

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

**NAME OF GOVERNMENT  
ADDRESS**

Real Weld Metropolitan District  
789 Sherman, #575  
Denver, CO 80203

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

**CONTACT PERSON  
PHONE  
EMAIL  
FAX**

Debbie Genella  
303-318-0115  
Debbie.Genella@wipfli.com  
303-318-0534

### 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**

William A. Hughes, CPA  
Member  
Wipfli LLP  
789 Sherman, #575  
303-318-0115  
3/23/2021

### PREPARER (SIGNATURE REQUIRED)



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

**GOVERNMENTAL**  
(MODIFIED ACCRUAL BASIS)



**PROPRIETARY**  
(CASH OR BUDGETARY BASIS)



## 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	<b>Taxes: Property</b> (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	<b>Intergovernmental: Grants</b>	\$ -	
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)	\$ 56,669	
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) <b>TOTAL REVENUE</b>	\$ 56,669	

## 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	\$ -	
3-2	Salaries	\$ -	
3-3	Payroll taxes	\$ -	
3-4	Contract services	\$ 1,924	
3-5	Employee benefits	\$ -	
3-6	Insurance	\$ -	
3-7	Accounting and legal fees	\$ 54,745	
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>	\$ 56,669	

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.

- |            |  |                                 |   |
|------------|--|---------------------------------|---|
| <b>4-1</b> | Does the entity have outstanding debt?<br>If Yes, please attach a copy of the entity's Debt Repayment Schedule.  | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| <b>4-2</b> | Is the debt repayment schedule attached? If no, MUST explain:<br><div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>            | <input type="checkbox"/>        | <input checked="" type="checkbox"/>       |
| <b>4-3</b> | Is the entity current in its debt service payments? If no, MUST explain:<br><div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | <input type="checkbox"/>        | <input checked="" type="checkbox"/>       |

Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)	Outstanding at end of prior year*	Issued during year	Retired during year	Outstanding at year-end
General obligation bonds	\$ -	\$ -	\$ -	\$ -
Revenue bonds	\$ -	\$ -	\$ -	\$ -
Notes/Loans	\$ -	\$ -	\$ -	\$ -
Leases	\$ -	\$ -	\$ -	\$ -
Developer Advances	\$ -	\$ 56,669	\$ -	\$ 56,669
Other (specify):	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ 56,669</b>	<b>\$ -</b>	<b>\$ 56,669</b>

\*must tie to prior year ending balance

Please answer the following questions by marking the appropriate boxes.

- |            |  |  |                                     |
|------------|--|--|-------------------------------------|
| <b>4-5</b> | Does the entity have any authorized, but unissued, debt?<br>If yes: How much? <span style="float: right;">\$ 25,000,000.00</span><br>Date the debt was authorized: <span style="float: right;">9/23/2019</span>  | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>      |
| <b>4-6</b> | 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"/> |
| <b>4-7</b> | 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"/> |
| <b>4-8</b> | Does the entity have any lease agreements?<br>If yes: What is being leased? <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span><br>What is the original date of the lease? <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span><br>Number of years of lease? <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span><br>Is the lease subject to annual appropriation? <span style="float: right;"><input type="checkbox"/></span><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
<b>5-1</b> YEAR-END Total of ALL Checking and Savings Accounts	\$ -	
<b>5-2</b> Certificates of deposit	\$ -	
<b>Total Cash Deposits</b>		\$ -
Investments (if investment is a mutual fund, please list underlying investments)		
<b>5-3</b>	\$ -	
	\$ -	
	\$ -	
	\$ -	
<b>Total Investments</b>		\$ -
<b>Total Cash and Investments</b>		\$ -

Please answer the following questions by marking in the appropriate boxes

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

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

## PART 6 - CAPITAL ASSETS

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

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

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

If yes: Who administers the plan?

