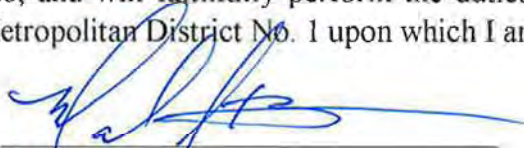


DISTRICT COURT, DOUGLAS COUNTY, COLORADO Court Address: Robert A. Christensen Justice Center 4000 Justice Way Castle Rock, Colorado 80109	▲ COURT USE ONLY ▲
IN RE MATTER OF THE CASTLE PINES TOWN CENTER METROPOLITAN DISTRICT NO. 1, CITY OF CASTLE PINES, DOUGLAS COUNTY, COLORADO	
Castle Pines Town Center Metropolitan District No. 1 858 Happy Canyon Road, Suite 200 Castle Rock, Colorado 80108 (303) 688-6300 (303) 688-6985 – Facsimile E-mail: jack@castlepinesvillage.com	Case No. 2012 CV 1102 DIV: ___ CTRM: ___
OATH OF OFFICE	

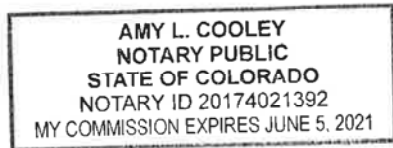
I, Matthew J. Buster, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto; and will faithfully perform the duties of the office of Director of Castle Pines Town Center Metropolitan District No. 1 upon which I am about to enter.

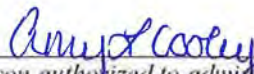
By: 
Matthew J. Buster

STATE OF COLROADO)
) ss.
COUNTY OF Douglas)

Subscribed and sworn to before me this 6th day of June, 2018 by
Matthew J. Buster.

{NOTARY SEAL}



By: 
*Person authorized to administer oaths (County Clerk
And Recorder, Clerk of the Court, Notary Public or
Chairman of the Board of Directors)*

Title: Notary Public

My Commission expires June 5, 2021 (if by notary)



CASTPIN-07

KIMT01

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/31/2016

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 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 INSURER A : CNA Surety	NAIC # 0022
INSURED Castle Pines Town Center Metropolitan District No. 1 c/o CliftonLarsonAllen, LLP 8390 E. Crescent Parkway, Suite 600 Greenwood Village, CO 80111	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 <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	3 Year Bond			61413062	07/09/2015	07/09/2018	Bond Amount	22,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Public Official Position Schedule Bond
 5 board members at \$2,500 each
 1 Treasurer at \$10,000

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

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