

<p>DISTRICT COURT, DOUGLAS COUNTY, COLORADO</p> <p>Court Address: 4000 Justice Way, Castle Rock, CO 80109</p> <p>Telephone: 720-437-6200</p>	
▲ COURT USE ONLY ▲	
<p>Petitioner:</p> <p>TWO BRIDGES METROPOLITAN DISTRICT (F/K/A HIGH PRAIRIE POLO CLUB METROPOLITAN DISTRICT NO. 2)</p>	
<p>Attorney for Petitioner:</p> <p>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</p>	<p>Case Number: 2009CV2992</p> <p>Division:</p> <p>Courtroom:</p>
BOARD OF DIRECTORS OATH OF OFFICE	

STATE OF COLORADO)
) ss.
COUNTY OF DOUGLAS)

I, Nicole Dawn Iannone, do swear, 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.

Nicole Iannone
Signature

STATE OF COLORADO)
) ss.
COUNTY OF DOUGLAS)

Signed and sworn to (or affirmed) before me this 17th day of May,
2020 by Nicole Down Jamone via audio-video technology.

(S E A L)

My commission expires: 4/8/2023

Ashley Frisbie
Notary Public

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

EXHIBIT A

Director Bond



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/6/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170 Englewood, CO 80112	CONTACT NAME: PHONE (A/C, No, Ext): (303) 368-5757		FAX (A/C, No): (303) 368-5863
	E-MAIL ADDRESS: info@wilsonins.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : R. L. I.			0028
INSURED Two Bridges Metropolitan District (fka High Prairie Polo Club MD #2 c/o Special District Management Services, Inc. 141 Union Blvd., Suite 150 Lakewood, CO 80228-1898	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	3 Year 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
Denver, CO 80203

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE