

DISTRICT COURT
COUNTY OF DOUGLAS, COLORADO
Court Address: 4000 Justice Way, Suite 2009
Castle Rock, Colorado 80109
Telephone No.: (303) 663-7200

In the Matter of:

Bella Mesa Metropolitan District

Attorneys for District:

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▲Court Use Only▲

Case Number: 2004CV1340

Div.: 2 Ctrm: 2

**OATH OF DIRECTOR AND EVIDENCE OF BOND
IN THE MATTER OF
BELLA MESA METROPOLITAN DISTRICT**

OATH OF DIRECTOR

I, Anna Maria Ray, do (SWEAR or AFFIRM) 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 upon which I am about to enter to the best of my ability.


Anna Maria Ray, Director

Pursuant to Section 24-12-103, C.R.S., the courts, judges, magistrates, referees, clerks, and deputy clerks within their respective districts or counties; a person designated by the governing body, or any officer thereof; and notaries public within any county of this state have the power to administer all oaths or affirmations of office and other oaths or affirmations. PLEASE SUBSCRIBE AND SWEAR YOUR OATH BEFORE ONE OF THESE AUTHORIZED INDIVIDUALS AND UTILIZE ONE OF THE APPROPRIATE SIGNATURE BLOCKS BELOW:

STATE OF COLORADO)
) ss.
COUNTY OF EAGLE)

Subscribed and sworn to before me this 17 day of May, 2022

WITNESS my hand and official seal.

My commission expires: 09-19-2022

(S E A L)

CHRISTY DAVIS
Notary Public
State of Colorado
Notary ID # 20184037258
My Commission Expires 09-19-2022

Christy Davis
Notary Public

Subscribed and sworn to before me this _____ day of _____, 20__.

Officer of the District

Subscribed and sworn to before me this _____ day of _____, 20__.

Designee of the District

PROCEDURAL INSTRUCTIONS: In accordance with Sections 32-1-901 and 24-12-101, C.R.S., file this Oath of Director (1) with the county clerk and recorder in every county in which the District extends; (2) the Division of Local Government; and (3) the clerk of the court. The oath must be taken within 30 days after the individual's election, or if the election is cancelled, within 30 days after the election date or appointment to fill a vacancy. Oaths taken prior to the regular election date are invalid regardless of whether the election was held or cancelled.

EVIDENCE OF BOND

The Bella Mesa Metropolitan District hereby provides evidence of bond for the above named director in satisfaction of the requirements of Section 32-1-901(2), C.R.S., attached hereto as **Exhibit A** and incorporated herein by this reference.

EXHIBIT A
Evidence of Bond

Crime Certificate Holder Declaration

Master Coverage Document Number: J05931794
Certificate Number: POL-0010321

Insurer: Federal Insurance Company (Chubb)
Coverage Period: 1/1/2022 to EOD 12/31/2022

Named Member:

Bella Mesa Metropolitan District
PO Box 5127
Gypsum, CO 81637

Broker of Record:

NO BROKER

Covered Designated Agent(s):

Coverages and Limits:

Employee Theft:	\$5,000
<ul style="list-style-type: none"> · Limit is maximum for each loss · Employee includes executives, full-time, part-time, seasonal, leased and temporary employee(s), interns or non-compensated volunteer. · Includes funds from a sponsored benefit plan. 	
Public Official Faithful Performance of Duty:	\$5,000
Client Theft:	\$5,000
Forgery or Alteration:	\$5,000
On Premises:	\$5,000
In Transit:	\$5,000
Computer System Fraud:	\$5,000
Funds Transfer Fraud:	\$5,000
Debit, Credit or Charge Card Fraud:	\$5,000
Money Orders and Counterfeit Paper Currency Fraud:	\$5,000
Social Engineering Fraud:	\$5,000

Deductible(s):

All Crime except Social Engineer Fraud:	\$100
Social Engineering Fraud:	20% of Social Engineering Fraud Limit

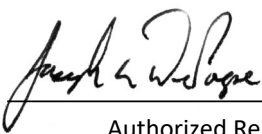
Contribution:

\$135

Policy Forms:

PF-52815 (04/20)	The Chubb Primary SM Commercial Crime Insurance
PF-52853 (04/20)	Governmental Entity (Colorado Special Districts Pool) Endorsement
PF-53127 (04/20)	Colorado Amendatory Endorsement
PF-52851 (04/20)	Add Corporate Credit Card Coverage

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

Countersigned by:  _____
Authorized Representative