

**APPLICATION FOR EXEMPTION FROM AUDIT****SHORT FORM**NAME OF GOVERNMENT  
ADDRESS

Rudolph Farms Metropolitan District No. 5

8390 E Crescent Parkway

Suite 300

Greenwood Village, CO 80111

CONTACT PERSON

Christine Harwell

PHONE

303-779-5710

EMAIL

Christine.Harwell@claconnect.com

FAX

303-779-0348

For the Year Ended  
12/31/19  
or fiscal year ended:**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:

Christine Harwell

TITLE

Accountant for the District

FIRM NAME (if applicable)

CliftonLarsonAllen LLP

ADDRESS

8390 E Crescent Parkway, Suite 300, Greenwood Village, CO 80111

PHONE

303-779-5710

DATE PREPARED

February 25, 2020

**PREPARER** (SIGNATURE REQUIRED)

SEE ATTACHED ACCOUNTANT'S COMPILATION REPORT

Please indicate whether the following financial information is recorded  
using Governmental or Proprietary fund types**GOVERNMENTAL**  
(MODIFIED ACCRUAL BASIS)**PROPRIETARY**  
(CASH OR BUDGETARY BASIS)

## 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 |   |
|-------|--|-------------------------|---|
| 2-1   | Taxes: Property (report mills levied in Question 10-6)   | \$ -                    | Please use this space to provide any necessary explanations |
| 2-2   | Specific ownership                                       | \$ -                    |   |
| 2-3   | Sales and use  | \$ -                    |   |
| 2-4   | Other (specify):   | \$ -                    |   |
| 2-5   | Licenses and permits                                     | \$ -                    |   |
| 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                                     | \$ -                    |   |
| 2-11  | Fines and forfeits                                       | \$ -                    |   |
| 2-12  | Special assessments                                      | \$ -                    |   |
| 2-13  | Investment income  | \$ -                    |   |
| 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  | \$ -                    |   |
| 2-21  | Other (specify):   | \$ -                    |   |
| 2-22  |  | \$ -                    |   |
| 2-23  |  | \$ -                    |   |
| 2-24  | (add lines 2-1 through 2-23) TOTAL REVENUE               | \$ -                    |   |

## 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 |   |
|-------|---|-------------------------|---|
| 3-1   | Administrative  | \$ -                    | Please use this space to provide any necessary explanations |
| 3-2   | Salaries  | \$ -                    |   |
| 3-3   | Payroll taxes   | \$ -                    |   |
| 3-4   | Contract services   | \$ -                    |   |
| 3-5   | Employee benefits   | \$ -                    |   |
| 3-6   | Insurance   | \$ -                    |   |
| 3-7   | Accounting and legal fees   | \$ -                    |   |
| 3-8   | Repair and maintenance  | \$ -                    |   |
| 3-9   | Supplies  | \$ -                    |   |
| 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  |   | \$ -                    |   |
| 3-25  |   | \$ -                    |   |
| 3-26  | (add lines 3-1 through 3-24) TOTAL EXPENDITURES                         | \$ -                    |   |

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?<br>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:<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">N/A, The District has no outstanding debt.</div>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |             |             |
| 4-3 Is the entity current in its debt service payments? If no, MUST explain:<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">N/A, The District has no outstanding debt.</div> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |             |             |
| 4-4 Please complete the following debt schedule, if applicable:<br>(please only include principal amounts)(enter all amount as positive numbers)  |                          |                                     |             |             |
| <b>General obligation bonds</b>   | \$ -                     | \$ -                                | \$ -        | \$ -        |
| Revenue bonds   | \$ -                     | \$ -                                | \$ -        | \$ -        |
| Notes/Loans   | \$ -                     | \$ -                                | \$ -        | \$ -        |
| Leases  | \$ -                     | \$ -                                | \$ -        | \$ -        |
| Developer Advances  | \$ -                     | \$ -                                | \$ -        | \$ -        |
| Other (specify):  | \$ -                     | \$ -                                | \$ -        | \$ -        |
| <b>TOTAL</b>  | <b>\$ -</b>              | <b>\$ -</b>                         | <b>\$ -</b> | <b>\$ -</b> |

\*must tie to prior year ending balance

Please answer the following questions by marking the appropriate boxes.

|   | Yes   | No                                  |
|---|---|-------------------------------------|
| 4-5 Does the entity have any authorized, but unissued, debt?<br>If yes: How much?   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |
| Date the debt was authorized:   | <div style="border: 1px solid black; padding: 2px; margin: 5px auto; width: 80%;">\$ 1,887,000,000.00<br/>May 8, 2018</div> |                                     |
| 4-6 Does the entity intend to issue debt within the next calendar year?<br>If yes: How much?  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |
| 4-7 Does the entity have debt that has been refinanced that it is still responsible for?<br>If yes: What is the amount outstanding? | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |
| 4-8 Does the entity have any lease agreements?<br>If yes: What is being leased?   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |
| What is the original date of the lease?   | <div style="border: 1px solid black; height: 15px; width: 100%;"></div>   |                                     |
| Number of years of lease?   | <div style="border: 1px solid black; height: 15px; width: 100%;"></div>   |                                     |
| Is the lease subject to annual appropriation?   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |
| What are the annual lease payments?   | <div style="border: 1px solid black; padding: 2px; margin: 5px auto; width: 80%;">\$ -</div>                                |                                     |

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                           | \$ -   |       |
| 5-2 Certificates of deposit   | \$ -   |       |
| <b>Total Cash Deposits</b>  |        | \$ -  |
| Investments (if investment is a mutual fund, please list underlying investments): |        |       |
|   | \$ -   |       |
|   | \$ -   |       |
| 5-3   | \$ -   |       |
|   | \$ -   |       |
| <b>Total Investments</b>  |        | \$ -  |
| <b>Total Cash and Investments</b>   |        | \$ -  |

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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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?  Yes       No
- 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:  Yes       No

| 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                       | \$ -                             | \$ -                                   | \$ -        | \$ -             |
| Infrastructure                               | \$ -                             | \$ -                                   | \$ -        | \$ -             |
| Construction In Progress (CIP)               | \$ -                             | \$ -                                   | \$ -        | \$ -             |
| Other (explain):                             | \$ -                             | \$ -                                   | \$ -        | \$ -             |
| Accumulated Depreciation                     | \$ -                             | \$ -                                   | \$ -        | \$ -             |
| <b>TOTAL</b>                                 | <b>\$ -</b>                      | <b>\$ -</b>                            | <b>\$ -</b> | <b>\$ -</b>      |

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?  Yes       No
- 7-2 Does the entity have a volunteer firemen's pension plan?  Yes       No

If yes: Who administers the plan?

Indicate the contributions from:

|                                  |             |
|----------------------------------|-------------|
| Tax (property, SO, sales, etc.): | \$ -        |
| State contribution amount:       | \$ -        |
| Other (gifts, donations, etc.):  | \$ -        |
| <b>TOTAL</b>                     | <b>\$ -</b> |

What is the monthly benefit paid for 20 years of service per retiree as of Jan  \$ -

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.?  Yes       No       N/A

- 8-2 Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:  Yes       No       N/A

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

|              |      |
|--------------|------|
| General Fund | \$ - |
|              |      |
|              |      |
|              |      |

## 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,

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:

Please See Below

**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



If yes: Date Filed:

**10-6** Does the entity have a certified Mill Levy?



If yes: Please provide the following mills levied for the year reported (do not report \$ amounts):

|                       |   |
|-----------------------|---|
| Bond Redemption mills | - |
| General/Other mills   | - |
| Total mills           | - |

|  |   |
|--|---|
|  | - |
|  | - |
|  | - |

Please use this space to provide any explanations or comments:

10-3: Services provided by the District include street improvements, parks and recreation, water, sanitation/storm sewer, transportation, mosquito control, safety protection, fire protection, television relay and translation, security, operations and maintenance, and directional drilling.

## PART 11 - GOVERNING BODY APPROVAL

| Please answer the following question by marking in the appropriate box |  | YES                                 | NO                       |
|--|--|-------------------------------------|--------------------------|
| 12-1   | If you plan to submit this form electronically, have you read the new Electronic Signature Policy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### Office of the State Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and Procedure


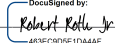
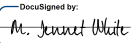


#### Policy - Requirements

The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as DocuSign or Echosign. Required elements and safeguards are as follows:

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
- Office of the State Auditor staff will not coordinate obtaining signatures.

**The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following three methods:**

- 1) Submit the application in hard copy via the US Mail including original signatures.
- 2) Submit the application electronically via email and either,
  - a. Include a copy of an adopted resolution that documents formal approval by the Board, **or**
  - b. Include electronic signatures obtained through a software program such as DocuSign or Echosign in accordance with the requirements noted above.

| 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<br>David White     | I David White , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.<br>Signed  _____<br>Date: _____ 3/18/2020<br>My term Expires: May 2022     |
| Board Member 2  | Print Board Member's Name<br>Robert Roth Jr  | I Robert Roth Jr, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.<br>Signed  _____<br>Date: _____ 3/17/2020<br>My term Expires: May 2022   |
| Board Member 3  | Print Board Member's Name<br>M. Jennet White | I M. Jennet White , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.<br>Signed  _____<br>Date: _____ 3/18/2020<br>My term Expires: May 2020 |
| Board Member 4  | Print Board Member's Name<br>Jane White      | I Jane White, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.<br>Signed  _____<br>Date: _____ 3/18/2020<br>My term Expires: May 2020       |
| Board Member 5  | Print Board Member's Name<br>Eric White      | I Eric White , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.<br>Signed  _____<br>Date: _____ 3/17/2020<br>My term Expires: May 2022      |
| Board Member 6  | Print Board Member's Name                    | 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.<br>Signed _____<br>Date: _____<br>My term Expires: _____  |
| Board Member 7  | Print Board Member's Name                    | 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.<br>Signed _____<br>Date: _____<br>My term Expires: _____  |



CliftonLarsonAllen

CliftonLarsonAllen LLP  
www.CLACONnect.com

## Accountant's Compilation Report

Board of Directors  
Rudolph Farms Metropolitan District No. 5  
Larimer County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Rudolph Farms Metropolitan District No. 5 as of and for the year ended December 31, 2019, included in the accompanying prescribed form. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statements included in the accompanying prescribed form nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statements included in the accompanying prescribed form.

The Application for Exemption from Audit is presented in accordance with the requirements of the Colorado Office of the State Auditor, which differ from accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the Colorado Office of the State Auditor and is not intended to be and should not be used by anyone other than this specified party.

We are not independent with respect to Rudolph Farms Metropolitan District No. 5.

Greenwood Village, Colorado  
February 25, 2020

## Certificate Of Completion

Envelope Id: C7160DE753D44EA7B6730966EC29DBF3

Status: Completed

Subject: Please DocuSign: RudolphFarmsMDNo.5\_AuditExemption\_2019.pdf

Client Name: Rudolph Farms Metropolitan District No. 5

Client Number: 011-045899-00

Source Envelope:

Document Pages: 8

Signatures: 5

Envelope Originator:

Certificate Pages: 5

Initials: 0

Alonso DuranRodriguez

AutoNav: Enabled

220 South 6th Street

Envelopeld Stamping: Enabled

Suite 300

Time Zone: (UTC-06:00) Central Time (US & Canada)

Minneapolis, MN 55402

Alonso.DuranRodriguez@claconnect.com

IP Address: 65.59.88.254

## Record Tracking

Status: Original

Holder: Alonso DuranRodriguez

Location: DocuSign

3/17/2020 12:26:08 PM

Alonso.DuranRodriguez@claconnect.com

## Signer Events

David White

dwhite@laam.biz

Security Level: Email, Account Authentication (None)

## Signature

DocuSigned by:  
  
 1CD68C88E6514E4...

