

APPLICATION FOR EXEMPTION FROM AUDIT - LONG FORM - FOR GOVERNMENTS WITH REVENUE OR EXPENDITURES GREATER THAN \$100,000 BUT NOT MORE THAN \$750,000

5561.00

Name of Government:	Southwest Regional Emergency Medical & Trauma Advisory Council
Address:	PO Box 1841 Durango, CO 81302
Contact Person:	Amy Allen, Executive Director
Telephone:	970 784-4049
Email:	swretac@gmail.com
Fax:	

RECEIVED
By Justin L. Smith at 11:34 am, Sep 30, 2016

For the Year

Ended December 31, 2015

or fiscal year ended: **Ended June 30, 2016**

Return to: Office of the State Auditor
Local Government Audit Division
1525 Sherman St., 7th Floor
Denver, CO 80203
Fax: 303-869-3061
Email: OSA.LG@state.co.us
Call (303) 869-3000 if you need help completing this form.

PLEASE READ THE ABOVE INSTRUCTIONS BEFORE SUBMITTING THE COMPLETED APPLICATION



Section 29-1-604, C.R.S., outlines the provisions for an exemption from audit. Generally, any local government for which neither revenue nor expenditures exceed \$750,000 in any year may qualify for an exemption. If either revenues or expenditures are \$100,000 or greater, but not more than \$750,000, you may use this form. If both revenues and expenditures are less than \$100,000 individually, use the short form application for exemption from audit. Please review ALL instructions prior to the completion of this form.

- Instructions:**
1. Prepare this form completely and accurately. Please note that there are 11 parts to this form and all questions must be answered for the application to be considered complete.
 - a. Please use whole dollars. Do not include any cents. Please round consistently to ensure that the financial information balances between schedules.
 2. File this form with the Office of the State Auditor within 3 months after the end of the year.

For years ended December 31, the form must be received by the Office of the State Auditor by March 31.
 3. The form must be completed by an independent accountant (separate from the entity) with knowledge of governmental accounting.
 4. The application must be personally reviewed and approved by a majority of the governing body as evidenced by one of the following methods:
 - a. Resolution of the governing body - application may be emailed, faxed, or mailed.
 - b. Original signatures - application must be mailed. Email or fax will NOT be accepted.
 5. The preparer must sign the application that is submitted in order for it to be accepted.
 6. Additional information may be attached to the exemption at the preparer's discretion.

CERTIFICATION OF PREPARER

I certify that I am an independent accountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of my knowledge. Independent means someone who is separate from the entity.

Name:	T. Michael Nelson
Title:	Principal
Firm Name (if applicable):	Chadwick, Steinkirchner, Davis & Co., P.C.
Address:	225 N. 5th Street, Suite 401 Grand Junction, CO 81501-2855
Telephone Number:	970-245-3000
Date Prepared:	September 13, 2016

I affirm that I am independent from this entity and skilled in governmental accounting (Required): The application will be rejected if not signed by the preparer.

Our relationship is as a contracted accountant. *T. Michael Nelson*

The Audit Law requires that a person independent of the entity complete the application if revenues or expenditure are at least \$100,000 but not more than \$750,000. Independent means someone who is separate from the entity. Please describe your relationship to the entity in the above box, with your signature.

Has the Entity Filed for Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.]	Yes	No	If Yes, Date Filed:
		X	

