

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT ADDRESS
Colorado Horse Development Authority
22 S. 4th Ave. Suite 106
Brighton, CO 80601

For the Year Ended
12/31/16
or fiscal year ended:

CONTACT PERSON
Bill Scebbi
PHONE
303-292-4981
EMAIL
bill@coloradohorsecouncil.com
FAX
303-293-2412

6/30/2017

PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME: **Robert R. Feis**
TITLE **CPA**
FIRM NAME (if applicable) **Feis & Company, P.C., CPA's**
ADDRESS **193 S. 27th Ave., Suite 100, Brighton, CO 80601**
PHONE **303-659-1200**
DATE PREPARED
(Must be prepared prior to Board approval) **9/20/2017**

PREPARER (SIGNATURE REQUIRED)



Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types

GOVERNMENTAL
(MODIFIED ACCRUAL BASIS)

PROPRIETARY
(CASH OR BUDGETARY BASIS)

E

RECEIVED

By the Office of the State Auditor at 9:39 am, Oct 03, 2017

PART 2 - REVENUE

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

| Line# | Description | Round to nearest Dollar | Please use this space to provide any necessary explanations |
|-------|--|-------------------------|---|
| 2-1 | Ta Property | \$ - | |
| 2-2 | Specific ownership | \$ - | |
| 2-3 | Sales and use | \$ - | |
| 2-4 | Other (specify): | \$ - | |
| 2-5 | Licenses and permits | \$ 11,160 | |
| 2-6 | Intergovernmental Grants | \$ - | |
| 2-7 | Conservation Trust Funds (Lottery) | \$ - | |
| 2-8 | Highway Users Tax Funds (HUTF) | \$ - | |
| 2-9 | Other (specify): | \$ - | |
| 2-10 | Charges for services | \$ 62,188 | |
| 2-11 | Fines and forfeits | \$ - | |
| 2-12 | Special assessments | \$ - | |
| 2-13 | Investment income | \$ 13 | |
| 2-14 | Charges for utility services | \$ - | |
| 2-15 | Debt proceeds (should agree with line 4-4, column 2) | \$ - | |
| 2-16 | Lease proceeds | \$ - | |
| 2-17 | Developer Advances received (should agree with line 4-4) | \$ - | |
| 2-18 | Proceeds from sale of capital assets | \$ - | |
| 2-19 | Fire and police pension | \$ - | |
| 2-20 | Donations | \$ 20 | |
| 2-21 | Other (specify): | \$ - | |
| 2-22 | | \$ - | |
| 2-23 | | \$ - | |
| 2-24 | (add lines 2-1 through 2-23) TOTAL REVENUE | \$ 73,381 | |

PART 3 - EXPENDITURES

EXPENDITURES: All expenditures for all funds must be reflected in this section, including the purchase of capital assets and principal and interest payments on long-term debt. Financial information will not include fund equity information.

| Line# | Description | Round to nearest Dollar | Please use this space to provide any necessary explanations |
|-------|---|-------------------------|---|
| 3-1 | Administrative | \$ 9,344 | |
| 3-2 | Salaries | \$ - | |
| 3-3 | Payroll taxes | \$ - | |
| 3-4 | Contract services | \$ 51,000 | |
| 3-5 | Employee benefits | \$ - | |
| 3-6 | Insurance | \$ - | |
| 3-7 | Accounting and legal fees | \$ 495 | |
| 3-8 | Repair and maintenance | \$ - | |
| 3-9 | Supplies | \$ 1,615 | |
| 3-10 | Utilities and telephone | \$ - | |
| 3-11 | Fire/Police | \$ - | |
| 3-12 | Streets and highways | \$ - | |
| 3-13 | Public health | \$ - | |
| 3-14 | Culture and recreation | \$ - | |
| 3-15 | Utility operations | \$ - | |
| 3-16 | Capital outlay | \$ - | |
| 3-17 | Debt service principal (should agree with Part 4) | \$ - | |
| 3-18 | Debt service interest | \$ - | |
| 3-19 | Repayment of Developer Advance Principal (should agree with line 4-4) | \$ - | |
| 3-20 | Repayment of Developer Advance Interest | \$ - | |
| 3-21 | Contribution to pension plan (should agree to line 7-2) | \$ - | |
| 3-22 | Contribution to Fire & Police Pension Assoc. (should agree to line 7-2) | \$ - | |
| 3-23 | Other (specify): | \$ - | |
| 3-24 | Grants | \$ 1,875 | |
| 3-25 | | \$ - | |
| 3-26 | (add lines 3-1 through 3-24) TOTAL EXPENDITURES | \$ 64,329 | |

