DISTRICT COURT, DOUGLAS COUNTY, COLORADO			
Court Address: 4000 Justice Way Castle Rock, CO 80109 (720) 437-3200			
Petitioner:			
LANTERNS METROPOLITAN DISTRICT NO. 1		△ COURT USE ONLY △	
Attorney for Petitioner:		,	
Name:	Clint C. Waldron, Esq. Megan J. Murphy, Esq.	Case Number: 03CV1264	
Address:	WHITE BEAR ANKELE TANAKA & WALDRON	Division: 1	
	Attorneys at Law 2154 E. Commons Ave., Suite 2000 Centennial, CO 80122	Courtroom:	
Phone:	(303) 858-1800		
Fax:	(303) 858-1801		
Email:	cwaldron@wbapc.com; mmurphy@wbapc.com		
Atty. Reg. #:	36689; 47464		
BOARD OF DIRECTORS OATH OF OFFICE			
STATE OF COLORADO) ss. COUNTY OF DEMUER)			

I, Lonny Phelps, 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 the Lanterns Metropolitan District No. 1 upon which I am about to enter for an elected term ending May 2020.

Signature

Subscribed and sworn to before me thisday of	, 2018.
By:	and of Directors
Chairman of the Bo	Daily of Directors
STATE OF COLORADO) ss.	
COUNTY OF DENUER)	
Subscribed and sworn to before me this 24th day o	f <u>May</u> , 2018 by
Lonny E. Phelps.	
JENA SKINNER Notary Public – State of Colorado Notary ID 20084007349 (S E A L) My Commission Expires Mar 6, 2022	
My commission expires: March 6 /22	C
Notary Public	a Skinn

CERTIFICATE

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ELECTION

the Board of Directors of the Lanterns Metropolitan District No. 1 at the election This certifies that Lonny Phelps was elected to serve a two-year term as a member of

Designated Election Official

held May 8, 2018.



LANTMET-01



CERTIFICATE OF LIABILITY INSURANCE

CHATTER

05/29/2018

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 FAX (A/C, No): (303) 368-5863 PHONE (A/C, No, Ext): (303) 368-5757 T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170 E-MAIL ADDRESS: info@wilsonins.com Englewood, CO 80112 NAIC# INSURER(S) AFFORDING COVERAGE INSURER A: RLI Insurance Company INSURER B: INSURED Lanterns Metropolitan District No.1 INSURER C: c/o Special District Management Services, Inc. INSURER D : 141 Union Blvd., Suite 150 Lakewood, CO 80228 **INSURER E:** INSURER F: **REVISION NUMBER: CERTIFICATE NUMBER:** COVERAGES 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. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR INSD WVD LIMITS TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence CLAIMS-MADE OCCUR \$ \$ MED EXP (Any one person) PERSONAL & ADV INJURY \$ \$ GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: LOC PRODUCTS - COMP/OP AGG \$ POLICY OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY BODILY INJURY (Per person)** ANY AUTO SCHEDULED AUTOS OWNED AUTOS ONLY **BODILY INJURY (Per accident)** PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY HIRED AUTOS ONLY **EACH OCCURRENCE** UMBRELLA LIAB CLAIMS-MADE **AGGREGATE EXCESS LIAB RETENTION \$** DED OTH-ER PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) NIA E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 10,000 12/01/2016 12/01/2019 Bond Amount LSM0936270 3 Year Bond 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 CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Colorado Department of Local Affairs **Division of Local Government-Special Districts** 1313 Sherman St., Rm 521 **AUTHORIZED REPRESENTATIVE** Denver, CO 80203

AFFIDAVIT OF PUBLICATION

State of Colorado County of Douglas)ss

This Affidavit of Publication for the Douglas County News Press, a weekly newspaper, printed and published for the County of Douglas, State of Colorado, hereby certifies that the attached legal notice was published in said newspaper once in each week, for 1 successive week(s), the last of which publication was made the 19th day of April A.D., 2018, and that copies of each number of said paper in which said Public Notice was published were delivered by carriers or transmitted by mail to each of the subscribers of said paper, according to their accustomed mode of business in this office.

for the Douglas County News Press

State of Colorado)

County of Arapahoe

)ss

The above Affidavit and Certificate of Publication was subscribed and sworn to before me by the above named Gerard Healey, publisher of said newspaper, who is personally known to me to be the identical person in the above certificate on 19th day of April A.D., 2018. Gerard Healey has verified to me that he has adopted an electronic signature to function as his signature on this document.

LINDSAY L NICOLETTI
Notary Public
State of Colorado
Notary ID # 20134073610
My Commission Expires 02-22-2022

My Commission Expires 02/22/22

Public Notice

NOTICE OF CANCELLATION and CERTIFIED STATEMENT OF RESULTS §1-13.5-513(6), 32-1-104, 1-11-103(3) C.R.S.

NOTICE IS HEREBY GIVEN by the Lanterns Metropolitan District No. 1, Douglas County, Colorado, that at the close of business on the sixty-third day before the election, there were not more candidates for director than offices to be filled, including candidates filing affidavits of intent to be write-in candidates; therefore, the election to be held on May 8, 2018 is hereby canceled pursuant to section 1-13.5-513(6) C.R.S.

The following candidates are declared elected for the following terms of office:

Scott Carlson Second Regular Election, May 2022

Kent Carlson Second Regular Election, May 2022

Clay Carlson Second Regular Election, May 2022

Ryan Carlson Next Regular Election, May 2020

Lonny Phelps Next Regular Election, May 2020

/s/ Lisa A. Jacoby (Designated Election Official)

Contact Person for the District: Lisa A. Jacoby Telephone Number of the District: 303-987-0835 Address of the District: 141 Union Boulevard, Suite 150, Lakewood, CO 80228 District Facsimile Number: 303-987-2032 District Email: ljacoby@sdmsi.com

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