PART 1 - Financial Statements - Balance Sheet

Ln #	Description	Governmental Funds		Description	Proprietary/Fiduciary Funds	
		General	Fund*		Fund*	Fund*
	Assets			Assets		
1-1	Cash & Cash Equivalents	\$ 72,884	\$ -	Cash & Cash Equivalents	\$ -	\$ -
1-2	Investments	\$ -	\$ -	Investments	\$ -	\$ -
1-3	Receivables	\$ 18,734	\$ -	Receivables	\$ -	\$ -
1-4	Due from Other Entities or Funds	\$ -	\$ -	Due from Other Entities or Funds	\$ -	\$ -
	All Other Assets (specify)			Other Current Assets	\$ -	\$ -
1-5	Property Plant and Equipment	\$ 2,203	\$ -	Total Current Assets	\$ -	\$ -
1-6		\$ -	\$ -	Capital Assets, net (from Part 6-3)	\$ -	\$ -
1-7		\$ -	\$ -	Other Long Term Assets (specify)	\$ -	\$ -
1-8		\$ -	\$ -		\$ -	\$ -
1-9		\$ -	\$ -		\$ -	\$ -
1-10		\$ -	\$ -		\$ -	\$ -
1-11	Total Assets (add lines 1-1 through 1-10)	\$ 84,821	\$ -	Total Assets (add lines 1-5 through 1-10)	\$ -	\$ -
1-12	Total Deferred Outflows of Resources	\$ -	\$ -	Total Deferred Outflows of Resources	\$ -	\$ -
1-13	Total Assets and Deferred Outflows	\$ 84,821	\$ -	Total Assets and Deferred Outflows	\$ -	\$ -
	Liabilities and Fund Balance			Liabilities and Net Position		
	Liabilities			Liabilities		
1-14	Accounts Payable	\$ 2,171	\$ -	Accounts Payable	\$ -	\$ -
1-15	Accrued Payroll and Related Liabilities	\$ 3,178	\$ -	Accrued Payroll and Related Liabilities	\$ -	\$ -
1-16	Accrued Interest Payable	\$ -	\$ -	Accrued Interest Payable	\$ -	\$ -
1-17	Due to Other Entities or Funds	\$ -	\$ -	Due to Other Entities or Funds	\$ -	\$ -
1-18	All Other Current Liabilities	\$ -	\$ -	All Other Current Liabilities	\$ -	\$ -
1-19	Total Current Liabilities	\$ 5,349	\$ -	Total Current Liabilities	\$ -	\$ -
1-20	All Other Liabilities (specify)	\$ -	\$ -	Proprietary Debt Outstanding (from Part 4-4)	\$ -	\$ -
1-21		\$ -	\$ -	Other Liabilities (specify)	\$ -	\$ -
1-22		\$ -	\$ -		\$ -	\$ -
1-23		\$ -	\$ -		\$ -	\$ -
1-24		\$ -	\$ -		\$ -	\$ -
1-25		\$ -	\$ -		\$ -	\$ -
1-26		\$ -	\$ -		\$ -	\$ -
1-27		\$ -	\$ -		\$ -	\$ -
1-28	Total Liabilities (add lines 1-14 through 1-27)	\$ 5,349	\$ -	Total Liabilities (add lines 1-14 through 1-27)	\$ -	\$ -
1-29	Total Deferred Inflows of Resources	\$ -	\$ -	Total Deferred Inflows of Resources	\$ -	\$ -
	Fund Balance			Net Position		
	Nonspendable :					
1-30	Prepaid	\$ -	\$ -	Net investment in Capital Assets	\$ -	\$ -
1-31	Inventory	\$ -	\$ -			
	Restricted:					
1-32	(specify)	\$ -	\$ -	Emergency Reserves	\$ -	\$ -
	Committed:					
1-33	(specify)	\$ -	\$ -	Other Designations/Reserves	\$ -	\$ -
	Assigned:					
1-34	(specify)	\$ -	\$ -	Restricted	\$ -	\$ -
1-35	Unassigned:	\$ 89,472	\$ -	Undesignated/Unreserved/Unrestricted	\$ -	\$ -
1-36	Total Fund Balance (add lines 1-30 through 1-35) This total should be the same as line 3-31.	\$ 89,472	\$ -	Total Net Position (add lines 1-30 through 1-35) This total should be the same as line 3-31.	\$ -	\$ -
1-37	Total Liabilities, Deferred Inflows, and Fund Balance (add lines 1-28, 1-29 and 1-36) This total should be the same as line 1-13	\$ 84,821	\$ -	Total Liabilities, Deferred Inflows, and Net Position (add lines 1-28, 1-29 and 1-36) This total should be the same as line 1-13	\$ -	\$ -

*Indicate Name of Fund
 Note: Attach additional sheets as necessary.

