F								
DISTRICT C	OURT, DOUGLAS COUNTY, COLORADO							
Court Address	s: 4000 Justice Way Castle Rock, CO 80109 (720) 437-3200							
Petitioner:								
	METROPOLITAN DISTRICT NO. 3	▲ COURT USE ONLY ▲						
Attorney for	Petitioner:							
Name:	Clint C. Waldron, Esq. Megan J. Murphy, Esq.	Case Number: 14CV30995						
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;							
Eman.	mmurphy@wbapc.com							
Atty. Reg. #:	36689; 47464							
BOARD OF DIRECTORS OATH OF OFFICE								
STATE OF COUNTY OF	<u> </u>							
I, Clay	Carlson, will faithfully support the Constitution							

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. 3 upon which I am about to enter for an elected term ending May 2022.

Signature

Subscribed and sworn to before me thisday	of, 2018.
Ву	:Chairman of the Board of Directors
STATE OF COLORADO) ss. COUNTY OF Adm) Subscribed and sworn to before me this Clay Chrlson.	
(S E A L) My commission expires: 07/09/3030	Notary Public & More
JENNY L MOORE NOTARY PUBLIC STATE OF COLORADO NOTARY ID # 20094003852 MY COMMISSION EXPIRES FEBRUARY 09, 2020	

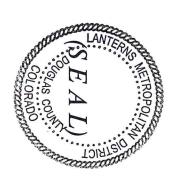
CERTIFICATE

O F

ELECTION

the Board of Directors of the Lanterns Metropolitan District No. 3 at the election held May 8, 2018. This certifies that **Clay 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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CONTACT

PRODUCER						CONTACT NAME:								
T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170					PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No): (3					(303)	368-5863			
Eng	glewo	ood, CO 80112					E-MAIL ADDRESS: info@wilsonins.com							
							INSURER(S) AFFORDING COVERAGE						NAIC#	
	_						INSURER A : R. L. I.						0028	
INS	URED						INSURER B:							
			etropolitan Distr District Manage			iooo Ino	INSURER C:							
			Blvd., Suite 150	ment	Serv	ices, inc.	INSURER D:							
		Lakewood,					INSURER E :							
							INSURER F:							
CO	VER	RAGES	CEF	TIFI	CATE	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.									WHICH THIS					
INSR	I I			ADDL	SUBR WVD	BR POLICY NUMBER			POLICY EXP (MM/DD/YYYY)					
LIK		COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR		INSD W	WVD	WVD POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)						
										DAMAGE TO RENT		\$		
		OEF IIIII O III II DE	Coook							DAMAGE TO RENT PREMISES (Ea occu	_	\$		
	-	-							:	MED EXP (Any one person)		\$		
										PERSONAL & ADV INJURY		\$		
	GEN	POLICY PRO-								GENERAL AGGREG		\$		
			Loc							PRODUCTS - COMP	P/OP AGG	\$		
-		OTHER:							1	COMBINED SINGLE	LIMIT	\$		
	AUI	OMOBILE LIABILITY								(Ea accident)		\$		
		ANY AUTO OWNED AUTOS ONLY	SCHEDULED							BODILY INJURY (Pe		\$		
			AUTOS							BODILY INJURY (PE		\$		
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY			<u></u>				PROPERTY DAMAG (Per accident)		\$		
				-								\$		
	\vdash	UMBRELLA LIAB EXCESS LIAB	OCCUR						*5	EACH OCCURRENCE	CE	\$		
			CLAIMS-MADE	-						AGGREGATE		\$		
	WOR	DED RETENTI	1 TO 10 TO 1							PER	OTH-	\$		
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE	OTH- ER					
	OFFI	PROPRIETOR/PARTNEI CER/MEMBER EXCLUD Idatory in NH)	RTNER/EXECUTIVE CLUDED?							E.L. EACH ACCIDENT		\$		
						~				E.L. DISEASE - EA EMPLOYEE		\$		
If yes, describe under DESCRIPTION OF OPERATIONS below A 3 Year Bond				LSM0675495	_	11/05/2017	44/05/2020	E.L. DISEASE - POL	ICY LIMIT	\$	40.000			
A 3 Year Bond				L3W0075495		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														
CEI	RTIF	ICATE 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.									
Annual Control of the						Shelly Cardillo								

ACORD

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 Evolves 12-22-2022

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. 3, 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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Notary Public