

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

**NAME OF GOVERNMENT  
ADDRESS**

|                                              |
|----------------------------------------------|
| <b>The Sands Metropolitan District No. 3</b> |
| <b>111 S Tejon Street</b>                    |
| <b>Suite 705</b>                             |
| <b>Colorado Springs, CO 80903</b>            |
| <b>Carrie Bartow</b>                         |
| <b>719-635-0330</b>                          |
| <b>Carrie.Bartow@claconnect.com</b>          |
| <b>719-473-3630</b>                          |

**For the Year Ended  
12/31/20  
or fiscal year ended:**

**CONTACT PERSON  
PHONE  
EMAIL  
FAX**

### 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**

|                                                                  |
|------------------------------------------------------------------|
| <b>Carrie Bartow</b>                                             |
| <b>Accountant for the District</b>                               |
| <b>CliftonLarsonAllen LLP</b>                                    |
| <b>111 S Tejon Street, Suite 705, Colorado Springs, CO 80903</b> |
| <b>719-635-0330</b>                                              |
| <b>3/16/2021</b>                                                 |

### 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 | Please use this space to provide any necessary explanations |
|-------|----------------------------------------------------------|-------------------------|-------------------------------------------------------------|
| 2-1   | Taxes: Property (report mills levied in Question 10-6)   | \$ 1,947                |                                                             |
| 2-2   | Specific ownership                                       | \$ 212                  |                                                             |
| 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               | \$ 2,159                |                                                             |

## 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                                                          | \$ 29                   |                                                             |
| 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  | Capital outlay                                                          | \$ -                    |                                                             |
| 3-15  | Utility operations                                                      | \$ -                    |                                                             |
| 3-16  | Culture and recreation                                                  | \$ -                    |                                                             |
| 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  | Transfer to The Sands Metropolitan District No. 2                       | \$ 2,130                |                                                             |
| 3-25  |                                                                         | \$ -                    |                                                             |
| 3-26  | (add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSES                | \$ 2,159                |                                                             |

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)                                                      |                          |                                     |             |             |
| General obligation bonds                                                                                                                                                                              | \$ -                     | \$ -                                | \$ -        | \$ -        |
| 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; display: inline-block;">11/8/2016</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 type="checkbox"/>            |
| What are the annual lease payments?                                                                                                 | <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$ -</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:

The District has no checking or savings account

## 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

N/A

| 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:

| Fund Name    | Budgeted Expenditures/Expenses |
|--------------|--------------------------------|
| General Fund | \$ 2,361                       |
|              |                                |
|              |                                |
|              |                                |

## 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:

**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:

**See Below**

**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   | 35.000        |
| <b>Total mills</b>    | <b>35.000</b> |

Please use this space to provide any explanations or comments:

10-3: Services provided by the District include streets, water, traffic and safety, sanitation, parks and recreation, public transportation, television relay and translation, mosquito control, and security.

10-4: The Sands Metropolitan District No. 1 serves as the operating district and The Sands Metropolitan District Nos. 2-4 serve as the financing districts.

## 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


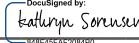
#### Policy - Requirements

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 members of current governing body below.<br>Print Board Member's Name |                   | A MAJORITY of the members of the governing body must complete and sign in the column below.                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Board Member<br>1                                                                            | Jarrett Armstrong | I Jarrett Armstrong, 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: 3/31/2021<br>My term Expires: May 2023 |
| Board Member<br>2                                                                            | Kathryn Sorensen  | I Kathryn Sorensen, 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: 3/31/2021<br>My term Expires: May 2023  |
| Board Member<br>3                                                                            |                   | 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<br>4                                                                            |                   | 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<br>5                                                                            |                   | 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<br>6                                                                            |                   | 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<br>7                                                                            |                   | 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 LLP  
www.CLACONnect.com

## Accountant's Compilation Report

Board of Directors  
The Sands Metropolitan District No. 3  
El Paso County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of The Sands Metropolitan District No. 3 as of and for the year ended December 31, 2020, 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 The Sands Metropolitan District No. 3.