PART 2 - Financial Statements - Operating Statement - Revenues

		Governmental Funds		Proprietary/Fiduciary Funds		Grand Totals
		Fund*	Fund*	Fund*	Fund*	
	Tax Revenue			Tax Revenue		
2-1	Property	\$ -	\$ -	Property	\$ -	\$ -
2-2	Specific Ownership	\$ -	\$ -	Specific Ownership	\$ -	\$ -
2-3	Sales and Use Tax	\$ -	\$ -	Sales and Use Tax	\$ -	\$ -
2-4	Other Tax Revenue (specify):	\$ -	\$ -	Other Tax Revenue (specify):	\$ -	\$ -
2-5		\$ -	\$ -		\$ -	\$ -
2-6		\$ -	\$ -		\$ -	\$ -
2-7		\$ -	\$ -		\$ -	\$ -
2-8	Total Tax Revenue	\$ -	\$ -	Total Tax Revenue	\$ -	\$ -
2-9	Licenses and Permits	\$ -	\$ -	Licenses and Permits	\$ -	\$ -
2-10	Highway Users Tax Funds (HUTF)	\$ -	\$ -	Highway Users Tax Funds (HUTF)	\$ -	\$ -
2-11	Conservation Trust Funds (Lottery)	\$ -	\$ -	Conservation Trust Funds (Lottery)	\$ -	\$ -
2-12	Community Development Block Grant	\$ -	\$ -	Community Development Block Grant	\$ -	\$ -
2-13	Fire & Police Pension	\$ -	\$ -	Fire & Police Pension	\$ -	\$ -
2-14	Grants	\$ 224,607	\$ -	Grants	\$ -	\$ -
2-15	Donations	\$ 4,500	\$ -	Donations	\$ -	\$ -
2-16	Charges for Sales and Services	\$ -	\$ -	Charges for Sales and Services	\$ -	\$ -
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ -	\$ -
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -
2-19	Interest/Investment Income	\$ 31	\$ -	Interest/Investment Income	\$ -	\$ -
2-20	Tap Fees	\$ -	\$ -	Tap Fees	\$ -	\$ -
2-21	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -
2-22	All Other (specify)	\$ -	\$ -	All Other (specify)	\$ -	\$ -
2-23		\$ -	\$ -		\$ -	\$ -
2-24	Total Revenues (Add lines 2-8 through 2-23)	\$ 229,138	\$ -	Total Revenues (Add lines 2-8 through 2-23)	\$ -	\$ -
	Other Financing Sources			Other Financing Sources		
2-25	Debt Proceeds	\$ -	\$ -	Debt Proceeds	\$ -	\$ -
2-26	Proceeds from Sale of Capital Assets	\$ -	\$ -	Proceeds from Sale of Capital Assets	\$ -	\$ -
2-27	Other (specify)	\$ -	\$ -	Other (specify)	\$ -	\$ -
2-28	Total Other Financing Sources (Add lines 2-25 through 2-27)	\$ -	\$ -	Total Other Financing Sources (Add lines 2-25 through 2-27)	\$ -	\$ -
2-29	Total Revenues and Other Financing Sources (Add lines 2-24 and 2-28)	\$ 229,138	\$ -	Total Revenues and Other Financing Sources (Add lines 2-24 and 2-28)	\$ -	\$ -

229,138

Note: If Total Revenues and Other Financing Sources - Total of All Funds (Line 2-29) are greater than \$750,000 - STOP, you may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact us at (303) 898-3000 for assistance.

