| DISTRICT C | OURT, DOUGLAS COUNTY, COLORADO | |
|-------------------|--|----------------------|
| Court Address | s: 4000 Justice Way Castle Rock, CO 80109 | |
| Telephone: | (720) 437-6200 | |
| Petitioner: | | |
| INSPIRATIO | N METROPOLITAN DISTRICT | ▲ COURT USE ONLY ▲ |
| Attorney for | Petitioner: | |
| Name: Address: | Kristin B. Tompkins, Esq. WHITE BEAR ANKELE TANAKA & WALDRON | Case Number: 02CV312 |
| | Attorneys at Law | Division: |
| | 2154 E. Commons Ave., Suite 2000 | |
| Phone: | Centennial, CO 80122 (303) 858-1800 | Courtroom: |
| Fax: | (303) 858-1801 | |
| Email: | ktompkins@wbapc.com | |
| Atty. Reg. #: | 34839 | |
| | BOARD OF DIRECTOR OATH OF OFFICE | |
| STATE OF C | OLORADO) ss. | |
| COUNTY OF | , | |

I, Holly Svetz, 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 of the Inspiration 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.

Holly Svetz
Holly Svetz (May 8, 2020)

Signature

| Subscribed and sworn to before me this 8 | _day of May | _, 2020 via audio-video technology |
|--|-------------|------------------------------------|
|--|-------------|------------------------------------|

By: Sandra C Thomas

Chairman of the Board of Directors

EXHIBIT A

Director Bond



writing by the Company.

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>LSM0689739</u>

| ltei | n 1. | Name of Insured: Rockinghorse Metropolitan District No. 2 | /4h = |
|------|------|---|------------------|
| | | Principal Address: c/o White Bear Ankele Tanaka & Waldron 2154 E. Commons Ave. #2000 Centennial, CO 80122 | (the "Insured") |
| ltei | n 3. | Bond Period <u>February 5, 2015</u> to <u>Continuous Until Cancelled</u> . Limit of liability does not exceed the sum specified in the Schedule of named Positions or written Company as to each Position there listed. | n acceptances |
| l. | | SURING AGREEMENT e RLI Insurance Company, an Illinois corporation (the "Company"), in consideration of an agre | eed premium is |
| | | Id and firmly bound unto Rockinghorse Metropolitan District No. 2 | • |
| | | Centennial , CO, Obligee, for the faithful discharge of the dutie | |
| | Off | ficial or Employee while occupying any position named in the schedule attached, or added the ceptance of the Company as to said position after the5th day ofFebruary, | ereto by written |
| II. | CC | ONDITIONS | |
| | | Coverage. Automatic coverage is granted for the first thirty days service of any Public Official or (1) Occupying a newly created position identical with one listed in the schedule of positions, in amount. | |
| | | Provided, however, that the automatic coverage herein granted shall be void and of no beginning, unless during the said thirty day period the Obligee has requested in writing that added to the schedule, and the Company by written acceptance has consented thereto. | |

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.

Coverage on any position may be increased or decreased upon written request of the Obligee, if agreed to in

C. Liability. The Company's liability under this bond shall not 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 not exceed the largest amount of coverage specified for any single position occupied by said Public Official or Employee. The liability of the Company shall never exceed the amount in effect for the position when the act

OFF 0102 (2/93) Page 1 of 3 Pages 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 <u>16th</u> day of <u>January</u>, <u>2015</u>.

RLI Insurance Company

Rov C. Die Vice President

OFF 0102 (2/93)

Page 2 of 3 Pages
00002304-30,30

SCHEDULE OF POSITIONS - EFFECTIVE THE <u>5th</u> DAY OF <u>February</u>, <u>2015</u>.

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

| Schedule Number | Position Name | No. | Position Location | Bond Amount |
|--------------------|----------------|-----|-------------------|-------------|
| 1 | Treasurer | 1 | | \$ 5,000.00 |
| 2 | Board Member 1 | 1 | | \$ 1,000.00 |
| 3 | Board Member 2 | 1 | | \$ 1,000.00 |
| 4 | Board Member 3 | 1 | | \$ 1,000.00 |
| 5 | Board Member 4 | 1 | | \$ 1,000.00 |
| 6 | Board Member 5 | 1 | | \$ 1,000.00 |
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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>LSM0689739</u>

Know All Men by These Presents:

| That theR | LI Insurance Company | , a corporation organized ar | nd existing under the | laws of the State of |
|---|------------------------------------|--|-----------------------|----------------------|
| Illinois | , and authorized and license | d to do business in all states and the | District of Columbia | does hereby make |
| constitute and appoint: | Roy C. Die | in the City of | Peoria | , State of |
| | | , with full power and authority | | |
| execute, acknowledge and | deliver for and on its behalf as S | Surety, in general, any and all bond | s, undertakings, and | recognizances in an |
| amount not to exceed _ | Five Hundred Thousan | <u>d and 00/100</u> Dollars (| \$ 500,000.00 |) for any single |
| obligation, and specifically | y for the following described bond | d. | | |
| Principal: Rockin | ghorse Metropolitan District No | 0. 2 | | |
| Obligee: Same a | s Principal | | | |
| Type Bond: Public | Official Position Schedule Bond | l | | |
| Bond Amount: \$ 10,0 | 00.00 | | | |
| Effective Date: _Februa | ry 5, 2015 | | | |
| The RLI | Insurance Company | further certifies that the fol | lowing is a true an | d exact copy of a |
| | | RLI Insurance Company | - | |
| undertakings, Powers corporate seal may be p | | ons of the corporation. The sig | nature of any such | officer and the |
| IN WITNESS WHEREOI | F, the RLI Insura | ance Company has | caused these present | ts to be executed by |
| | | affixed this <u>16th</u> day of | | |
| ATTEST: Cynthia S. Dohm | Assistant Secretary | RLI Insurance C | Company | Vice President |
| U | | Roy C. Die |) | |
| | | a Notary Public, personally appeared | | |
| | | me duly sworn, acknowledged that Assistant Secretary | | |
| | | , and acknowledged said instrum | | |
| said corporation. | urance Company | , and define wreaged said instituti | ione to be the volume | and deed of |
| | | *************************************** | | |
| Jacqueline M. Bockler | ine M. Dallex Notary Public | "OFFICIAL SEAL" NOTARY FUBLIC JACQUELINE M. BOCKLER STATE OF LILINOIS COMMISSION EXPIRES 01/14/18 | | |