DISTRICT COURT, DOUGLAS COU	NTY, CO	LORADO	
4000 Justice Way, Ste. 2009, Castle Ro	ck, CO 80	0109	
Telephone No.: (720) 437-6200			
IN RE THE MATTER OF FOXHILI	L		
METROPOLITAN DISTRICT NO. 1	l		▲ COURT USE ONLY ▲
Attorneys for the District:			
SPENCER FANE LLP			
David S. O'Leary			
1700 Lincoln Street, Suite 2000			Case No.: 2006CV282
Denver, Colorado 80203			Div.: 3
(303) 839-3800			
(303) 839-3838 - Facsimile			
E-mail: doleary@spencerfane.com			
Atty. Reg. #: 026851			
OATH OF C	FFICE -	- TODD E.	WEST
I, Todd E. West, will faithfully support the C and the laws made pursuant thereto, and w Foxhill Metropolitan District No. 1, upon wh	ill faithfu	lly perform t	he duties of the office of Director of
Sigr	nature:	-16	112/
		Todd E. W	est
IF SWORN OR AFFIRMED BEFORE THE OBE COMPLETED:	CHAIRMA	AN OF THE E	BOARD, THE FOLLOWING SHOULD
Subscribed and sworn to before me this	of		, 2018.
	By:		
	ъ,	Chairman	of the Board
		111	
IF SWORN OR AFFIRMED BEFORE A NOT	ΓARY, TH	IE FOLLOWI	NG SHOULD BE COMPLETED:
STATE OF COLORADO	)		
COUNTY OF Arephoe	) ss. )		
Subscribed and sworn to before me this 10 to	day of	September,	2018, by Todd E. West, Director.
My Notary Commission expires on08-21	1-2020		
RYAN EICHELE			5
(SEAL) NOTARY PUBLIC		_gc_s	
STATE OF COLORADO	m m h	Notary Pub	olic
NOTARY ID 20084027516	2020		
***Persons authorized to administer of	iths, i.e. C	ounty Clerk a	and Recorder, Clerk of the Court,
Chairman of the Board of Directors, o	or any oth	er person aut	horized to administer oaths***



16150 N Arrowhead Fnt Ctr 225 Peoria, AZ 85382 Phone: (623) 412-1420

Phone: (623) 412-1420 Fax: (309) 683-1620

T. Charles Wilson Insurance 384 Inverness Parkway Suite 170 Centennial, CO 80112

August 30, 2018

RE: Bond Renewal: LSM0800034

Principal:

Foxhill Metropolitan District No. 1

Obligee:

Same As Principal

Description:

Public Official Position Schedule Bond

Dear Principal:

This letter will confirm our receipt of your premium payment and notification of your bond renewal. Your bond premium is paid through \_\_\_\_\_ October 7, 2019 \_\_\_\_.

For questions please contact:

T. Charles Wilson Insurance 384 Inverness Parkway Suite 170 Centennial, CO 80112 (303) 368-5757

Thank you for placing your bond business with us.

Sincerely,

Cherie L. Montgomery

Cherie L'Montgomery

**RLI Surety** 



writing by the Company.

**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>LSM0800034</u>

lte	m 1. Name of Insured: Foxhill Metrop	olitan District No. 1	(the "Insured")
	Principal Address: c/o Spencer F. Denver, CO 86	ane, LLP 1700 Lincoln Street, Suite 2000 0203	(the modied)
lte		5 to <u>Continuous Until Cancelled</u> .  he sum specified in the Schedule of named Position listed.	ns or written acceptances
l.		inois corporation (the "Company"), in consideration	• •
	held and firmly bound unto	Foxhill Metropolitan District No. 1	
	of Denver	, CO, Obligee, for the faithful discharge	of the duties of any Public
	Official or Employee while occupying	g any position named in the schedule attached, o	or added thereto by written
	acceptance of the Company as to said	d position after the7th day ofOcto	<u>ber</u> , <u>2015</u> .
II.	CONDITIONS		
	•	s granted for the first thirty days service of any Publi osition identical with one listed in the schedule of p	, ,
	beginning, unless during the said	tomatic coverage herein granted shall be void and thirty day period the Obligee has requested in company by written acceptance has consented there	writing that the position be

- 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

Coverage on any position may be increased or decreased upon written request of the Obligee, if agreed to in

B. 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

OFF 0102 (2/93) Page 1 of 3 Pages 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.

