

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

Kirk Cemetery District
2938 County Road M
Kirk, CO 80824

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

CONTACT PERSON
PHONE
EMAIL
FAX

Wayne Herrick
(970) 362-4372

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:
TITLE
FIRM NAME (if applicable)
ADDRESS
PHONE
DATE PREPARED

Susan Hill
Budget Director

3653 County Road J, Joes, CO 80822
(970) 358-4520
2/20/2020

PREPARER (SIGNATURE REQUIRED)

Susan Hill, BD

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 | Please use this space to provide any necessary explanations |
|-------|--|-------------------------|---|
| 2-1 | Taxes: Property (report mills levied in Question 10-6) | \$ 3,411 | |
| 2-2 | Specific ownership | \$ 402 | |
| 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 | \$ 707 | |
| 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 | \$ 1,500 | |
| 2-21 | Other (specify): | \$ - | |
| 2-22 | | \$ - | |
| 2-23 | | \$ - | |
| 2-24 | (add lines 2-1 through 2-23) TOTAL REVENUE | \$ 6,020 | |

PART 3 - EXPENDITURES/EXPENSES

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 | \$ 625 | |
| 3-2 | Salaries | \$ - | |
| 3-3 | Payroll taxes | \$ - | |
| 3-4 | Contract services | \$ 1,265 | |
| 3-5 | Employee benefits | \$ - | |
| 3-6 | Insurance | \$ - | |
| 3-7 | Accounting and legal fees | \$ - | |
| 3-8 | Repair and maintenance | \$ 635 | |
| 3-9 | Supplies | \$ 187 | |
| 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 | New Mower | \$ 7,147 | |
| 3-25 | New Trailer | \$ 2,100 | |
| 3-26 | (add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSES | \$ 11,959 | |

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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4-3 Is the entity current in its debt service payments? If no, MUST explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers) | | | | |
| General obligation bonds | \$ - | \$ - | \$ - | \$ - |
| Revenue bonds | \$ - | \$ - | \$ - | \$ - |
| Notes/Loans | \$ - | \$ - | \$ - | \$ - |
| Leases | \$ - | \$ - | \$ - | \$ - |
| Developer Advances | \$ - | \$ - | \$ - | \$ - |
| Other (specify): | \$ - | \$ - | \$ - | \$ - |
| TOTAL | \$ - | \$ - | \$ - | \$ - |

*must tie to prior year ending balance

| | Yes | No |
|---|--------------------------|-------------------------------------|
| 4-5 Does the entity have any authorized, but unissued, debt? If yes: How much? \$ - Date the debt was authorized: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-6 Does the entity intend to issue debt within the next calendar year? 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? If yes: What is the amount outstanding? \$ - | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-8 Does the entity have any lease agreements? 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? \$ - | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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 | \$ 27,941 | |
| 5-2 Certificates of deposit | \$ - | |
| Total Cash Deposits | | \$ 27,941 |
| Investments (if investment is a mutual fund, please list underlying investments): | | |
| | \$ - | |
| | \$ - | |
| 5-3 | \$ - | |
| | \$ - | |
| Total Investments | | \$ - |
| Total Cash and Investments | | \$ 27,941 |

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?
- 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:

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 | \$ 5,430 | \$ 3,250 | \$ - | \$ 8,680 |
| Buildings | \$ 5,500 | \$ - | \$ - | \$ 5,500 |
| Machinery and equipment | \$ 21,060 | \$ - | \$ - | \$ 21,060 |
| Furniture and fixtures | \$ 11,584 | \$ 9,747 | \$ 500 | \$ 20,831 |
| Infrastructure | \$ - | \$ - | \$ - | \$ - |
| Construction In Progress (CIP) | \$ - | \$ - | \$ - | \$ - |
| Other (explain): | \$ - | \$ - | \$ - | \$ - |
| Accumulated Depreciation | \$ - | \$ - | \$ - | \$ - |
| TOTAL | \$ 43,574 | \$ 12,997 | \$ 500 | \$ 56,071 |

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?
- 7-2 Does the entity have a volunteer firemen's pension plan?
- 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 \$ -

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

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

| Fund Name | Budgeted Expenditures/Expenses |
|--------------|--------------------------------|
| General Fund | \$ 5,870 |
| | |
| | |
| | |

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)]? <small>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.</small> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | Date of formation: <input style="width: 450px; height: 15px;" type="text"/> | | |
| 10-2 | Has the entity changed its name in the past or current year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | Please list the NEW name & PRIOR name: <input style="width: 600px; height: 15px;" type="text"/> | | |
| 10-3 | Is the entity a metropolitan district? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Please indicate what services the entity provides: <input style="width: 600px; height: 15px;" type="text"/> | | |
| 10-4 | Does the entity have an agreement with another government to provide services? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | List the name of the other governmental entity and the services provided: <input style="width: 600px; height: 15px;" type="text"/> | | |
| 10-5 | Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | Date Filed: <input style="width: 450px; height: 15px;" type="text"/> | | |
| 10-6 | Does the entity have a certified Mill Levy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes: | Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts): | | |

| | |
|-----------------------|--------------|
| Bond Redemption mills | - |
| General/Other mills | 0.303 |
| Total mills | 0.303 |

