DISTRICT C	OURT, DOUGLAS COUNTY, COLORADO					
Court Addres	s: 4000 Justice Way					
	Castle Rock, CO 80109					
	(720) 437-3200					
Petitioner:	(720) 437-3200	_				
LANTERNS	METROPOLITAN DISTRICT NO. 2	A COMPANIE ONT :				
		▲ COURT USE ONLY ▲				
Attorney for	Petitioner:					
Name:	Clint C. Waldron, Esq.	Case Number: 14CV30994				
	Megan J. Murphy, Esq.					
Address:	WHITE BEAR ANKELE TANAKA & WALDRON	Division: 1				
	Attorneys at Law					
	2154 E. Commons Ave., Suite 2000	Courtroom:				
	Centennial, CO 80122					
Phone:	(303) 858-1800					
Fax:	(303) 858-1801					
Email:	ewaldron@wbapc.com;					
	mmurphy@wbapc.com					
Atty. Reg. #:	36689; 47464					
	BOARD OF DIRECTORS					
	OATH OF OFFICE	,				
STATE OF C	OLORADO)					
COUNTY OF) ss.					
COUNTY OF	Macount)					
I, Ken	t Carlson, will faithfully support the Constitution	on of the United States and of the				
	rado, and the laws made pursuant thereto, and v					
the office of I	Director of the Lanterns Metropolitan District No	2. 2 upon which I am about to ente				
	term ending May 2022	2 spon minon i uni uoout to onto				

Signature

Subscribed and sworn to before me thisday of	, 2018.
By:	hairman of the Board of Directors
SUBscribed and sworn to before me this	15th day of Mory, 2018 by
(SEAL) My commission expires: O O O O O O O O O O O O O O O O O O O	Notary Public Notary Public

CERTIFICATE

C

ELECTION

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

Designated Election Official



CHATTER

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

th	nis certificate does not confer rights t	to the	ecert	ificate holder in lieu of su				roquiro un onu			atomont on	
12000000	DUCER				CONTACT NAME:							
T. C	harles Wilson Insurance Service Inverness Parkway Suite 170				PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No): (303) 368-5863						368-5863	
Eng	lewood, CO 80112				E-MAIL ADDRESS: info@wilsonins.com							
3-4										NAIC#		
					INSURER A : R. L. I.						0028	
INSURED					INSURER B:							
	Lanterns Metropolitan Distr				INSURER C:							
	c/o Special District Manage 141 Union Blvd., Suite 150	ment	Serv	rices, Inc.	INSURER D:						к	
	Lakewood, CO 80228				INSURER E:							
					INSURER F:							
CO	VERAGES CER	₹TIFI	CATE	E 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	L SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$				
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED urrence)	\$		
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV INJURY		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG		\$		
	OTHER:						_	\$				
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		\$		
	ANY AUTO							BODILY INJURY (Per person) \$		\$		
-	OWNED AUTOS ONLY SCHEDULED AUTOS	-		_ =====================================				BODILY INJURY (Pe		\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	jE	\$		
		ــــــ				6				\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE	4						AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A						E.L. EACH ACCIDE	NT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		\$		
	DÉSCRIPTION OF OPERATIONS below					1110010000			\$			
Α	3 Year Bond			LSM0675493	11	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												
CEF	RTIFICATE HOLDER				CANC	ELLATION						
Colorado Department of Local Affairs Division of Local Government-Special Districts 1313 Sherman St., Rm 521				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
Denver, CO 80203					Shelly Cardillo							

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

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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. 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: Ijacoby@sdmsi.com

Legal Notice No.: 933160
First Publication: April 19, 2018
Last Publication: April 19, 2018
Publisher: Douglas County News-Press