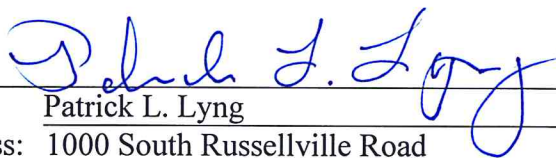


DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF COLORADO 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 720-437-6200	
IN RE STONE CREEK METROPOLITAN DISTRICT	
Elisabeth A. Cortese McGEADY BECHER P.C. 450 E. 17 th Ave., Suite 400 Denver, Colorado 80203-1254 Phone: (303) 592-4380 Fax: (303) 592-4385 E-mail: ecortese@specialdistrictlaw.com Atty. Reg. #: 41222	<p style="text-align: center;">▲ COURT USE ONLY ▲</p> <p>Case Number: 2014CV31021</p> <p>Div.: 1 Ctrm.: _____</p>
OATH OF DIRECTOR	

I, Patrick L. Lyng, do ☒ **SWEAR** ☐ **AFFIRM** that I will support the Constitution of the United States, the Constitution of the State of Colorado, and the laws of the State of Colorado, and will faithfully perform the duties of the office of director of the Stone Creek Metropolitan District upon which I am about to enter to the best of my ability.

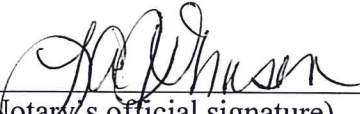

 Name: Patrick L. Lyng
 Address: 1000 South Russellville Road
Franktown, CO 80116

Subscribed and ☒ sworn ☐ affirmed to before me this _____ day of _____, 2018.

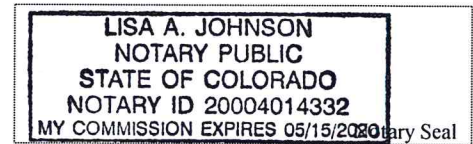
By: _____
 (Person authorized to administer oaths, i.e. County Clerk and Recorder, **Chairman of the Board of Directors**, or any other person authorized to administer oaths)

STATE OF COLORADO)
) ss.
COUNTY OF Douglas)

Subscribed and ☒ sworn ☐ affirmed to before me this 17 day of May,
2018.


(Notary's official signature)

5-15-2020
(Commission Expiration)



CERTIFICATE OF

ELECTION

*This certifies that **Patrick L. Lyng** was elected to serve a four-year term as a member of the Board of Directors of the **Stone Creek Metropolitan District** at the election held May 8, 2018.*



Designated Election Official





STONCRE-01

PSHAW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/30/2018

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		
INSURED Stone Creek Metropolitan District c/o Special District Management Services, Inc. 141 Union Blvd., Ste. 150 Lakewood, CO 80228	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : R. L. I.		0028
	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						EACH OCCURRENCE	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N						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			LSM0675499	11/05/2017	11/05/2020	Bond Limit	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

Shelly Candillo

Colorado Community Media
750 W. Hampden Ave. Suite 225
Englewood, CO 80110

AFFIDAVIT OF PUBLICATION

State of Colorado }
County of Douglas } ss

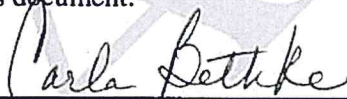
This Affidavit of Publication for the DOUGLAS COUNTY NEWS PRESS , a weekly newspaper, printed and published for the County of Douglas, State of Colorado, hereby certifies that the attached legal notice was published in said newspaper once in each week, --1-- successive week(s), the last of which publication was made 19th day 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 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 the 1st day of June A.D., 2018. Gerard Healey has verified to me that he has adopted an electronic signature to function as his signature on this document.



Carla Bethke
Notary Public
My commission expires April 11, 2022



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 Stone Creek Metropolitan District, 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:

Patrick Lyng Second Regular Election,
~May 2022
Eric Kubly Second Regular Election,
~May 2022
Vacant Second Regular Election,
~May 2022
Mauricio Barbera Next Regular Election,
~May 2020

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

Contact Person for the District: Lisa A. Johnson
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: ljohnson@sdmsl.com

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