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May 29, 2018

E-FILING

Clerk of the District Court
Douglas County District Court
Douglas County Justice Center
4000 Justice Way, #2009
Castle Rock, CO 80109

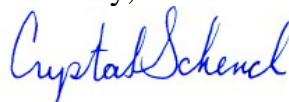
**Re: Crowfoot Valley Ranch Metropolitan District No. 1
Civil Action No. 2002CV1017**

Dear Clerk:

Attached for filing in the above-referenced District file are the oaths of office for Matthew B. Greenberg, John W. Despard, and David L. Klebba who were appointed to the Board of Directors of the Crowfoot Valley Ranch Metropolitan District No. 1 to serve until the next regular election in May 2020.

Also enclosed is a copy of the certificate of current coverage for the Directors' and Treasurer's bond. Please let us know if you have any questions.

Sincerely,



Crystal Schenck
Paralegal

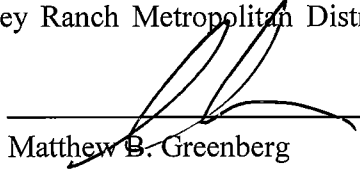
/cs

Enclosures

cc: Douglas County Clerk and Recorder


DISTRICT COURT, DOUGLAS COUNTY, COLORADO Douglas County Justice Center 4000 Justice Way, #2009 Castle Rock, Colorado 80109	
IN RE THE MATTER OF CROWFOOT VALLEY RANCH METROPOLITAN DISTRICT NO. 1	▲ COURT USE ONLY ▲
Attorneys for the District: Collins Cockrel & Cole 390 Union Boulevard., Suite 400 Denver, Colorado 80228-1556 Telephone: (303) 986-1551 Facsimile: (303) 986-1755 Matthew P. Ruhland E-Mail: mruhland@cccfirm.com Attorney Reg. No.: 36940	Case No. 2002 CV 1017
OATH OF OFFICE	

I, Matthew B. Greenberg, 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 Crowfoot Valley Ranch Metropolitan District No. 1 upon which I am about to enter.

Signature: 
 Matthew B. Greenberg

IF SWORN OR AFFIRMED BEFORE THE CHAIRMAN OF THE BOARD, THE FOLLOWING SHOULD BE COMPLETED:

Subscribed and sworn to before me this 25th day of May, 2018.

By: 
 Title: Chairman

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

STATE OF COLORADO)
) ss
 COUNTY OF _____)

Subscribed and sworn to before me this ____ day of May, 2018, by Matthew B Greenberg, Director.

My Notary Commission expires on _____

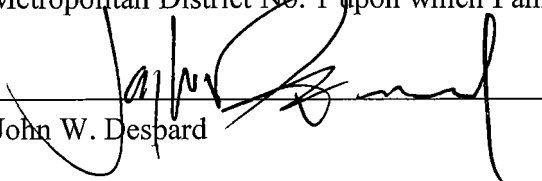
(SEAL)

 Notary Public

{00628605 DOCX/ }***Persons 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)***

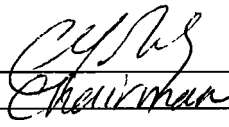
DISTRICT COURT, DOUGLAS COUNTY, COLORADO Douglas County Justice Center 4000 Justice Way, #2009 Castle Rock, Colorado 80109	
IN RE THE MATTER OF CROWFOOT VALLEY RANCH METROPOLITAN DISTRICT NO. 1	▲ COURT USE ONLY ▲
Attorneys for the District: Collins Cockrel & Cole 390 Union Boulevard., Suite 400 Denver, Colorado 80228-1556 Telephone: (303) 986-1551 Facsimile: (303) 986-1755 Matthew P. Ruhland E-Mail: mruhland@cccfirm.com Attorney Reg. No.: 36940	Case No. 2002 CV 1017
OATH OF OFFICE	

I, John W. Despard, 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 Crowfoot Valley Ranch Metropolitan District No. 1 upon which I am about to enter.

Signature: 
 John W. Despard

IF SWORN OR AFFIRMED BEFORE THE CHAIRMAN OF THE BOARD, THE FOLLOWING SHOULD BE COMPLETED:

Subscribed and sworn to before me this 25th day of May, 2018.

By: 
 Title: Chairman

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

STATE OF COLORADO)
) ss
 COUNTY OF _____)

Subscribed and sworn to before me this ____ day of May, 2018, by John W Despard, Director

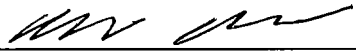
My Notary Commission expires on _____

(SEAL) _____
 Notary Public

*{00628611 DOCX/ }***Persons 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)****

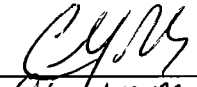
DISTRICT COURT, DOUGLAS COUNTY, COLORADO Douglas County Justice Center 4000 Justice Way, #2009 Castle Rock, Colorado 80109	
IN RE THE MATTER OF CROWFOOT VALLEY RANCH METROPOLITAN DISTRICT NO. 1	▲ COURT USE ONLY ▲
Attorneys for the District: Collins Cockrel & Cole 390 Union Boulevard., Suite 400 Denver, Colorado 80228-1556 Telephone: (303) 986-1551 Facsimile: (303) 986-1755 Matthew P. Ruhland E-Mail: mruhland@cccfirm.com Attorney Reg. No.: 36940	Case No. 2002 CV 1017
OATH OF OFFICE	

I, David L. Klebba, 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 Crowfoot Valley Ranch Metropolitan District No. 1 upon which I am about to enter.

Signature: 
 David L. Klebba

IF SWORN OR AFFIRMED BEFORE THE CHAIRMAN OF THE BOARD, THE FOLLOWING SHOULD BE COMPLETED:

Subscribed and sworn to before me this 25th day of May, 2018.

By: 
 Title: Chairman

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

STATE OF COLORADO)
) ss.
 COUNTY OF _____)

Subscribed and sworn to before me this ____ day of May, 2018, by David L. Klebba, Director

My Notary Commission expires on _____

(SEAL)

 Notary Public

{00628603 DOCX/ }***Persons 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)***



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/01/2018

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			NAIC #
INSURER A : RLI Insurance Company			
INSURER B :			
INSURER C :			
INSURER D :			
INSURER E :			
INSURER F :			

INSURED Crowfoot Valley Ranch Metropolitan District #1 c/o Special District Management Services, Inc. 141 Union Blvd., Suite 150 Lakewood, CO 80228
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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		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	3 Year Bond			LSM0936163	12/01/2016	12/01/2019	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
 1 Treasurer @ \$5,000
 5 Board Members @ \$1,000 each

CERTIFICATE HOLDER

CANCELLATION

DOLA	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 