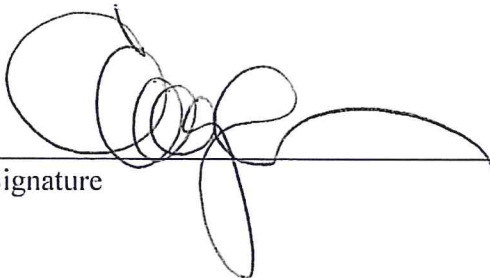


DISTRICT COURT, DOUGLAS COUNTY, COLORADO		▲ COURT USE ONLY ▲
Court Address: 4000 Justice Way Castle Rock, CO 80109 (720) 437-3200		
Petitioner: LANTERNS METROPOLITAN DISTRICT NO. 2		
Attorney for Petitioner:		Case Number: 14CV30994
Name:	Clint C. Waldron, Esq. Megan J. Murphy, Esq.	Division: 1
Address:	WHITE BEAR ANKELE TANAKA & WALDRON 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)
)
COUNTY OF Adams) ss.

I, Clay Carlson, 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. 2 upon which I am about to enter for an elected term ending May 2022.



 Signature

Subscribed and sworn to before me this ____ day of _____, 2018.

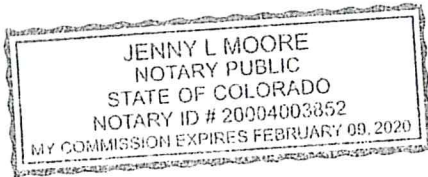
By: _____
Chairman of the Board of Directors

STATE OF COLORADO)
COUNTY OF Adams) ss.

Subscribed and sworn to before me this 15th day of May, 2018 by
Clay Carlson.

(SEAL)

My commission expires: 02/09/2020



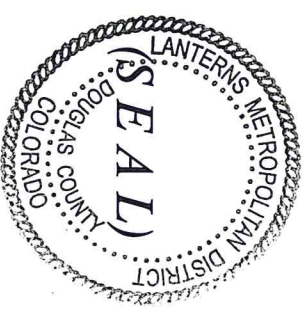
Jenny L. Moore
Notary Public

CERTIFICATE OF ELECTION

This certifies that Clay Carlson was elected to serve a four-year term as a member of the Board of Directors of the Lanterns Metropolitan District No. 2 at the election held May 8, 2018.



Designated Election Official





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/17/2018

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 E-MAIL ADDRESS: info@wilsonins.com		FAX (A/C, No): (303) 368-5863	
		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A : R. L. I.			0028
		INSURER B :			
		INSURER C :			
		INSURER D :			
		INSURER E :			
		INSURER F :			
INSURED Lanterns Metropolitan District No. 2 c/o Special District Management Services, Inc. 141 Union Blvd., Suite 150 Lakewood, CO 80228					

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						EACH OCCURRENCE	\$
<input type="checkbox"/>	CLAIMS-MADE						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
<input type="checkbox"/>	OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							\$
<input type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC			\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
<input type="checkbox"/>	ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$
<input type="checkbox"/>	HIRED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
<input type="checkbox"/>		<input type="checkbox"/>	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
<input type="checkbox"/>	OCCUR						AGGREGATE	\$
	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE					\$
	DED		RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	Y/N	N/A			E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	3 Year Bond			LSM0675493	11/05/2017	11/05/2020	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

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 St., Rm 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 <i>Shelly Conditto</i>

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


Notary Public

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. 2, 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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