Indicate the contributions from:

Tax (property, SO, sales, etc.):	\$ -
State contribution amount:	\$ -
Other (gifts, donations, etc.):	\$ -
<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.? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                     |                          |                          |
| 8-2 Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                     |                          |                          |

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

Fund Name	Budgeted Expenditures/Expenses
General	\$ 48,000

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

Please answer the following question by marking in the appropriate box

**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.

Yes                      No

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:** 23-Sep-19

**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:**

Planning, design, acquisition, construction, installation of public improvements

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

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

**10-5 Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during**

If yes: **Date Filed:**

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

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

<b>Bond Redemption mills</b>	-
<b>General/Other mills</b>	50.000
<b>Total mills</b>	50.000

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?

**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.		A MAJORITY of the members of the governing body must complete and sign in the column below.
Board Member 1	Print Board Member's Name Ronald E. von Lembke	I Ronald E. von Lembke , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed: <sup>DocuSigned by:</sup> <u>Ronald E. von Lembke</u> Date: <u>3/26/2021</u> My term Expires: 2022
Board Member 2	Print Board Member's Name Lance Baller	I Lance Baller, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed: <sup>DocuSigned by:</sup> <u>Lance Baller</u> Date: <u>3/25/2021</u> My term Expires: 2022
Board Member 3	Print Board Member's Name John Urosevich	I John Urosevich , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed: <sup>DocuSigned by:</sup> <u>John Urosevich</u> Date: <u>3/25/2021</u> My term Expires: 2022
Board Member 4	Print Board Member's Name Lynda Sailor	I Lynda Sailor , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed: <sup>DocuSigned by:</sup> <u>Lynda Sailor</u> Date: <u>3/26/2021</u> My term Expires: 2022
Board Member 5	Print Board Member's Name Amber De Berry	I Amber De Berry, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed: _____ Date: _____ My term Expires: 2023
Board Member 6	Print Board Member's Name Brian Harvey	I Brian Harvey, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed: <sup>DocuSigned by:</sup> <u>Brian Harvey</u> Date: <u>3/25/2021</u> My term Expires: 2023
Board Member 7	Print Board Member's Name Marcus Haas	I Marcus Hass, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed: <sup>DocuSigned by:</sup> <u>Marcus Haas</u> Date: <u>3/25/2021</u> My term Expires: 2023

RESOLUTION OF THE BOARD OF DIRECTORS OF  
REAL WELD METROPOLITAN DISTRICT  
REGARDING AN AUDIT EXEMPTION FOR FISCAL YEAR 2020

WHEREAS, the Real Weld Metropolitan District (the "District") was created pursuant to and in accordance with the provisions of §§ 32-1-101, *et seq.*, C.R.S.; and

WHEREAS, pursuant to § 29-1-603(1), C.R.S., the governing body of each local government in the State of Colorado shall cause to be made an annual audit of the financial statements of the local government for each fiscal year; and

WHEREAS, pursuant to § 29-1-604(1), C.R.S., any local government where neither revenues nor expenditures exceed One Hundred Thousand Dollars (\$100,000) in any fiscal year commencing on or after January 1, 1998, may, with the approval of the State Auditor, be exempt from the provisions of the Colorado Local Government Audit Law, §§ 29-1-601, *et seq.*, C.R.S.; and

WHEREAS, pursuant to § 29-1-604(2)(a), C.R.S., any local government where revenues or expenditures for any fiscal year commencing on or after January 1, 2004, but prior to January 1, 2015, are least One Hundred Thousand Dollars (\$100,000) but not more than Five Hundred Thousand Dollars (\$500,000), may, with the approval of the State Auditor, be exempt from the provisions of the Colorado Local Government Audit Law, §§ 29-1-601, *et seq.*, C.R.S.; and

WHEREAS, pursuant to § 29-1-604(2)(b), C.R.S., any local government where revenues or expenditures for any fiscal year commencing on or after January 1, 2015, are least One Hundred Thousand Dollars (\$100,000) but not more than Seven Hundred and Fifty Thousand Dollars (\$750,000), may, with the approval of the State Auditor, be exempt from the provisions of the Colorado Local Government Audit Law, §§ 29-1-601, *et seq.*, C.R.S.; and

WHEREAS, in fiscal year 2020, neither the District's revenues nor expenditures exceeded One Hundred Thousand Dollars (\$100,000); and

WHEREAS, the District desires to apply for an exemption from the provisions of the Colorado Local Government Audit Law and desires legal counsel to engage a person skilled in governmental accounting to apply for this exemption.

