DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF COLORADO 4000 Justice Way Castle Rock, Colorado 80109 (303) 663-7200 IN RE MEADOWLARK METROPOLITAN DISTRICT	
Paula J. Williams McGeady Becher P.C. 450 E. 17 th Avenue, Suite 400 Denver, Colorado 80203 Phone: (303) 592-4380 Fax: (303) 592-4385 E-mail: pwilliams@specialdistrictlaw.com Atty. Reg. #:26928	▲ COURT USE ONLY ▲ Case Number: 2018CV30845 Div.: 6 Ctrm.:

OATH OF DIRECTOR

I, Gary Fantasky, 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 Meadowlark Metropolitan District upon which I am about to enter to the best of my ability.

Name:	Gary Fantasky
Address:	12 Red Locust
	Littleton, CO 80127
Subscribed and sworn affirmed to before me By:	Ant t

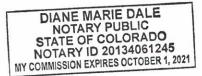
(Person authorized to administer oaths, i.e. County Clerk and Recorder, Officer of the Board of Directors, or any other person authorized to administer oaths) Subscribed and \square sworn \square affirmed to before me this 24 day of

e In

(Notary's official signature)

10 5 7

(Commission Expiration) Seal



Notary

June, 2020.

{00676036.DOCX v:1 }

CERTIFICATION OF BOARD APPOINTMENT MEADOWLARK METROPOLITAN DISTRICT

It is hereby certified that at a special meeting of the Board of Directors of the Meadowlark Metropolitan District, held on June 29, 2020, the Board appointed the following Board Member:

Gary Fantasky Term Expires: 2023

The Board of Directors thereupon declared:

Gary Fantasky	
12 Red Locust	
Littleton, CO 80127	

duly appointed to the Board of Directors to fill a current vacancy on the Board of Directors. Such person shall take office upon qualification under Section 32-1-901, <u>C.R.S.</u>, as amended.

MEADOWLARK METROPOLITAN DISTRICT

By Secretary

ACORD	°

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/11/2020

MEADMET-09

							5/	11/2020
C B	THIS CERTIFICATE IS ISSUED A CERTIFICATE DOES NOT AFFIRI BELOW. THIS CERTIFICATE OF REPRESENTATIVE OR PRODUCEF	IATIVELY C	OR NEGATIVELY AMEND E DOES NOT CONSTITU	, EXTEND OR AL	TER THE CO	OVERAGE AFFORDED	BY TH	IE POLICIES
If	MPORTANT: If the certificate ho f SUBROGATION IS WAIVED, su his certificate does not confer righ	bject to the	e terms and conditions o	f the policy, certain	policies may			
	DDUCER			CONTACT NAME:	1			
	Charles Wilson Insurance Service			PHONE (A/C, No, Ext): (303)	368-5757	FAX (A/C. No	. (303)	368-5863
	I Inverness Parkway Suite 170 glewood, CO 80112			E-MAIL ADDRESS: info@wi	lsonins.com	n		
`						RDING COVERAGE		NAIC #
				INSURER A : RLI INS				
INSU	URED			INSURER B :				
	Meadowlark Metropolita			INSURER C :				
	c/o Special District Mana 141 Union Blvd, Suitee 1		vices, inc.	INSURER D :				
	Lakewood, CO 80228	•••		INSURER E :				
				INSURER F :				
co	OVERAGES 0	ERTIFICAT	E NUMBER:			REVISION NUMBER:		
	THIS IS TO CERTIFY THAT THE PO NDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR I EXCLUSIONS AND CONDITIONS OF SU	Y REQUIREN 1AY PERTAIN	MENT, TERM OR CONDITION, THE INSURANCE AFFOR	ON OF ANY CONTRA RDED BY THE POLIC	CT OR OTHER	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	PECT TO	WHICH THIS
INSR		ADDL SUB	R	POLICY EFF (MM/DD/YYYY)	POLICY EXP		IITS	
	COMMERCIAL GENERAL LIABILITY			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		EACH OCCURRENCE	\$	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
						MED EXP (Any one person) PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGO		
	OTHER:						\$	
						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO					BODILY INJURY (Per person)		
	OWNED AUTOS ONLY SCHEDULED					BODILY INJURY (Per acciden		
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-M	ADE				AGGREGATE	\$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	7/N				PER OTH- STATUTE ER	_	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYE	E \$	
	DÉSCRIPTION OF OPERATIONS below		L OM4040440	44/0/2040	44/0/0004	E.L. DISEASE - POLICY LIMI	г \$	40.000
A	3 Year Bond		LSM1216410	11/6/2018	11/6/2021	Bond Limit		10,000
Pub 1 Tr	SCRIPTION OF OPERATIONS / LOCATIONS / V Dic Official Position Schedule Bond reasurer @ \$5,000 oard Members @ \$1,000 each	EHICLES (ACOF	RD 101, Additional Remarks Sched	lule, may be attached if mo	re space is requi	red)	1	
CE	RTIFICATE HOLDER			CANCELLATION				
	Colorado Department of Division of Local Goverr 1313 Sherman St., Rm 5 Denver, CO 80203	ment-Specia		THE EXPIRATIO ACCORDANCE W	N DATE TH	ESCRIBED POLICIES BE IEREOF, NOTICE WILL CY PROVISIONS.		
1	Denver, CO 80203			AUTHORIZED REPRESENTATIVE				

Lava Klimn

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