PART 3 - Financial Statements - Operating Statement - Expenditures

		Governmental Funds		Proprietary/Fiduciary Funds		Grand Totals
		Fund*	Fund*	Fund*	Fund*	
	Expenditures			Expenditures		
3-1	General Government	\$ 69,146	\$ -	General Operating & Administrative	\$ -	\$ -
3-2	Judicial	\$ -	\$ -	Salaries	\$ -	\$ -
3-3	Law Enforcement	\$ -	\$ -	Payroll Taxes	\$ -	\$ -
3-4	Fire	\$ -	\$ -	Contract Services	\$ -	\$ -
3-5	Highways & Streets	\$ -	\$ -	Employee Benefits	\$ -	\$ -
3-6	Solid Waste	\$ -	\$ -	Insurance	\$ -	\$ -
3-7	Contributions to Fire & Police Pension Assoc.	\$ -	\$ -	Accounting and Legal Fees	\$ -	\$ -
3-8	Health	\$ 174,198	\$ -	Repair and Maintenance	\$ -	\$ -
3-9	Culture and Recreation	\$ -	\$ -	Supplies	\$ -	\$ -
3-10	Other (specify)	\$ -	\$ -	Utilities	\$ -	\$ -
3-11		\$ -	\$ -	Contributions to Fire & Police Pension Assoc.	\$ -	\$ -
3-12		\$ -	\$ -	Other (specify)	\$ -	\$ -
3-13		\$ -	\$ -		\$ -	\$ -
3-14	Capital Outlay	\$ -	\$ -	Capital Outlay	\$ -	\$ -
	Debt Service			Debt Service		
3-15	Principal (matches part 4)	\$ -	\$ -	Principal (matches part 4)	\$ -	\$ -
3-16	Interest	\$ -	\$ -	Interest	\$ -	\$ -
3-17	Bond Issuance Costs	\$ -	\$ -	Bond Issuance Costs	\$ -	\$ -
3-18	Developer Repayments (matches part 4)	\$ -	\$ -	Developer Repayments (matches part 4)	\$ -	\$ -
3-19	All Other (specify)	\$ -	\$ -	All Other (specify)	\$ -	\$ -
3-20		\$ -	\$ -		\$ -	\$ -
3-21	Total Expenditures (Add lines 3-1 through 3-20)	\$ 243,342	\$ -	Total Expenditures (Add lines 3-1 through 3-20)	\$ -	\$ -
3-22	Interfund Transfers In	\$ -	\$ -	Net Interfund Transfers In	\$ -	\$ -
3-23	Interfund Transfers (Out)	\$ -	\$ -	Net Interfund Transfers (Out)	\$ -	\$ -
3-24	Other (specify):	\$ -	\$ -	Depreciation	\$ -	\$ -
3-25		\$ -	\$ -	Other Financing Sources (from line 2-28)	\$ -	\$ -
3-26		\$ -	\$ -	Capital Outlay (from line 3-14)	\$ -	\$ -
3-27		\$ -	\$ -	Debt Principal (from line 3-15)	\$ -	\$ -
3-28	Total Transfers and Other Expenditures (Add lines 3-22 through 3-27)	\$ -	\$ -	Total Reconciling Items (Line 3-26, plus line 3-27, less line 3-24, less line 3-25)	\$ -	\$ -
3-29	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures (Line 2-29, less line 3-21, plus line 3-28)	\$ (14,204)	\$ -	Net Increase (Decrease) in Equity (Line 2-29, less line 3-21, plus line 3-28, plus line 3-22, less line 3-23)	\$ -	\$ -
3-30	Fund Balance, January 1 from December 31 prior year report	\$ 103,676	\$ -	Net Position, January 1 from December 31 prior year report	\$ -	\$ -
3-31	Fund Balance, December 31 (Line 3-29 plus line 3-30) This total should be the same as line 1-35.	\$ 89,472	\$ -	Net Position, December 31 (Line 3-29 plus line 3-30) This total should be the same as line 1-36.	\$ -	\$ -

Note: If Total Expenditures - Total of All Funds (Line 3-21) are greater than \$750,000 - STOP; you may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact us at (303) 669-3000 for assistance.