A handwritten signature in cursive script that reads 'CliftonLarsonAllen LLP'.

Colorado Springs, Colorado  
March 16, 2021

## Certificate Of Completion

|                                                             |                              |
|-------------------------------------------------------------|------------------------------|
| Envelope Id: EB098B5C71B34711B459BD6C019545C2               | Status: Completed            |
| Subject: Please DocuSign: TSMD 3 - 2020 Audit Exemption.pdf |                              |
| Client Name: The Sands Metro District 3                     |                              |
| Client Number: 011-044943-00                                |                              |
| Source Envelope:                                            |                              |
| Document Pages: 8                                           | Signatures: 2                |
| Certificate Pages: 5                                        | Initials: 0                  |
| AutoNav: Enabled                                            | Envelope Originator:         |
| Envelopeld Stamping: Enabled                                | Marisol Gomez                |
| Time Zone: (UTC-06:00) Central Time (US & Canada)           | 220 South 6th Street         |
|                                                             | Suite 300                    |
|                                                             | Minneapolis, MN 55402        |
|                                                             | Marisol.Gomez@claconnect.com |
|                                                             | IP Address: 75.71.13.95      |

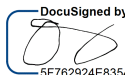
## Record Tracking

|                      |                              |                    |
|----------------------|------------------------------|--------------------|
| Status: Original     | Holder: Marisol Gomez        | Location: DocuSign |
| 3/30/2021 1:40:41 PM | Marisol.Gomez@claconnect.com |                    |

## Signer Events

Jarrett Armstrong  
 jarmstrong@acd-co.com  
 Security Level: Email, Account Authentication (None)

## Signature

DocuSigned by:  
  
 5F762924E835497...  
 Signature Adoption: Drawn on Device  
 Using IP Address: 64.58.147.242  
 Signed using mobile

## Timestamp

Sent: 3/30/2021 1:43:28 PM  
 Resent: 3/31/2021 1:30:30 PM  
 Viewed: 3/31/2021 2:04:11 PM  
 Signed: 3/31/2021 2:04:35 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 3/31/2021 2:04:11 PM  
 ID: 80db1802-ba95-46bd-8603-68f22f8eee38

Kathryn Sorensen  
 ksorensen@acd-co.com  
 Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
 848F45FAF2084B0...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 107.77.196.33  
 Signed using mobile

Sent: 3/30/2021 1:43:28 PM  
 Resent: 3/31/2021 1:30:30 PM  
 Viewed: 3/31/2021 1:42:08 PM  
 Signed: 3/31/2021 1:42:24 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 3/31/2021 1:42:08 PM  
 ID: f986c01c-7342-4da2-bdf9-4e0cfa4fc1d2

| 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 |

| <b>Envelope Summary Events</b> | <b>Status</b>    | <b>Timestamps</b>    |
|--------------------------------|------------------|----------------------|
| Envelope Sent                  | Hashed/Encrypted | 3/30/2021 1:43:28 PM |
| Certified Delivered            | Security Checked | 3/31/2021 1:42:08 PM |
| Signing Complete               | Security Checked | 3/31/2021 1:42:24 PM |
| Completed                      | Security Checked | 3/31/2021 2:04:35 PM |

| <b>Payment Events</b> | <b>Status</b> | <b>Timestamps</b> |
|-----------------------|---------------|-------------------|
|-----------------------|---------------|-------------------|

| <b>Electronic Record and Signature Disclosure</b> |
|---------------------------------------------------|
|---------------------------------------------------|

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, CliftonLarsonAllen LLP (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact CliftonLarsonAllen LLP:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [BusinessTechnology@CLAconnect.com](mailto:BusinessTechnology@CLAconnect.com)

### **To advise CliftonLarsonAllen LLP of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [BusinessTechnology@CLAconnect.com](mailto:BusinessTechnology@CLAconnect.com) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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- Until or unless you notify CliftonLarsonAllen LLP as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by CliftonLarsonAllen LLP during the course of your relationship with CliftonLarsonAllen LLP.