Signature Adoption: Pre-selected Style

Using IP Address: 107.77.196.151

## Timestamp

Sent: 3/17/2020 12:28:54 PM

Viewed: 3/18/2020 10:10:56 AM

Signed: 3/18/2020 10:12:02 AM

### Electronic Record and Signature Disclosure:

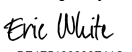
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ID: 5a633442-678d-4d6d-8686-a2e711484605

Eric White

rwhite@laam.biz

Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
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Signature Adoption: Pre-selected Style

Using IP Address: 73.153.246.5

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Viewed: 3/17/2020 1:13:50 PM

Signed: 3/17/2020 1:14:04 PM

### Electronic Record and Signature Disclosure:

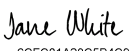
Accepted: 3/11/2020 4:41:59 PM

ID: a04d8ebe-bbb6-4f0c-b1e8-e28a5614b4eb

Jane White

zcull@aol.com

Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
 6CFC01A28C5B4C9...

Signature Adoption: Pre-selected Style

Using IP Address: 73.153.246.5

Sent: 3/17/2020 12:28:54 PM

Viewed: 3/18/2020 1:33:14 PM

Signed: 3/18/2020 1:33:27 PM

### Electronic Record and Signature Disclosure:

Accepted: 3/18/2020 1:33:14 PM

ID: eaa24adb-a640-4a7b-86b2-9c24f88207da

M. Jennet White

mjennet@yahoo.com

Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
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Signature Adoption: Pre-selected Style

Using IP Address: 107.77.196.151

Sent: 3/17/2020 12:28:55 PM

Viewed: 3/18/2020 11:05:17 AM

Signed: 3/18/2020 11:06:28 AM

| Signer Events | Signature | Timestamp |
|---------------|-----------|-----------|
|---------------|-----------|-----------|

**Electronic Record and Signature Disclosure:**  
 Accepted: 3/18/2020 11:05:17 AM  
 ID: d9ea6791-22a0-4495-9017-7dfce1b98cc8

Robert Roth Jr  
 Robert.rothjr@kutakrock.com  
 Security Level: Email, Account Authentication  
 (None)



Sent: 3/17/2020 12:28:55 PM  
 Viewed: 3/17/2020 1:21:17 PM  
 Signed: 3/17/2020 1:21:58 PM

Signature Adoption: Pre-selected Style  
 Using IP Address: 38.142.161.202

**Electronic Record and Signature Disclosure:**  
 Accepted: 3/17/2020 1:21:17 PM  
 ID: 81c69a04-993e-4cfe-9606-273a613f9ebc

| In Person Signer Events | Signature | Timestamp |
|-------------------------|-----------|-----------|
|-------------------------|-----------|-----------|

| Editor Delivery Events | Status | Timestamp |
|------------------------|--------|-----------|
|------------------------|--------|-----------|

| Agent Delivery Events | Status | Timestamp |
|-----------------------|--------|-----------|
|-----------------------|--------|-----------|

| Intermediary Delivery Events | Status | Timestamp |
|------------------------------|--------|-----------|
|------------------------------|--------|-----------|

| Certified Delivery Events | Status | Timestamp |
|---------------------------|--------|-----------|
|---------------------------|--------|-----------|

| Carbon Copy Events | Status | Timestamp |
|--------------------|--------|-----------|
|--------------------|--------|-----------|

| Witness Events | Signature | Timestamp |
|----------------|-----------|-----------|
|----------------|-----------|-----------|

| Notary Events | Signature | Timestamp |
|---------------|-----------|-----------|
|---------------|-----------|-----------|

| Envelope Summary Events | Status | Timestamps |
|-------------------------|--------|------------|
|-------------------------|--------|------------|

|                     |                  |                       |
|---------------------|------------------|-----------------------|
| Envelope Sent       | Hashed/Encrypted | 3/17/2020 12:28:55 PM |
| Certified Delivered | Security Checked | 3/18/2020 1:33:14 PM  |
| Signing Complete    | Security Checked | 3/18/2020 1:33:27 PM  |
| Completed           | Security Checked | 3/18/2020 1:33:27 PM  |

| Payment Events | Status | Timestamps |
|----------------|--------|------------|
|----------------|--------|------------|

| Electronic Record and Signature Disclosure |
|--|
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## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

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