DISTRICT COURT, COUNTY OF DOUGLAS, STATE COLORADO 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 720-437-6200	E OF				
IN RE OVERLOOK METROPOLITAN DISTRICT					
Paula J. Williams	▲ COURT USE ONLY ▲				
Allison T. Conti					
McGEADY BECHER P.C. 450 E. 17 th Avenue, Suite 400	Case Number: 2014CV30966				
Denver, Colorado 80203					
Phone: (303) 592-4380	D: 6 C(1)				
Fax: (303) 592-4385	Div.: 5 Ctrm.:				
E-mail: pwilliams@specialdistrictlaw.com					
aconti@specialdistrictlaw.com					
Atty. Reg. #: 26928 51286					
31200					
OATH OF DIRECTOR					
I, Christine M. Harff, 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 Overlook Metropolitan District upon which I am about to enter to the best of my ability.					
Signed: Name: Christine M. Harff					
	Shadow Hill Cir.				
Lone Tree, CO 80124					
Subscribed and sworn affirmed to before me this	day of May, 2018.				
Ву:	Caffle				
· ·	on authorized to administer oaths, i.e.				
Coun	ity Clerk and Recorder. Channian or				
	ty Clerk and Recorder, Chairman of oard of Directors, or any other person				

CERTIFICATE OF ELECTION

IT IS HEREBY CERTIFIED THAT

CHRISTINE M. HARFF

WAS ELECTED TO SERVE UNTIL THE SECOND REGULAR ELECTION

AS A MEMBER OF THE BOARD OF DIRECTORS OF THE

OVERLOOK METROPOLITAN DISTRICT

AT THE ELECTION HELD TUESDAY, MAY 8, 2018.

Dated: May 9, 2018

Signed:

Designated Election Official

THIS CERTIFICATE OF ELECTION IS MADE PURSUANT TO §§1-11-103(1), 1-13.5-1306 AND 32-1-305(5), C.R.S.



RLI Insurance Company P.O. Box 3967 Peoria IL 61612-3967 Phone: (309)692-1000 Fax: (309)683-1610

PUBLIC OFFICIAL POSITION SCHEDULE BOND

Bond No. <u>LSM0675496</u>

Item 1	. Name of Insured: Overlook Metropolitan District (the "Insured")
	Principal Address: c/o McGeady Sisneros, P.C. 450 E. 17th Avenue, Suite 400 Denver, CO 80203
Item 3	. Bond Period November 5, 2014 to Continuous Until Cancelled. . Limit of liability does not exceed the sum specified in the Schedule of named Positions or written acceptances Company as to each Position there listed.
Th he of	SURING AGREEMENT ne RLI Insurance Company, an Illinois corporation (the "Company"), in consideration of an agreed premium is old and firmly bound unto
	fficial or Employee while occupying any position named in the schedule attached, or added thereto by written sceptance of the Company as to said position after the <u>5th</u> day of <u>November</u> <u>2014</u>
	Coverage. Automatic coverage is granted for the first thirty days service of any Public Official or Employee: (1) Occupying a newly created position identical with one listed in the schedule of positions, in an equal amount.
	Provided, however, that the automatic coverage herein granted shall be void and of no effect from the beginning, unless during the said thirty day period the Obligee has requested in writing that the position be added to the schedule, and the Company by written acceptance has consented thereto.
	Coverage on any position may be increased or decreased upon written request of the Obligee, if agreed to in writing by the Company.
В.	Cancellation. Cancellation hereunder is effective, and all liability under this bond shall cease as to future acts or omissions as to any Public Official or Employee on the date specified in written notice given by the Obligee to the Company as to any or all positions or Public Officials or Employees, or after thirty days' written notice given by the Company to the Obligee of its intent to cancel this bond in its entirety, or as to any Public Official or Employee or position.
C.	Liability. The Company's liability under this bond shall not be cumulative, and in no event shall the Company be called upon to pay as a loss hereunder in an amount greater than the largest single amount for which the position occupied by any Public Official or Employee causing such loss is or has been covered in the schedule, whether said loss occurred during any one or more years. The liability of the Company for any Public Official or Employee occupying more than one position at one time, or at different times, shall not exceed the largest amount of coverage specified for any single position occupied by said Public Official or Employee. The liability of the Company shall never exceed the amount in effect for the position when the act

of the Public Official or Employee causing the loss shall have occurred. In the event there are more Public Officials or Employees occupying the position covered in the schedule than are listed therein, the Company shall be liable for such proportion of the amount of coverage as the number of Public Officials or Employees listed bears to the number of Public Officials or Employees actually occupying the position when the loss occurred.

The Liability of the Company hereunder is subject to the terms and conditions of the following Riders, attached thereto:

None of the specifications of this Bond shall be altered or waived, except in writing by the Company executed by its President, Vice President, Secretary, Assistant Secretary or Treasurer.

Dated this ____ 5th__ day of ____ November ___ 2014 _.

RLI Insurance Company

Roy C. Die Vice President

SCHEDULE OF POSITIONS - EFFECTIVE THE _______ DAY OF _____ November ______ 2014 ____.

(If there is more than one position of like classification, list by number, thus: Cashier No. 1, Cashier No. 2)

Schedule Number	Position Name	No.	Position Location	Bond Amount
1	Treasurer	1	-	\$ 5,000.00
2	Board Member 1	1		\$ 1,000.00
3	Board Member 2	1		\$ 1,000.00
4	Board Member 3	1		\$ 1,000.00
5	Board Member 4	1		\$ 1,000.00
6	Board Member 5	1		\$ 1,000.00
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				



RLI Insurance Company
P.O. Box 3967 Peoria IL 61612-3967
Phone: (309)692-1000 Fax: (309)683-1610

POWER OF ATTORNEY

RLI Insurance Company

Bond No. <u>LSM0675496</u>

Know All Men by These Presents:

That the	RLI Insurance Comp	any, a corpor	ration organized and	existing under the l	aws of the State of
Illinois	, and authorized	and licensed to do business i	n all states and the D	istrict of Columbia	does hereby make,
constitute and appoint:	Roy	C. Die in th	ne City of	Peoria	State of
Illinois	, as Vice Pr	esident , with full po	ower and authority he	ereby conferred up	on him/her to sign,
execute, acknowledge	and deliver for and on it	s behalf as Surety, in general	, any and all bonds,	undertakings, and r	ecognizances in an
amount not to excee	d Five Hundr	ed Thousand and 00/100	Dollars (\$ 500,000.00	_) for any single
	cally for the following de				
		trict			
		edule Bond			
Effective Date:Nov	ember 5, 2014				
TheR	LI Insurance Company	further cer	tifies that the follow	wing is a true and	d exact copy of a
Resolution adopted by	the Board of Directors o	fRLI Insura	ance Company	, and no	w in force to-wit:
corporate seal may	be printed by facsimile.				
IN WITNESS WHER	EOF, the	RLI Insurance Company	nas ca	aused these present	s to be executed by
its Vice Presi	dent with its co	rporate seal affixed this5	th day of Nov	$\frac{7 \text{ember}}{1}$, $\frac{201}{1}$	<u>4</u>
ATTEST: Cynthia S. Dohm	. Dalm Assistant S	Secretary SEAL	RLI Insurance Con	mpany	ك Vice President
On this th day o	f November, 2014	before me, a Notary Public,	personally appeared	Roy (C, Die
and Cynthi	a S. Dohm , wi	ho being by me duly sworn, a and, and acknowle	cknowledged that the Assistant Secretary	ey signed the above	e Power of Attorney ectively, of the said
asper			**********		