

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

Ptarmigan West Metropolitan District No. 1

8390 E Crescent Parkway

Suite 300

Greenwood Village, CO 80111

CONTACT PERSON

Gigi Pangindian

PHONE

303-779-5710

EMAIL

Gigi.Pangindian@claconnect.com

FAX

303-779-0348

For the Year Ended  
12/31/20  
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:

Gigi Pangindian

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

3/13/2021

**PREPARER** (SIGNATURE REQUIRED)

See 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)   | \$ -                    |   |
| 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) | \$ 36,382               |   |
| 2-18  | Proceeds from sale of capital assets                     | \$ -                    |   |
| 2-19  | Fire and police pension                                  | \$ -                    |   |
| 2-20  | Donations  | \$ -                    |   |
| 2-21  | Other (specify):   | \$ -                    |   |
| 2-22  | Intergovernmental - District No. 2                       | \$ 33,693               |   |
| 2-23  | Intergovernmental - District No. 3                       | \$ 26,584               |   |
| 2-24  | (add lines 2-1 through 2-23) <b>TOTAL REVENUE</b>        | \$ 96,659               |   |

## 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  | \$ 2,384                |   |
| 3-2   | Salaries  | \$ -                    |   |
| 3-3   | Payroll taxes   | \$ -                    |   |
| 3-4   | Contract services   | \$ -                    |   |
| 3-5   | Employee benefits   | \$ -                    |   |
| 3-6   | Insurance   | \$ 7,530                |   |
| 3-7   | Accounting and legal fees   | \$ 36,097               |   |
| 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  |   | \$ -                    |   |
| 3-25  |   | \$ -                    |   |
| 3-26  | (add lines 3-1 through 3-24) <b>TOTAL EXPENDITURES/EXPENSES</b>         | \$ 46,011               |   |

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 checked="" type="checkbox"/> | <input type="checkbox"/>            |             |                   |
| 4-2 Is the debt repayment schedule attached? If no, MUST explain:<br><span style="color: red; font-weight: bold;">District debt is comprised of Developer advances which are to be repaid when funds are available.</span> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |             |                   |
| 4-3 Is the entity current in its debt service payments? If no, MUST explain:<br><span style="color: red; font-weight: bold;">N/A</span>  | <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   | \$ 98,270                           | \$ 36,382                           | \$ -        | \$ 134,652        |
| Other (specify):   | \$ -                                | \$ -                                | \$ -        | \$ -              |
| <b>TOTAL</b>   | <b>\$ 98,270</b>                    | <b>\$ 36,382</b>                    | <b>\$ -</b> | <b>\$ 134,652</b> |

\*must tie to prior year ending balance

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| 4-5 Does the entity have any authorized, but unissued, debt?<br>If yes: How much? <span style="float: right;">\$ 375,000,000</span><br>Date the debt was authorized: <span style="float: right;">5/8/18 and 11/6/18</span>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4-6 Does the entity intend to issue debt within the next calendar year?<br>If yes: How much? <span style="float: right;">\$ -</span>  | <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? <span style="float: right;">\$ -</span>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4-8 Does the entity have any lease agreements?<br>If yes: What is being leased?<br>What is the original date of the lease?<br>Number of years of lease?<br>Is the lease subject to annual appropriation?<br>What are the annual lease payments? <span style="float: right;">\$ -</span> | <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                           | \$ 41,267 |           |
| 5-2 Certificates of deposit   | \$ -      |           |
| <b>Total Cash Deposits</b>  |           | \$ 41,267 |
| Investments (if investment is a mutual fund, please list underlying investments): |           |           |
|   | \$ -      |           |
|   | \$ -      |           |
|   | \$ -      |           |
|   | \$ -      |           |
| <b>Total Investments</b>  |           | \$ -      |
| <b>Total Cash and Investments</b>   |           | \$ 41,267 |

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 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?  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 | \$ 82,000                      |
|              |                                |
|              |                                |

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

| Please answer the following question by marking in the appropriate box  | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| <b>9-1</b> Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?<br><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                                  |
|---|-------------------------------------|-------------------------------------|
| <b>10-1</b> Is this application for a newly formed governmental entity?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If yes: <b>Date of formation:</b> <input style="width: 450px; height: 15px;" type="text"/>  |                                     |                                     |
| <b>10-2</b> Has the entity changed its name in the past or current year?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If yes: <b>Please list the NEW name &amp; PRIOR name:</b><br><input style="width: 600px; height: 15px;" type="text"/>   |                                     |                                     |
| <b>10-3</b> Is the entity a metropolitan district?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>Please indicate what services the entity provides:</b><br><input style="width: 600px; height: 15px; border: 1px solid black;" type="text" value="See below"/>                                |                                     |                                     |
| <b>10-4</b> Does the entity have an agreement with another government to provide services?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If yes: <b>List the name of the other governmental entity and the services provided:</b><br><input style="width: 600px; height: 15px; border: 1px solid black;" type="text" value="See below"/> |                                     |                                     |
| <b>10-5</b> 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: <b>Date Filed:</b> <input style="width: 450px; height: 15px;" type="text"/>   |                                     |                                     |
| <b>10-6</b> Does the entity have a certified Mill Levy?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If yes: <b>Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):</b>   |                                     |                                     |
| <b>Bond Redemption mills</b>  |                                     | -                                   |
| <b>General/Other mills</b>  |                                     | -                                   |
| <b>Total mills</b>  |                                     | -                                   |

