OF LIABILITY INSURANCE								1/6/2020					
CI BI	RT LO	IFICATE DOES W. THIS CER	6 NO RTIF	OT AFFIRMAT	IVEL SUR/	Y OF	R OF INFORMATION ON R NEGATIVELY AMEND, E DOES NOT CONSTITU ERTIFICATE HOLDER.	, EXTE	END OR ALT	ER THE CO	<b>OVERAGE AFF</b>	ORDED I	BY THE POLICIES
lf	SUI	BROGATION IS	5 W	AIVED, subje	ct to	the	DITIONAL INSURED, the terms and conditions of ificate holder in lieu of su	the po	licy, certain	policies may			
PRO	UCE	R		0				CONTA NAME:	ст				
T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170 Englewood, CO 80112					303) 368-5863								
				PHONE (A/C, No, Ext): FAX (A/C, No): (303) 368-5757   E-MAIL ADDRESS: info@wilsonins.com FAX (A/C, No): (303) 368-586									
						ADDRE	NAIC #						
									ERA: <b>R. L. I.</b>	BURER(S) AFFUR	RDING COVERAGE		0028
INSU													0020
1130	LCD		jes	Metropolitan D	listrio	ct (fka	a High Prairie Polo Club	INSURE					
MD #2 c/o Special District Managemen					mont	Some	icos Inc	INSURE					
				d., Suite 150	ment	Serv	ices, inc.	INSURE					
				D 80228-1898				INSURE					
						_		INSURE	ERF:				
		AGES					<b>E NUMBER:</b> SURANCE LISTED BELOW				REVISION NU		
E) NSR LTR	CLU	TIFICATE MAY BE ISSUED OR MAY _USIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY				CIES. SUBR WVD		BEEN		PAID CLAIMS POLICY EXP (MM/DD/YYYY)	LIMITS		
		CLAIMS-MAD									EACH OCCURREN DAMAGE TO REN		\$
				OCCOR							PREMISES (Ea oco	urrence)	\$
											MED EXP (Any one		\$
											PERSONAL & ADV	INJURY	\$
	GEN										GENERAL AGGRE	GATE	\$
		POLICY PRO	Ť	LOC							PRODUCTS - COM	P/OP AGG	\$
		OTHER:									COMBINED SINGL		\$
	AUT	OMOBILE LIABILITY	(								(Ea accident)		\$
				SCHEDULED							BODILY INJURY (F	er person)	\$
		OWNED AUTOS ONLY		AUTOS							BODILY INJURY (F	er accident)	\$
		HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$
													\$
		UMBRELLA LIAB	L	OCCUR							EACH OCCURREN	CE	\$
		EXCESS LIAB		CLAIMS-MADE	-						AGGREGATE		\$
		DED RETER		N \$									\$
		KERS COMPENSAT									PER STATUTE	OTH- ER	
	ANY	PROPRIETOR/PART	NFR/		N / A						E.L. EACH ACCIDE	NT	\$
OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA	EMPLOYEE	\$				
	If yes DES	s, describe under CRIPTION OF OPER	ATIO	NS below							E.L. DISEASE - PO		\$
Α		ear Bond					LSM0560802		2/1/2020	2/1/2023	Limit		10,000

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

1 Treasurer @ \$5,000

5 Board Members @ \$1,000 each

CERTIFICATE HOLDER	CANCELLATION
Colorado Department of Local Affairs Division of Local Government-Special Districts 1313 Sherman St., Rm 521	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Denver, CO 80203	AUTHORIZED REPRESENTATIVE

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