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes.				Yes	No	Please use this space to provide any explanations or comments:		
4-1	Does the entity have outstanding debt?				X			
4-2	Is the debt repayment schedule attached? If no, please explain:							
4-3	Is the entity current in its debt service payments? If no, please explain:							
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)			Outstanding at beginning of year	Issued during year	Retired during year		Outstanding at year-end
	General obligation bonds			\$ -	\$ -	\$ -		\$ -
	Revenue bonds			\$ -	\$ -	\$ -		\$ -
	Notes/Loans			\$ -	\$ -	\$ -		\$ -
	Leases			\$ -	\$ -	\$ -		\$ -
	Developer Advances			\$ -	\$ -	\$ -		\$ -
	Other (specify):			\$ -	\$ -	\$ -		\$ -
	Total:			\$ -	\$ -	\$ -	\$ -	
Please answer the following questions by marking the appropriate boxes.				Yes	No			
4-5	Does the entity have any authorized, but unissued, debt?				X			
If yes:	How much?	\$ -						
	Date the debt was authorized:							
4-6	Does the entity intend to issue debt within the next calendar year?				X			
If yes:	How much?	\$ -						
4-7	Does the entity have debt that has been refinanced that it is still responsible for?				X			
If yes:	What is the amount outstanding?			\$ -				
4-8	Does the entity have any lease agreements?				X			
If yes:	What is being leased?							
	What is the original date of the lease?							
	Number of years of lease?							
	Is the lease subject to annual appropriation?							
	What are the annual lease payments?			\$ -				
4-9	Does the entity have a certified mill levy?				X			
If yes:	Please provide the following current year mills levied:			Bond Redemption	0.00			
				General/Other	0.00			
				Total	0.00			

PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances.			Amount	Total	Please use this space to provide any explanations or comments:
5-1	Checking accounts		\$ 37,639		
5-2	Savings accounts		\$ 35,245		
5-3	Certificates of deposit		\$ -		
	Total Cash Deposits			\$ 72,884	
	Investments (if investment is a mutual fund, please list underlying investments):				
5-4			\$ -		
5-5			\$ -		
5-6			\$ -		
5-7			\$ -		
	Total Investments			\$ -	
	Total Cash and Investments			\$ 72,884	
Please answer the following question by marking in the appropriate box			Yes	No	
5-8	Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)? If no, please explain:			X	

PART 6 - CAPITAL ASSETS

Please answer the following questions by marking in the appropriate boxes.		Yes	No	Please use this space to provide any explanations or comments:	
6-1	Does the entity have capital assets?	X			
if yes:	Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.,? If no, please explain:	X			
6-2	Complete the following table for GOVERNMENTAL FUNDS:	Balance - beginning of the year	Additions	Deletions	Year-End Balance
	Land	\$ -	\$ -	\$ -	\$ -
	Buildings	\$ -	\$ -	\$ -	\$ -
	Machinery and equipment	\$ 33,478	\$ 1,874	\$ -	\$ 35,352
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
	Infrastructure	\$ -	\$ -	\$ -	\$ -
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
	Other (explain):	\$ -	\$ -	\$ -	\$ -
	Accumulated Depreciation	\$ (29,580)	\$ (3,688)	\$ -	\$ (33,149)
	Total	\$ 3,898	\$ (1,815)	\$ -	\$ 2,203
6-3	Complete the following table for PROPRIETARY FUNDS:	Balance - beginning of the year	Additions	Deletions	Year-End Balance
	Land	\$ -	\$ -	\$ -	\$ -
	Buildings	\$ -	\$ -	\$ -	\$ -
	Machinery and equipment	\$ -	\$ -	\$ -	\$ -
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
	Infrastructure	\$ -	\$ -	\$ -	\$ -
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
	Other (explain):	\$ -	\$ -	\$ -	\$ -
	Accumulated Depreciation	\$ -	\$ -	\$ -	\$ -
	Total	\$ -	\$ -	\$ -	\$ -

PART 7 - PENSION INFORMATION

Please answer the following questions by marking in the appropriate boxes.		Yes	No	Please use this space to provide any explanations or comments:
7-1	Does the entity have an "old hire" firemen's pension plan?		X	
7-2	Does the entity have a volunteer firemen's pension plan?		X	
if yes:	Who administers the plan?			
	Indicate the contributions from:			
	Tax (property, SO, sales, etc.):			\$ -
	State contribution amount:			\$ -
	Other (gifts, donations, etc.):			\$ -
	Total:			\$ -
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$ -		