NOW, THEREFORE, BE IT RESOLVED THAT:

The District hereby authorizes and directs legal counsel to engage the services of a person skilled in governmental accounting to apply for and obtain an exemption from the State Auditor from the provisions of the Colorado Local Government Audit Law for 2020, at the least cost possible.

APPROVED AND ADOPTED SEPTEMBER 30, 2020.

REAL WELD METROPOLITAN DISTRICT

DocuSigned by:

Ronald von Lembke

Ronald E. von Lembke, President

ATTEST:

DocuSigned by:

John J. Groszich

John J. Groszich, Assistant Secretary

## Certificate Of Completion

Envelope Id: 66AB3976A5C64B8FAE3256F58ACAAD67  
 Subject: Real Weld MD - Audit Exemption Application  
 Source Envelope:  
 Document Pages: 10  
 Certificate Pages: 5  
 AutoNav: Enabled  
 Envelopeld Stamping: Enabled  
 Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Sent

Envelope Originator:  
 Marisa Davis  
 6915 South Cook Way  
 Centennial, CO 80122  
 marisa@mdavislawoffice.com  
 IP Address: 24.9.161.36

## Record Tracking

Status: Original  
 3/25/2021 3:27:38 PM

Holder: Marisa Davis  
 marisa@mdavislawoffice.com

Location: DocuSign

## Signer Events

## Signature

## Timestamp

Amber DeBerry  
 deberry@gmail.com  
 Security Level: Email, Account Authentication (None)  
**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign

Sent: 3/25/2021 3:41:11 PM

Brian Harvey  
 bharvey@jacksoncreekinvest.com  
 Security Level: Email, Account Authentication (None)

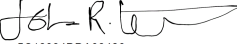
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John Urosevich  
 j.urosevich@gmail.com  
 Security Level: Email, Account Authentication (None)

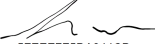
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Lance Baller  
 lance@iofina.com  
 Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
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**Electronic Record and Signature Disclosure:**  
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## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, Law Office of Michael E Davis LLC (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**

**Signer Events**

Lynda Sailor  
 lynda.sailor@aspenacademy.org  
 Security Level: Email, Account Authentication  
 (None)

**Signature**

DocuSigned by:  
  
 3EF1799523324E9...

Signature Adoption: Pre-selected Style  
 Using IP Address: 107.127.35.86  
 Signed using mobile

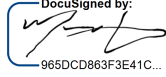
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**Electronic Record and Signature Disclosure:**

Accepted: 3/26/2021 1:22:41 PM  
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Marcus Hass  
 quatoquato@msn.com  
 Security Level: Email, Account Authentication  
 (None)

DocuSigned by:  
  
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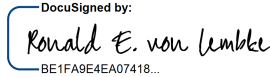
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**Electronic Record and Signature Disclosure:**

Accepted: 3/25/2021 3:53:38 PM  
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Ronald E. von Lembke  
 rvl@unitedwaterdistrict.com  
 Security Level: Email, Account Authentication  
 (None)

DocuSigned by:  
  
 BE1FA9E4EA07418...

Signature Adoption: Pre-selected Style  
 Using IP Address: 76.25.208.198

Sent: 3/25/2021 3:41:10 PM  
 Viewed: 3/26/2021 7:49:17 AM  
 Signed: 3/26/2021 7:50:33 AM

**Electronic Record and Signature Disclosure:**

Accepted: 3/26/2021 7:49:17 AM  
 ID: bffa65f7-0396-46d3-9c56-21887134f7dd

**In Person Signer Events****Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp****Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent	Hashed/Encrypted	3/25/2021 3:41:11 PM
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