Please use this space to provide any explanations or comments:

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.

| Inventory Description | Capital Asset Category | | | | | | | Total |
|--|------------------------|--------------------|-----------------------|----------------------|--------------------------------|-------------|--------------------------|---------------------|
| | Land | Buildings | Machinery & Equipment | Furniture & Fixtures | Construction in Progress (CIP) | Other | Accumulated Depreciation | |
| 50 - 5'X7' Flags and 10' poles | | | | \$ 600.00 | | | | |
| 2 - 7'X9' Flags | | | | \$ 144.00 | | | | |
| FastTrack Mower 48" deck | | | \$ 3,500.00 | | | | | |
| FastTrack Mower 52" deck | | | \$ 4,000.00 | | | | | |
| DR Trimmer | | | \$ 500.00 | | | | | |
| 1 Cart | | | \$ 60.00 | | | | | |
| 2 - Steel Storage Boxes | | | | \$ 240.00 | | | | |
| Storage Shed | | \$ 4,000.00 | | | | | | |
| Awning/Enclosure for WWII Memorabilia | | \$ 800.00 | | | | | | |
| Overhead Door | | \$ 300.00 | | | | | | |
| Well/waterline | | | \$ 13,000.00 | | | | | |
| 2 Outhouses | | \$ 400.00 | | | | | | |
| Front Fence | | | | \$ 800.00 | | | | |
| Overhead Entrance Archway | | | | \$ 300.00 | | | | |
| Olivet Fence | | | | \$ 500.00 | | | | |
| Land Value per Yuma County Assessor (Kirk) | \$ 5,380.00 | | | | | | | |
| Land Value per Yuma County Assessor (Olivet) | \$ 50.00 | | | | | | | |
| Balance as of 12/31/2015 | \$ 5,430.00 | \$ 5,500.00 | \$ 21,060.00 | \$ 2,584.00 | \$ - | \$ - | \$ - | \$ 34,574.00 |
| No additions or subtractions for 2016 | | | | | | | | |
| Balance as of 12/31/2016 | \$ 5,430.00 | \$ 5,500.00 | \$ 21,060.00 | \$ 2,584.00 | \$ - | \$ - | \$ - | \$ 34,574.00 |
| Fencing Material Purchased | | | | \$ 4,000.00 | | | | |
| Balance as of 12/31/2017 | \$ 5,430.00 | \$ 5,500.00 | \$ 21,060.00 | \$ 6,584.00 | \$ - | \$ - | \$ - | \$ 38,574.00 |
| Fencing Installed | | | | \$ 5,000.00 | | | | |
| Balance as of 12/31/2018 | \$ 5,430.00 | \$ 5,500.00 | \$ 21,060.00 | \$ 11,584.00 | \$ - | \$ - | \$ - | \$ 43,574.00 |
| 05-14-2019: Purchase New Mower | | | \$ 7,647.00 | | | | | |
| 05-14-2019: Trade in old Mower | | | \$ (500.00) | | | | | |
| 12-13-2019: Purchase Trailer | | | \$ 2,100.00 | | | | | |
| Assessed Value Increase | \$ 3,250.00 | | | | | | | |
| Balance as of 12/31/2019 | \$ 8,680.00 | \$ 5,500.00 | \$ 30,307.00 | \$ 11,584.00 | \$ - | \$ - | \$ - | \$ 56,071.00 |



Summary

Parcel Number R527109
Account Number R527109
Property Address N/A
Brief Tax Description 23 5-S-47 TRACT IN SW COR OF SE1/4 6.34 AC ALSO A TR: BEG AT SE QTR COR OF SEC 23; THN N 484'; THN N 141'; THN W 30'; THN S 141'; THN E 30' TO POB, CONTG .10 AC M/L
(Note: Not to be used on legal documents)
Class Exempt
Neighborhood N/A
Tax District District 437
Acres 6.44

Owner

Kirk Cemetery District
 C/O Wayne Herrick
 2938 County Road M
 Kirk, CO 808249500

Valuation

| | 2020 | 2019 | 2018 | 2017 | 2016 |
|-------------------------|---------|---------|---------|---------|---------|
| Land Value | \$5,380 | \$5,380 | \$5,380 | \$5,380 | \$5,380 |
| Building Value | | | | | |
| Total Value | \$0 | \$0 | \$0 | \$0 | \$0 |
| Assessed Land Value | \$1,560 | \$1,560 | \$1,560 | \$1,560 | \$1,560 |
| Assessed Building Value | | | | | |
| Total Assessed Value | \$0 | \$0 | \$0 | \$0 | \$0 |