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - **STOP**. You may not use this form. Please use the "Application for Exemption from Audit - LONG FORM".

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes.

| | | Yes | No |
|-----|---|--------------------------|-------------------------------------|
| 4-1 | Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment Schedule. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-2 | Is the debt repayment schedule attached? If no, MUST explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 4-3 | Is the entity current in its debt service payments? If no, MUST explain: | <input type="checkbox"/> | <input type="checkbox"/> |

| | Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers) | Outstanding at end of prior year | Issued during year | Retired during year | Outstanding at year-end |
|-----|--|----------------------------------|--------------------|---------------------|-------------------------|
| 4-4 | 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | How much? \$ _____ | | |
| | Date the debt was authorized: _____ | | |
| 4-6 | Does the entity intend to issue debt within the next calendar year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | How much? \$ _____ | | |
| 4-7 | Does the entity have debt that has been refinanced that it is still responsible for? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | What is the amount outstanding? \$ _____ | | |
| 4-8 | Does the entity have any lease agreements? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | What are the annual lease payments? \$ _____ | | |
| 4-9 | Does the entity have a certified Mill Levy? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | Please provide the following mills levied for the year reported: | | |
| | Bond Redemption | | - |
| | General/Other | | - |
| | TOTAL | | - |

Please use this space to provide any explanations or comments:

PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances.

| | | Amount | Total |
|-----|---|-----------|------------------|
| 5-1 | YEAR-END Total of ALL Checking and Savings Accounts | \$ 16,700 | |
| 5-2 | Certificates of deposit | \$ 43,053 | |
| | Total Cash Deposits | | \$ 59,753 |
| | Investments (if investment is a mutual fund, please list underlying investments): | | |
| 5-3 | | \$ - | |
| | | \$ - | |
| | | \$ - | |
| | | \$ - | |
| | Total Investments | | \$ - |
| | Total Cash and Investments | | \$ 59,753 |

Please answer the following questions by marking in the appropriate boxes

| | | Yes | No | N/A |
|-----|---|-------------------------------------|--------------------------|--------------------------|
| 5-4 | Are the entity's Investments legal in accordance with Section 24-75-601, et seq., C.R.S.? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5-5 | Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If no, MUST use this space to provide any explanations:

PART 6 - CAPITAL ASSETS

Please answer the following questions by marking in the appropriate boxes.

Yes No

- | | | | |
|-----|---|--------------------------|-------------------------------------|
| 6-1 | Does the entity have capital assets? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6-2 | Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.,? If no, MUST explain: | <input type="checkbox"/> | <input type="checkbox"/> |

| 6-3 | Complete the following capital assets table: | Balance - beginning of the year | Additions (Must be included in Part 3) | Deletions | Year-End Balance |
|-----|---|---------------------------------------|--|-------------|---------------------|
| | Land | \$ - | \$ - | \$ - | \$ - |
| | Buildings | \$ - | \$ - | \$ - | \$ - |
| | Machinery and equipment | \$ - | \$ - | \$ - | \$ - |
| | Furniture and fixtures | \$ - | \$ - | \$ - | \$ - |
| | Construction In Progress (CIP) | \$ - | \$ - | \$ - | \$ - |
| | Other (explain): | \$ - | \$ - | \$ - | \$ - |
| | Accumulated Depreciation (Please enter a negative, or credit, balance) | \$ - | \$ - | \$ - | \$ - |
| | TOTAL | \$ - | \$ - | \$ - | \$ - |

Please use this space to provide any explanations or comments:

PART 7 - PENSION INFORMATION

Please answer the following questions by marking in the appropriate boxes.

Yes No

- | | | | |
|-----|--|--------------------------|-------------------------------------|
| 7-1 | Does the entity have an "old hire" firemen's pension plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7-2 | Does the entity have a volunteer firemen's pension plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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?

\$ -

Please use this space to provide any explanations or comments:

PART 8 - BUDGET INFORMATION

Please answer the following questions by marking in the appropriate boxes.

Yes No N/A

- | | | | | |
|-----|---|-------------------------------------|--------------------------|--------------------------|
| 8-1 | Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8-2 | Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If yes: Please indicate the amount appropriated for each fund for the year reported:

| Fund Name | Budgeted Expenditures |
|-----------|-----------------------|
| Authority | \$ 70,950 |

PART 9 - TAXPAYER'S BILL OF RIGHTS (TABOR)

Please answer the following question by marking in the appropriate box

Yes

No

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.

If no, **MUST** explain:

PART 10 - GENERAL INFORMATION

Please answer the following questions by marking in the appropriate boxes.

Yes

No

10-1 Is this application for a newly formed governmental entity?

If yes: Date of formation:

10-2 Has the entity changed its name in the past or current year?

If yes: Please list the NEW name & PRIOR name:

10-3 Is the entity a metropolitan district?

Please indicate what services the entity provides:

10-4 Does the entity have an agreement with another government to provide services?

If yes: List the name of the other governmental entity and the services provided:

10-5 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.]

If yes: Date Filed:

Please use this space to provide any explanations or comments:

PART 11 - GOVERNING BODY APPROVAL

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 1 | Print Board Member's Name Dr. Marv Beeman | I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____ |
| Board Member 2 | Print Board Member's Name Jerry Black | I <u>Jerry Black</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u>Jerry Black</u> Date: <u>09/30/2017</u> My term Expires: <u>Oct. 2020</u> |
| Board Member 3 | Print Board Member's Name Megan A. Bryant | I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____ |
| Board Member 4 | Print Board Member's Name Carol Crowder | I <u>Carol Crowder</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u>Carol Crowder</u> Date: <u>10/02/2017</u> My term Expires: <u>2019</u> |
| Board Member 5 | Print Board Member's Name Jake Dahl | I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____ |
| Board Member 6 | Print Board Member's Name Tina Estes | I <u>Tina Estes</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u>Tina Estes</u> Date: <u>09/30/2017</u> My term Expires: <u>10/1/2018</u> |
| Board Member 7 | Print Board Member's Name Randy Sue Fosha | I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____ |

PART 11 - GOVERNING BODY APPROVAL

Print the names of ALL current governing A MAJORITY of the governing board members must complete and sign in the

| | | |
|------------------------|---|---|
| Board Member 8 | <p style="text-align: center;">Print Board Member's Name Dennis Kuehl</p> | <p>I <u>D. W. Kuehl</u>, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.</p> <p>Signed _____ Date: <u>09/30/2017</u> My term Expires: <u>2019</u></p> |
| Board Member 9 | <p style="text-align: center;">Print Board Member's Name Steven D. Laman</p> | <p>I <u>Steven D. Laman</u>, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.</p> <p>Signed _____ Date: <u>09/30/2017</u> My term Expires: <u>2019</u></p> |
| Board Member 10 | <p style="text-align: center;">Print Board Member's Name Duke Lathman</p> | <p>I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.</p> <p>Signed _____ Date: _____ My term Expires: _____</p> |
| Board Member 11 | <p style="text-align: center;">Print Board Member's Name Gerald Martinez</p> | <p>I <u>Gerald Martinez</u>, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.</p> <p>Signed _____ Date: <u>09/29/2017</u> My term Expires: <u>June 2018</u></p> |
| Board Member 12 | <p style="text-align: center;">Print Board Member's Name Abby Powell</p> | <p>I <u>Abby Powell</u>, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.</p> <p>Signed _____ Date: <u>09/30/2017</u> My term Expires: _____ <u>2018</u></p> |
| Board Member 13 | <p style="text-align: center;">Print Board Member's Name Jim Snook</p> | <p>I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.</p> <p>Signed _____ Date: _____ My term Expires: _____</p> |

**RESOLUTION/ORDINANCE FOR EXEMPTION FROM
AUDIT**

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2017 FOR THE **Colorado Horse Development Authority**, STATE OF COLORADO.

WHEREAS, the **Board of Directors of Colorado Horse Development Authority** wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed five hundred thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

(1)WHEREAS, neither revenue nor expenditures for **Colorado Horse Development Authority** exceeded \$100,000 for Fiscal Year 2017; and

WHEREAS, an application for exemption from audit for **Colorado Horse Development Authority** has been prepared by **Robert R. Feis, CPA**, a person skilled in governmental accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the **Board of Directors** of the **Colorado Horse Development Authority** that the application for exemption from audit for **Colorado Horse Development Authority** for the Fiscal Year ended June 30, 2017, has been personally reviewed and is hereby approved by a majority of the **Board of Directors** of the **Colorado Horse Development Authority**; that those members of the **Board of Directors** have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the **Colorado Horse Development Authority** for the fiscal year ended June 30, 2017.

ADOPTED THIS 0__ day of September 9, A.D. 2017.

Abby Powell

President

ATTEST:

Secretary

Board of Directors

Name:

Term End Date

Signature

| | | |
|-----------------|-----------------|------------------------|
| Abby Powell | Sept 2018 | <i>Abby Powell</i> |
| Duke Latham | | |
| Tina Estes | 10/1/2018 | <i>Tina Estes</i> |
| Megan Bryant | | |
| Dr. Marv Beeman | | |
| Jack Black | Oct. 2020 | <i>Jerry Black</i> |
| Carol Crowder | 2019 | <i>Carol Crowder</i> |
| Jake Dahl | | |
| Randy Sue Fosha | | |
| Dennis Kuehl | 2019 | <i>D.W. Kuehl</i> |
| Steven D. Laman | Steven D. Laman | <i>Steven D. Laman</i> |
| Gerald Martinez | June 2018 | <i>Gerald Martinez</i> |
| Jim Snook | | |

Signature Certificate

 Document Reference: FYPMBGIKYJ9496AXKL5AUJ

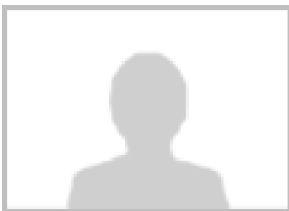


Abby Powell
Party ID: TTVJ99JTY2TPYWHTJUW3FY
IP Address: 129.19.1.10
VERIFIED EMAIL: apowell@larimer.org

Electronic Signature:

Abby Powell

Multi-Factor Digital Fingerprint Checksum 24b5669a62dfbb1d5b858458a3cb1f62d899eb7d



Gerald Martinez
Party ID: EE68LCJBZ33BYM74LB2H89
IP Address: 173.164.58.117
VERIFIED EMAIL: gmarti1058@aol.com

Electronic Signature:

Gerald Martinez

Multi-Factor Digital Fingerprint Checksum 7f5a525713071b426d760ba89e1480a4e022ebab



Steven D. Laman
Party ID: NW9GYAIH85VW7ICJ8LZMSN
IP Address: 174.209.14.107
VERIFIED EMAIL: slaman@msslawpc.com

Electronic Signature:

Steven D. Laman

Multi-Factor Digital Fingerprint Checksum 312fb22cec6958d21edecfa32852c328f6f25087



Dennis Kuehl
Party ID: FNZIZUJP636CRUHI2HEARM
IP Address: 71.211.239.84
VERIFIED EMAIL: djkuehlco@yahoo.com

Electronic Signature:

D.W. Kuehl

Multi-Factor Digital Fingerprint Checksum 1ced847e36576e51b7e87ba9c5631303c45fba88



This signature page provides a record of the online activity executing this contract.

