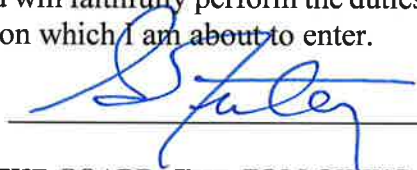


DISTRICT COURT, DOUGLAS COUNTY, COLORADO Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80104 Telephone: 720-437-6200	
<b>IN RE THE ORGANIZATION OF DEVILS HEAD METROPOLITAN DISTRICT</b>	▲ COURT USE ONLY ▲
Attorneys for the District: SPENCER FANE LLP Russell W. Dykstra, #30899 1700 Lincoln Street, Suite 2000 Denver, CO 80203-4554 (303) 839-3800 – Telephone (303) 839-3838 – Facsimile E-mail: <a href="mailto:rdykstra@spencerfane.com">rdykstra@spencerfane.com</a>	Case No.: 2018CV30911  Division: 3
<b>OATH OF OFFICE - ANDREW TRIETLEY</b>	

I, **Andrew Trietley**, 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 Devils Head Metropolitan District upon which I am about to enter.

Signature: \_\_\_\_\_



**IF SWORN OR AFFIRMED BEFORE OFFICER OF THE BOARD, THE FOLLOWING SHOULD BE COMPLETED:**

Subscribed and sworn to before me this 4<sup>th</sup> day of May 2022.

By: \_\_\_\_\_  
Title: Officer of the Board

**OR, IF SWORN OR AFFIRMED BEFORE A NOTARY, THE FOLLOWING SHOULD BE COMPLETED:**

STATE OF COLORADO )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_ 2022, by Andrew Trietley, Director.

My Notary Commission expires on \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public

*\*\*\*Persons authorized to administer oaths, i.e. County Clerk and Recorder, Clerk of the Court, Chairman of the Board of Directors, or any other person authorized to administer oaths\*\*\**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/14/2022

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.

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.

Table with PRODUCER (T. Charles Wilson Insurance Service), CONTACT NAME, PHONE (303) 368-5757, FAX (303) 368-5863, E-MAIL ADDRESS: tcwinfo@wilsonins.com, INSURER(S) AFFORDING COVERAGE: RLI Insurance Company, and INSURED (Devils Head Metropolitan District).

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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for COMMERCIAL GENERAL LIABILITY, AUTOMOBILE LIABILITY, UMBRELLA LIAB, EXCESS LIAB, and WORKERS COMPENSATION.

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

Table with CERTIFICATE HOLDER (Colorado Department of Local Affairs) and CANCELLATION (SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF...)