

SUSAN L. ELKINS, L.L.C.

1189 S. Perry, Ste 220
Castle Rock, CO 80104
(303) 688-4526
Fax: (303) 688-3337

May 15, 2018

Douglas County Clerk and Recorder
301 Wilcox Street
Castle Rock, CO 80104

**Re: High Prairie Farms Metropolitan District
(Formerly "Pinery East Metropolitan District"),
Douglas County, Colorado**

Dear Clerk:

Enclosed please find the Board Of Director Oath Of Office for Roger K. Christensen, Sheldon W. Irish and Merton L. Wiechman and a copy of the Certificate Of Liability Insurance for filing with your office.

Should you have any questions in this regard, please do not hesitate to contact the undersigned.

Sincerely,

SUSAN L. ELKINS, LLC

A handwritten signature in cursive script that reads "Susan L. Elkins".

Susan L. Elkins

Attorney for High Prairie Farms Metropolitan District

BOARD OF DIRECTOR
OATH OF OFFICE

§32-1-901, C.R.S., and
Colorado Constitution Article 12, §9

STATE OF COLORADO

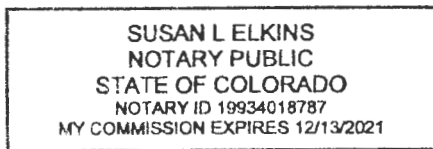
DOUGLAS COUNTY

HIGH PRAIRIE FARMS METROPOLITAN DISTRICT

I, Roger K, Christensen, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of High Prairie Farms Metropolitan District, (name of special district) upon which I am about to enter.

Roger K Christensen
(signature of oath taker)

Subscribed and sworn to before me this 9th day of May, 2018.

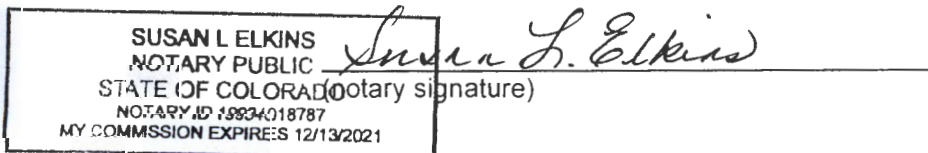


By: Susan L. Elkins
(Person authorized to administer oaths, i.e.
County Clerk and Recorder, Clerk of
the Court, Chairman of the
Board of Directors, or any other person authorized
to administer oaths)

IF SWORN OR AFFIRMED BEFORE A NOTARY THE FOLLOWING SHOULD BE COMPLETED.

STATE OF COLORADO)
COUNTY OF Douglas) ss.

Subscribed and sworn to before me this 9 day of May, 2018.



SEAL

PROCEDURAL INSTRUCTIONS: The oath must be taken within 30 days after the election date or appointment to fill a vacancy; Oaths taken prior to the election date are invalid.

A copy of the executed oath and an individual, schedule, or blanket surety bond must be filed with the Clerk of the Court, the Clerk and Recorder in every county in which the district extends and with the Division of Local Government. If this is the oath of an appointed director, also provide the notice of appointment to the Division in addition to the oath and bond documents; note who is being replaced, if applicable.

BOARD OF DIRECTOR
OATH OF OFFICE

§32-1-901, C.R.S., and
Colorado Constitution Article 12, §9

STATE OF COLORADO

DOUGLAS COUNTY

HIGH PRAIRIE FARMS METROPOLITAN DISTRICT

I, Sheldon W. Irish, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of High Prairie Farms Metropolitan District, (name of special district) upon which I am about to enter.

S. W. Irish

(signature of oath taker)

Subscribed and sworn to before me this 9 day of May, 2018.

SUSAN L ELKINS
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 19934018787
MY COMMISSION EXPIRES 12/13/2021

By: *Susan L. Elkins*

(Person authorized to administer oaths, i.e.
County Clerk and Recorder, Clerk of
the Court, Chairman of the
Board of Directors, or any other person authorized
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COUNTY OF

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NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 19934018787
MY COMMISSION EXPIRES 12/13/2021

Susan L. Elkins
(Notary signature)

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BOARD OF DIRECTOR
OATH OF OFFICE

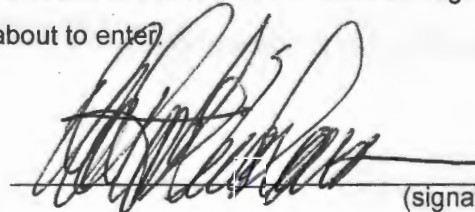
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STATE OF COLORADO

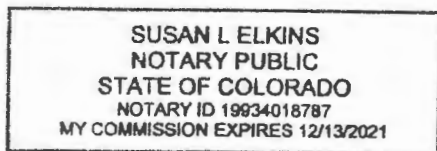
DOUGLAS COUNTY

HIGH PRAIRIE FARMS METROPOLITAN DISTRICT

I, Merton L. Wiechman, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of High Prairie Farms Metropolitan District (name of special district) upon which I am about to enter.


(signature of oath taker)

Subscribed and sworn to before me this 9th day of May, 2018.

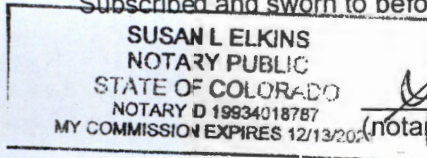


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Susan L. Elkins
(notary signature)

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HIGHPRA-01

KIMT01

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/11/2018

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 INSURER A : CNA Surety INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED High Prairie Farms Metropolitan District c/o Clifton Larson Allen, LLP 8390 E Crescent Pkwy, Suite 500 Greenwood Village, CO 80111	NAIC # 0022	

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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> 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 <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	3 Year Bond			58322408	11/19/2017	11/19/2020	Bond Amount 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

Bond Amount: \$10,000

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 Street #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