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|--|--|---------------------------|
| DISTRICT COURT, DOUGLAS COUNTY, COLORADO | | |
| Court Address: 4000 Justice Way Castle Rock, CO 80109 (720) 437-3200 | | |
| Petitioner: | | |
| LANTERNS 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 Attorneys at Law 2154 E. Commons Ave., Suite 2000 Centennial, CO 80122 | Division: 1 |
| Phone: | (303) 858-1800 | Courtroom: |
| 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, Ryan 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. 3 upon which I am about to enter for an elected term ending May 2020.



 Signature

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

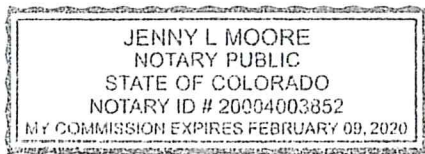
By: _____
Chairman of the Board of Directors

STATE OF COLORADO)
) ss.
COUNTY OF Adams)

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

(S E A L)

My commission expires: 02/09/2020



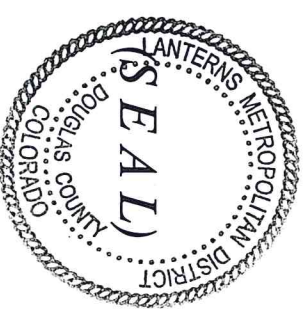
Jenny L. Moore
Notary Public

CERTIFICATE OF ELECTION

This certifies that Ryan Carlson was elected to serve a two-year term as a member of the Board of Directors of the Lanterns Metropolitan District No. 3 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 | FAX (A/C, No): (303) 368-5863 |
| | E-MAIL ADDRESS: info@wilsonins.com | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A : R. L. I. | | 0028 |
| INSURED Lanterns Metropolitan District No. 3 c/o Special District Management Services, Inc. 141 Union Blvd., Suite 150 Lakewood, CO 80228 | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

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 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ | |
| A | 3 Year Bond | | | LSM0675495 | 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>Shelby Cordillo</i> |
|--|--|

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

AFFIDAVIT OF PUBLICATION

State of Colorado)ss
County of Douglas

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.

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.

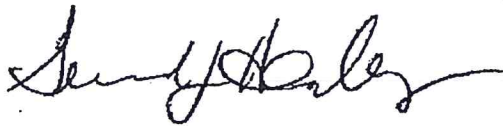
The following candidates are declared elected for the following terms of office:

- 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

Legal Notice No.: 933161
First Publication: April 19, 2018
Last Publication: April 19, 2018
Publisher: Douglas County News-Press



_____)ss
for the Douglas County News Press
State of Colorado)
County of Arapahoe

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