PART 8 - BUDGET INFORMATION

Please answer the following questions by marking in the appropriate boxes.		Yes	No	Please use this space to provide any explanations or comments: RETACs are not required to file budgets with the DOLA.
8-1	Did the entity file a current year budget with the Department of Local Affairs? If no, please explain:		x	
8-2	Did the entity pass an appropriations resolution? If no, please explain:			
If yes:	Please indicate the amount appropriated for each fund for the current year			
	Fund Name	Budgeted Expenditures		
		\$	-	
		\$	-	
		\$	-	

PART 9 - TAX PAYER'S BILL OF RIGHTS (TABOR)

Please answer the following question by marking in the appropriate box		Yes	No	Please use this space to provide any explanations or comments:
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.	N/A		

PART 10 - GENERAL INFORMATION

Please answer the following questions by marking in the appropriate boxes.		Yes	No	Please use this space to provide any explanations or comments:
10-1	Is this application for a newly formed governmental entity?		x	
If yes:	Date of formation:			
10-2	Has the entity changed its name in the past or current year?		x	
If Yes:	Please list the NEW name & PRIOR name:			
10-3	Is the entity a metropolitan district?		x	
10-4	Please indicate what services the entity provides:			
10-5	Does the entity have an agreement with another government to provide services?		x	
If yes:	List the name of the other governmental entity and the services provided:			

Please use this space to provide any additional explanations or comments not previously included:

OSA USE ONLY

Entity Wide:		General Fund		Governmental Funds	
Unrestricted Cash & Investments	\$ 72,884	Unrestricted Fund Balan	\$ 89,472	Total Tax Revenue	\$ -
Current Liabilities	\$ 5,349	Total Fund Balance	\$ 89,472	Revenue Paying Debt Service	\$ -
Deferred Inflow	\$ -	PY Fund Balance	\$ 103,676	Total Revenue	\$ 229,138
		Total Revenue	\$ 229,138	Total Debt Service Principal	\$ -
		Total Expenditures	\$ 243,342	Total Debt Service Interest	\$ -
		Interfund In	\$ -		
Governmental		Interfund Out	\$ -	Enterprise Funds	
Total Cash & Investments	\$ 72,884	Proprietary		Net Position	\$ -
Transfers In	\$ -	Current Assets		PY Net Position	\$ -
Transfers Out	\$ -	Deferred Outflow		Government-Wide	
Property Tax	\$ -	Current Liabilities		Total Outstanding Debt	\$ -
Debt Service Principal	\$ -	Deferred Inflow		Authorized but Unissued	\$ -
Total Expenditures	\$ 243,342	Cash & Investments		Year Authorized	\$ -
Total Developer Advances	\$ -	Principal Expense	\$ -		
Total Developer Repayments	\$ -				

PART 11 - GOVERNING BODY APPROVAL

Below is the certification and approval of the governing board. By signing the board member is certifying they are a duly elected or appointed officer of the local government. Governing board members may be verified. Also by signing, the board member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenue and expenditures of \$750,000 or less must have an application prepared by a person skilled in governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

Print the names of all current governing board members below.

A MAJORITY of the governing board members must complete and sign in the column below.

Board Member	Print Board Members Name	I _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ My term Expires: _____
Board Member 1	DAVID D. BRANSON	I <u>DAVID BRANSON</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed <u>David D. Branson</u> My term Expires: <u>6/1/19</u> Date: <u>9/14/16</u>
Board Member 2	SCOTT T. SHOLES	I _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed <u>SSholes</u> My term Expires: _____ Date: <u>9/2015</u>
Board Member 3	Todd Parisi	I <u>Todd Parisi</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed <u>Todd Parisi</u> My term Expires: <u>12-31-17</u> Date: <u>9-14-2016</u>
Board Member 4	Kimmet Hollano	I _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed <u>Kimmet Hollano</u> My term Expires: _____ Date: <u>9/14/16</u>
Board Member 5		I _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ My term Expires: _____ Date: _____
Board Member 6		I _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from a Signed _____ My term Expires: _____ Date: _____
Board Member 7		I _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from a Signed _____ My term Expires: _____ Date: _____

Original Signatures
Verified by

Justin L. Smith