**Please use this space to provide any explanations or comments:**

10-3: Streets and Safety Controls, Park and Recreation Facilities, Water, Sanitary Storm/Sewer, Transportation, Mosquito Control, Fire Protection, Television Relay and Translation, and Security.

10-4: Under the Consolidated Service Plan, the District operates in conjunction with Ptarmigan West Metropolitan District Nos. 2 and 3. The District serves as the service district and will be responsible for managing the construction and operation of the facilities and improvements of the Districts. Ptarmigan West Metropolitan District Nos. 2 and 3 will serve as the financing districts and be responsible for providing the funding and tax base needed to support the capital improvements.

## 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 1   | David Muth    | I, David Muth, 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 <sup>DocuSigned by:</sup> <u>David Muth</u><br>Date: <u>3/24/2021</u><br>My term Expires: May 2023       |
| Board Member 2   | Scott Robbins | I, Scott Robbins, 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 <sup>DocuSigned by:</sup> <u>Scott Robbins</u><br>Date: <u>3/24/2021</u><br>My term Expires: May 2023 |
| Board Member 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 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 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 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 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  
Ptarmigan West Metropolitan District No. 1  
Larimer County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Ptarmigan West Metropolitan District No. 1 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 Ptarmigan West Metropolitan District No. 1.

*CliftonLarsonAllen LLP*

Greenwood Village, Colorado  
March 13, 2021

## Certificate Of Completion

|  |                             |
|--|-----------------------------|
| Envelope Id: 559D485058624400859C3F3103EC330E                                | Status: Completed           |
| Subject: Please DocuSign: Ptarmigan West MD No. 1 - 2020 Audit Exemption.pdf |                             |
| Client Name: Ptarmigan West Metropolitan District No. 1                      |                             |
| Client Number: 011-045845-00   |                             |
| Source Envelope:   |                             |
| Document Pages: 8  | Signatures: 2               |
| Certificate Pages: 5   | Initials: 0                 |
| AutoNav: Enabled   | Envelope Originator:        |
| Envelopeld Stamping: Enabled   | Tom Drobnick                |
| Time Zone: (UTC-06:00) Central Time (US & Canada)                            | 220 South 6th Street        |
|  | Suite 300                   |
|  | Minneapolis, MN 55402       |
|  | Tom.Drobnick@claconnect.com |
|  | IP Address: 65.59.88.254    |

## Record Tracking

|  |   |                    |
|--|---|--------------------|
| Status: Original<br>3/24/2021 9:39:12 AM | Holder: Tom Drobnick<br>Tom.Drobnick@claconnect.com | Location: DocuSign |
|--|---|--------------------|

## Signer Events

David Muth  
dmuth@thegroupinc.com  
Security Level: Email, Account Authentication (None)

## Signature

DocuSigned by:  
  
912A3E24D43541F...  
Signature Adoption: Pre-selected Style  
Using IP Address: 96.90.182.163

## Timestamp

Sent: 3/24/2021 10:09:28 AM  
Viewed: 3/24/2021 11:41:41 AM  
Signed: 3/24/2021 11:41:48 AM

**Electronic Record and Signature Disclosure:**  
Accepted: 3/20/2020 1:18:25 PM  
ID: fc1aec1e-b6d9-4f09-8a7b-dfb9dafae9d5

Scott Robbins  
srobbins@ptarmigancc.com  
Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
943D030EAAF7461...  
Signature Adoption: Pre-selected Style  
Using IP Address: 72.19.155.254

Sent: 3/24/2021 10:09:28 AM  
Viewed: 3/24/2021 12:08:30 PM  
Signed: 3/24/2021 12:08:42 PM

**Electronic Record and Signature Disclosure:**  
Accepted: 3/20/2020 1:27:18 PM  
ID: 1f9c17fa-8d08-4c47-b0c4-2ef01fc7366a

| 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 | 3/24/2021 10:09:28 AM |
| Certified Delivered            | Security Checked | 3/24/2021 12:08:30 PM |
| Signing Complete               | Security Checked | 3/24/2021 12:08:42 PM |
| Completed                      | Security Checked | 3/24/2021 12:08:42 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**

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