DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF **COLORADO** 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 720-437-6200 IN RE OVERLOOK METROPOLITAN DISTRICT Paula J. Williams **▲ COURT USE ONLY ▲** Emily M. Murphy Case Number: 2014CV30966 McGEADY BECHER P.C. 450 E. 17th Ave., Suite 400 Denver, Colorado 80203 Div.: 5 Ctrm.: Phone: (303) 592-4380 Fax: (303) 592-4385 E-mail: pwilliams@specialdistrictlaw.com emurphy@specialdistrictlaw.com Atty. Reg.#: #26928; #47526

The undersigned solemnly swears (or affirms) that she 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.

OATH OF DIRECTOR

Address: 9493 S. Shadow Hill Cir.

	Lone Tree, CO 80124				
STATE OF COLORADO)				
COUNTY OF Anghe) ss.)				
Subscribed and sworn to before me this 19 day of October, 2017.					
WITNESS my hand and official seal.					
	1 Tax See				
PATRICK JOHN SCHMITZ Notary Public	Notary Public				
State of Colorado Notary ID 20154049532 My Commission Expires Dec 31, 2019	My commission expires:				

CERTIFICATE OF APPOINTMENT

I, Christopher P. Harff, President of the Board of Directors (the "Board") of the Overlook Metropolitan District of the Town of Parker, Douglas County, Colorado (the "District"), hereby certify that at a special meeting of the Board of said District held on October 19, 2017, at 3:00 p.m., at the offices of McGeady Becher P.C., 450 E. 17th Ave., Suite 400, Denver, Colorado, the Board determined that due to a vacancy on the board, it was necessary to appoint a new Director to act until the next regular election of the District. Nominations were open for appointment of a new Director, and upon unanimous vote there was appointed to the Board the following qualified elector of the District to act until the next regular election of the District:

Name:

Christine M. Harff

Address:

9493 S. Shadow Hill Cir.

Lone Tree, CO 80124

I further certify that evidence of this appointment has been entered in the minutes of the meeting and that I shall cause this Certificate of Appointment to be delivered to said new Director and to the Division of Local Government of the State of Colorado, in accordance with Section 32-1-905(3), C.R.S, as amended.

OVERLOOK METROPOLITAN DISTRICT

By:

President



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>LSM0675496</u>

Item	1.	l. Name of Insured: Overlook Me	etropolitan District					
						(the "I	Insured")	
		Principal Address: c/o McGead Denver, CO		E. 17th Avenue, S	uite 400			
		Bond Period <u>November 5.2</u> Limit of liability does not exceed				or written accep	ptances	
by th	ne (Company as to each Position the	re listed.					
l.	INS	ISURING AGREEMENT						
	The RLI Insurance Company, an Illinois corporation (the "Company"), in consideration of an agreed premium is							
	hel	eld and firmly bound unto		verlook Metropo	itan District			
	of ,	Denver	, <u>CO</u> , Obli	gee, for the faith	ful discharge of	the duties of ar	ny Public	
		fficial or Employee while occupying						
	acc	cceptance of the Company as to sa	aid position after the	5th day	of <u>Novemb</u>	er 20)14	
11.	CO	ONDITIONS						
A	Α.	 Coverage. Automatic coverage is granted for the first thirty days service of any Public Official or Employee: (1) Occupying a newly created position identical with one listed in the schedule of positions, in an equal amount. 						
		Provided, however, that the a beginning, unless during the sa added to the schedule, and the	aid thirty day period	the Obligee has	requested in wri	ting that the po		
		Coverage on any position may writing by the Company.	be increased or decr	eased upon writt	en request of the	Obligee, if agr	eed to in	
	В.	 Cancellation. Cancellation here or omissions as to any Public C to the Company as to any or a given by the Company to the O or Employee or position. 	Official or Employee o Ill positions or Public	n the date specif Officials or Empl	ed in written not oyees, or after t	ice given by the hirty days' writte	e Obligee en notice	
	C.	 Liability. The Company's liability be called upon to pay as a loss position occupied by any Public whether said loss occurred during Employee occupying more than amount of coverage specified f 	s hereunder in an am Official or Employee ng any one or more y n one position at one	ount greater thar causing such los ears. The liability e time, or at diffe	n the largest sing s is or has been of the Company rent times, shall	gle amount for we covered in the second for any Public Colored the mot exceed the	vhich the schedule, Official or e largest	

of the Company shall never exceed 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 ____ 5th __ day of ____ November ___ , ___ 2014 __ .

RLI Insurance Company

Roy C. Die Vice President

SCHEDULE OF POSITIONS - EFFECTIVE THE 5th DAY OF November 2014

(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>LSM0675496</u>

Know All Men by These Presents:

	RLI Insurance Com					
	, and authorize					
constitute and appoint	Roy	C. Die	in the City of	of	Peoria	State of
Illinois	, asVice I	President , wi	th full power and	d authority here	by conferred upo	on him/her to sign,
execute, acknowledge	and deliver for and on	its behalf as Surety, i	n general, any an	d all bonds, un	dertakings, and re	ecognizances in an
	d Five Hund					
obligation, and specific	cally for the following d	escribed bond.				
Principal: _Ov	erlook Metropolitan Di	strict				
Obligee: San	ne as Principal					
Type Bond: Put	olic Official Position Sc	hedule Bond				
Bond Amount:\$	0,000.00					
Effective Date: Nov	ember 5, 2014					
The	LI Insurance Compan	yfu	rther certifies th	at the following	ng is a true and	l exact copy of a
	the Board of Directors					
undertakings, Powe	e name of the Compa ers of Attorney or ot be printed by facsimile	her obligations of t	the corporation.	The signatu	re of any such	officer and the
IN WITNESS WHER	EOF, the	RLI Insurance Con	прапу	has caus	ed these presents	to be executed by
	dent with its c					
ATTEST: Cynthia S. Dohm	Assistant	Secretary	RLI In	surance Comp	any	Vice President
and Cynthia as V		ho being by me duly and	sworn, acknowle Assistant	dged that they: Secretary	signed the above respe	Power of Attorney
Jacqueline M. Bockler	eine M. Box	Mlex Notary Public		AL" DCKLER		