DISTRICT C	OURT, DOUGLAS COUNTY, COLORADO								
Court Address	s: 4000 Justice Way Castle Rock, CO 80109 (720) 437-3200								
Petitioner:									
LANTERNS	METROPOLITAN DISTRICT NO. 2	▲ COURT USE ONLY ▲							
Attorney for	Petitioner:								
Name:	Clint C. Waldron, Esq. Megan J. Murphy, Esq.	Case Number: 14CV30994							
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: Email:	(303) 858-1801 cwaldron@wbapc.com;								
	mmurphy@wbapc.com								
Atty. Reg. #:	36689; 47464								
BOARD OF DIRECTORS OATH OF OFFICE									
STATE OF C	olorado) Adams) ss.								
I, Rya State of Color	n Carlson, will faithfully support the Constitution and the laws made pursuant thereto, and we Director of the Lanterns Metropolitan District No	ill faithfully perform the duties of							

Signature

for an elected term ending May 2020.

Subscribed and sworn to before me thisday of	, 2018.
By: Cha	irman of the Board of Directors
STATE OF COLORADO) ss. COUNTY OF	15th day of <u>May</u> , 2018 by
(SEAL)	
My commission expires: 12/09/2020 JENNY L MOORE NOTARY PUBLIC STATE OF COLORADO NOTARY ID # 20004003852 MY COMMISSION EXPIRES FEBRUARY 09, 2020	Notary Public J. MODN

CERTIFICATE

C

ELECTION

the Board of Directors of the Lanterns Metropolitan District No. 2 at the election held May 8, 2018. This certifies that **Ryan Carlson** was elected to serve a tw**o-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 noticy(ies) must have ADDITIONAL INSURED provisions or be endo

If	SUBROGATION IS WAIVED, subjecting subjections of su	ct to	the	terms and conditions of	the po	licy, certain	policies may	require an endorsemen	t. A st	tatement on	
	PRODUCER					CONTACT NAME:					
T. Charles Wilson Insurance Service											
384	Inverness Parkway Suite 170 lewood, CO 80112				PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No): (303) 368-5863 E-MAIL (A/C, No): (303) 368-5863						
Eng	newood, CO 80112				ADDRE	SS: IIIIO@WI	isonins.coi	П			
						A-10 /02 VA	SURER(S) AFFOI	RDING COVERAGE		NAIC#	
					INSURER A : R. L. I.					0028	
INSL	JRED				INSURER B:						
	Lanterns Metropolitan Distri c/o Special District Manager			viana Ima	INSURER C:						
	141 Union Blvd., Suite 150	nent	Serv	rices, inc.	INSURER D:						
Lakewood, CO 80228						INSURER E :					
						INSURER F:					
CO	VERAGES CER	TIFI	CATE	E NUMBER:	REVISION NUMBER:						
C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PFR	IREM	ENT, TERM OR CONDITION THE INSURANCE AFFORM OUT OF THE INSURANCE AFFORM OUT	N OF A	NY CONTRA	TO THE INSUF	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
LIK	COMMERCIAL GENERAL LIABILITY	עפאוו	VVVD	, one i nomber		(MIMINUUTA LA LA	(MMI/DU/YYYY)				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	SERVING WINDE								\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	was d	
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$		
	OTHER:		_					COMPINED CINICIE LIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY					9		BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$	Æ	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
		N/A						E.L. EACH ACCIDENT	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		1 1				E.L. DISEASE - EA EMPLOYEE	EE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	3 Year Bond			LSM0675493		11/05/2017	11/05/2020	Bond Amount		10,000	
								* *			
Publ 1 Tre	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI ic Official Position Schedule Bond easurer @ \$5,000 ard Members @ \$1,000 each	LES (A	ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
CEI	RTIFICATE HOLDER				CANO	ELLATION					
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							
2011101, 00 00200											
						Shelly Candillo					

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. 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 filling 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,

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

May 2020

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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Notary Public