**RLI Insurance Company** 

Vice President

OFF 0102 (2/93) Page 2 of 3 Pages (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		\$ 1,000.00
3	Board Member	1		\$ 1,000.00
4	Board Member	1		\$ 1,000.00
5	Board Member	1		\$ 1,000.00
6	Board Member	1		\$ 1,000.00
7				
8				
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OFF 0102 (2/93)



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>LSM0800034</u>

## Know All Men by These Presents:

T11		rance Company				
	inois , ar	nd authorized and licensed	l to do business in a	all states and the D	istrict of Columbia	a does hereby make,
constitute and	appoint:	Barton W. Davis	in the	City of	Peoria	, State of
Illin	ois, as	Vice President	, with full power	er and authority h	ereby conferred up	pon him/her to sign,
execute, ackno	owledge and deliver	for and on its behalf as S	urety, in general, a	ny and all bonds,	undertakings, and	recognizances in an
amount not t	o exceed	Five Hundred Thousand	l and 00/100	Dollars (	\$ 500,000.00	) for any single
obligation, and	d specifically for the	following described bond	•			
Principal:	_Foxhill Metrop	olitan District No. 1				
Obligee:	Same as Princi	pal				
Type Bond:	Public Official	Position Schedule Bond				
Bond Amoun	t: <u>\$ 10,000.00</u>					
<b>Effective Dat</b>	e: <u>October 7, 201</u>	5				
The	RLI Insuran	ce Company	further certific	es that the follow	wing is a true an	nd exact copy of a
		f Directors of				
Secretary, o undertaking	r the Treasurer m s in the name of	oard of Directors may at ay appoint Attorneys in the Company. The corp	Fact or Agents w porate seal is not	who shall have au necessary for the	ithority to issue he validity of an	bonds, policies or y bonds, policies,
Secretary, o undertaking undertaking corporate se	r the Treasurer m gs in the name of gs, Powers of Atto al may be printed l	ay appoint Attorneys in the Company. The cor rney or other obligation	Fact or Agents we porate seal is not ns of the corpora	who shall have at necessary for thation. The signa	uthority to issue the validity of an ture of any sucl	bonds, policies or y bonds, policies, h officer and the
Secretary, o undertaking undertaking corporate se	r the Treasurer m gs in the name of gs, Powers of Atto al may be printed l WHEREOF, the	ay appoint Attorneys in the Company. The cor- rney or other obligation by facsimile."	Fact or Agents we porate seal is not not of the corpora	who shall have at necessary for thation. The signa	thority to issue the validity of an auture of any such	bonds, policies or y bonds, policies, h officer and the
Secretary, o undertaking undertaking corporate set  IN WITNESS its	r the Treasurer m s in the name of s, Powers of Atto al may be printed l WHEREOF, the ice President	ay appoint Attorneys in the Company. The corresponding of the Company	ract or Agents we porate seal is not used in the corporation of the co	who shall have at a necessary for the ation. The signation. The signation has can day of Occ.  LI Insurance Con.	the validity of an ature of any such	bonds, policies or y bonds, policies, h officer and the
Secretary, o undertaking undertaking corporate se  IN WITNESS its	r the Treasurer m s in the name of s, Powers of Atto al may be printed l WHEREOF, the ice President	ay appoint Attorneys in the Company. The corresponding of the correspond	ract or Agents we porate seal is not used in the corporation of the co	who shall have at a necessary for the ation. The signation. The signation has can day of Occ.  LI Insurance Con.	the validity of an ature of any such	bonds, policies or y bonds, policies, h officer and the