Land

| Description | Acres | Square Footage | Value |
|--------------------------|-------|----------------|---------|
| EXEMPT-POLITICAL SD-LAND | 6.44 | 280,526.40 | \$5,380 |

Sales

| Sale Date | Sale Price | Instrument | Deed Book | Deed Page | Sale Qualification | Vacant or Improved | Grantor | Grantee |
|------------|------------|-----------------|-----------|-----------|--------------------|--------------------|---|--|
| 06/04/2009 | \$0 | QUIT CLAIM DEED | | | Unqualified | Improved | ERVIN D FRANK CO. & KATHLEEN K FRANK CO. | KIRK CEMETERY DISTRICT |
| 06/04/2009 | \$0 | QUIT CLAIM DEED | | | Unqualified | Improved | ERVIN D FRANK CO. A CO GENERAL PARTNERSHIP | ERVIN D & KATHLEEN K FRANK, GENERAL PARTNERS |
| 06/04/2009 | \$0 | QUIT CLAIM DEED | | | Unqualified | Improved | KATHLEEN K FRANK CO. A CO GENERAL PARTNERSHIP | ERVIN D & KATHLEEN K FRANK, GENERAL PARTNERS |

No data available for the following modules: Improvements, Recent Sales In Area.

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Summary

Parcel Number R426100
Account Number R426100
Property Address N/A
Brief Tax Description 20 4-S-46 1 AC TR DESC AS FOLLOWS: COMM AT PT 538'E OF NW COR OF NW4 THN E 165';THN S 264';THN W 165'; THN N 264'TO POB. EXCEPT TWO 18'X 18' BURIAL PLOTS LOC AT EXTREMES END OF ROW THREE.
(Note: Not to be used on legal documents)
Class Exempt
Neighborhood N/A
Tax District District 437
Acres 1

Owner

Kirk Cemetery District C-1
 C/O Wayne Herrick
 2938 County Road M
 Kirk, CO 808249500

Valuation

| | 2020 | 2019 | 2018 | 2017 | 2016 |
|-------------------------|---------|---------|------|------|------|
| Land Value | \$3,300 | \$3,300 | \$50 | \$50 | \$50 |
| Building Value | | | | | |
| Total Value | \$0 | \$0 | \$0 | \$0 | \$0 |
| Assessed Land Value | \$960 | \$960 | \$10 | \$10 | \$10 |
| Assessed Building Value | | | | | |
| Total Assessed Value | \$0 | \$0 | \$0 | \$0 | \$0 |

Land

| Description | Acres | Square Footage | Value |
|--------------------------|-------|----------------|---------|
| EXEMPT-POLITICAL SD-LAND | 1 | 43,560.00 | \$3,300 |

No data available for the following modules: Improvements, Sales, Recent Sales In Area.

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RESOLUTION FOR EXEMPTION FROM AUDIT

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

A RESOLUTION APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2019 FOR THE KIRK CEMETERY DISTRICT C-1, STATE OF COLORADO

WHEREAS, the Board of Trustees of Kirk Cemetery District C-1 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., state 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

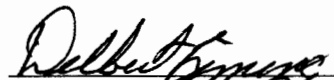
WHEREAS, neither revenues nor expenditures for Kirk Cemetery District C-1 exceeded \$100,000.00 for Fiscal Year 2019; and

WHEREAS, an application for exemption from audit for Kirk Cemetery District C-1 has be prepared by Susan Hill, 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 by the Board of Trustees of the Kirk Cemetery District C-1 that the application for exemption from audit for Kirk Cemetery District C-1 for the Fiscal Year ended December 31, 2019, has been personally reviewed and is hereby approved by a majority of the Board of Trustees of the Kirk Cemetery District C-1; that those members of the Board of Trustees 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 Kirk Cemetery District C-1 for the fiscal year ended December 31, 2019.

ADOPTED THIS 1st day of March, 2020.



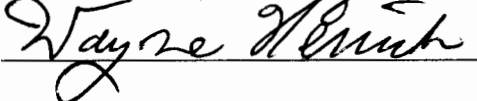


Delbert Liming, President

ATTEST:



Wayne Herrick, Sect.-Treasurer

| Type or Print Names of Members of Governing Body | Date Term Expires | Signature |
|---|-------------------------|--|
| <u>Ronald Richards</u> | <u>11/01/2025</u> |  |
| <u>Delbert Liming</u> | <u>11/01/2021</u> |  |
| <u>Wayne Herrick</u> | <u>11/01/2023</u> |  |