Signature Certificate

 Document Reference: FYPMBGIKYJ9496AXKL5AUJ

RightSignature
Easy Online Document Signing



Tina Estes
Party ID: 6BNSK3J9SJ9CVV4SA2J6ZI
IP Address: 72.161.124.49
VERIFIED EMAIL: trademarkfarm@centurylink.net

Electronic Signature:

Multi-Factor
Digital Fingerprint Checksum

98378e3af199d4834721200ae0323bbe9271b2a4

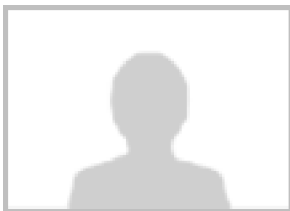


Carol Crowder
Party ID: YCC2I5I43JM34HS47NLRLA
IP Address: 71.33.138.219
VERIFIED EMAIL: milehibarrelhorse@gmail.com

Electronic Signature:

Multi-Factor
Digital Fingerprint Checksum

1335c9d34d4ab6937743b03b5f73c9e5b15b217a



Jerry Black
Party ID: CKDVHNIQS4FMYSS4V7WV5
IP Address: 76.76.95.148
VERIFIED EMAIL: jerry.black@colostate.edu

Electronic Signature:

Multi-Factor
Digital Fingerprint Checksum

f2fc61a39bb2f354981ca2272a85871347509a4f



Timestamp

2017-10-02 07:54:35 -0700

2017-10-02 07:54:34 -0700

2017-09-30 21:08:32 -0700

2017-09-30 09:29:52 -0700

2017-09-30 07:57:45 -0700

Audit

All parties have signed document. Signed copies sent to: Abby Powell, Gerald Martinez, Steven D. Laman, Dennis Kuehl, Tina Estes, Carol Crowder, Jerry Black, and Meghan Lewis.

Document signed by Carol Crowder (milehibarrelhorse@gmail.com) with drawn signature. - 184.63.20.129

Document viewed by Carol Crowder (milehibarrelhorse@gmail.com). - 71.33.138.219

Document signed by Steven D. Laman (slaman@msslawpc.com) with drawn signature. - 66.35.55.34

Document signed by Tina Estes (trademarkfarm@centurylink.net) with drawn signature. - 72.161.124.49



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Signature Certificate



Document Reference: FYPMBGIKYJ9496AXKL5AUJ

RightSignature
Easy Online Document Signing

| | |
|---------------------------|---|
| 2017-09-30 07:45:09 -0700 | Document viewed by Tina Estes (trademarkfarm@centurylink.net). - 72.161.124.49 |
| 2017-09-30 07:40:15 -0700 | Document signed by Abby Powell (apowell@larimer.org) with drawn signature. - 129.19.1.10 |
| 2017-09-30 07:36:01 -0700 | Document viewed by Abby Powell (apowell@larimer.org). - 129.19.1.10 |
| 2017-09-30 07:19:07 -0700 | Document signed by Dennis Kuehl (djkhuehco@yahoo.com) with drawn signature. - 71.211.239.84 |
| 2017-09-30 07:13:26 -0700 | Document viewed by Dennis Kuehl (djkhuehco@yahoo.com). - 71.211.239.84 |
| 2017-09-30 05:57:44 -0700 | Document signed by Jerry Black (jerry.black@colostate.edu) with drawn signature. - 76.76.95.148 |
| 2017-09-30 05:50:04 -0700 | Document viewed by Jerry Black (jerry.black@colostate.edu). - 76.76.95.148 |
| 2017-09-29 21:34:42 -0700 | Document signed by Gerald Martinez (gmarti1058@aol.com) with drawn signature. - 173.164.58.117 |
| 2017-09-29 21:27:06 -0700 | Document viewed by Gerald Martinez (gmarti1058@aol.com). - 173.164.58.117 |
| 2017-09-29 20:17:45 -0700 | Document viewed by Steven D. Laman (slaman@msslawpc.com). - 174.209.14.107 |
| 2017-09-29 19:50:12 -0700 | Document created by Meghan Lewis (meghan@feiscocpa.com). - 73.229.114.50 |



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