

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

Jackson Creek Commercial Metropolitan District No. 4
c/o Spencer Fane LLP
102 S. Tejon Street, Suite 750
Colorado Springs, CO 80903
Patrick A. Hrbacek, Esq.
303-389-3895
phrbacek@spencerfane.com
303-839-3838

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

Becky Johnson
Paralegal
Spencer Fane LLP
1700 Lincoln Street, Suite 2000, Denver, CO 80203
303-839-3800
3/2/2021

PREPARER (SIGNATURE REQUIRED)

Becky Johnson

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

GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small>	PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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)	\$ -	
2-18	Proceeds from sale of capital assets	\$ -	
2-19	Fire and police pension	\$ -	
2-20	Donations	\$ -	
2-21	Other (specify):	\$ -	
2-22		\$ -	
2-23		\$ -	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$ -	

PART 3 - EXPENDITURES/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	\$ -	
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		\$ -	
3-25		\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSES	\$ -	

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - **STOP**. You may not use this form. Please use the "Application for Exemption from Audit - LONG FORM".

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes.

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

*must tie to prior year ending balance

	Yes	No
4-5 Does the entity have any authorized, but unissued, debt? If yes: How much? \$140,000,000 Date the debt was authorized: 11/3/2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4-6 Does the entity intend to issue debt within the next calendar year? If yes: How much? \$ -	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-7 Does the entity have debt that has been refinanced that it is still responsible for? If yes: What is the amount outstanding? \$ -	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-8 Does the entity have any lease agreements? If yes: What is being leased? What is the original date of the lease? Number of years of lease? Is the lease subject to annual appropriation? What are the annual lease payments? \$ -	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please use this space to provide any explanations or comments:

PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances.

	Amount	Total
5-1 YEAR-END Total of ALL Checking and Savings Accounts	\$ -	
5-2 Certificates of deposit	\$ -	
Total Cash Deposits		\$ -
Investments (if investment is a mutual fund, please list underlying investments):		
	\$ -	
	\$ -	
	\$ -	
	\$ -	
Total Investments		\$ -
Total Cash and Investments		\$ -

Please answer the following questions by marking in the appropriate boxes

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

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

PART 6 - CAPITAL ASSETS

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

Yes No

- 6-1 Does the entity have capital assets? Yes No
- 6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.,? If no, MUST explain: Yes No

6-3 Complete the following capital assets table:

	Balance - beginning of the year*	Additions (Must be included in Part 3)	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

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

Please use this space to provide any explanations or comments:

PART 8 - BUDGET INFORMATION

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

Yes No N/A

- 8-1 Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.? 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

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?

10-1

If yes:

Date of formation:

11/3/2020

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:

Streets, traffic safety controls, street lighting, sanitary sewer, water, landscaping, storm drainage,

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

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

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

If yes: Date Filed:

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

If yes:

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

Bond Redemption mills

-

General/Other mills

-

Total mills

-

Please use this space to provide any explanations or comments:

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. Print Board Member's Name		A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
Board Member 1	Constance Lievrouw	I, Constance Lievrouw , 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 <u>Constance Lievrouw</u> Date: <u>04/07/2021</u> My term Expires: 05/2023
Board Member 2	Timothy Phelan	I, Timothy Phelan , 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 <u>T. Phelan</u> Date: <u>04/07/2021</u> My term Expires: 05/2023
Board Member 3	Gabriel Godwin	I, Gabirel Godwin, 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: <u>04/07/2021</u> My term Expires: 05/2022
Board Member 4	Robert Oldach	I, Robert Oldach , 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 <u>Robert C Oldach</u> Date: <u>04/11/2021</u> My term Expires: 05/2022
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. Signed _____ Date: _____ 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. Signed _____ Date: _____ 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. Signed _____ Date: _____ My term Expires: _____

SIGNATURE CERTIFICATE





REFERENCE NUMBER
EB15875E-D7B9-4942-A1B2-C3422DA3CEA0

TRANSACTION DETAILS	DOCUMENT DETAILS
<p>Reference Number EB15875E-D7B9-4942-A1B2-C3422DA3CEA0</p> <p>Transaction Type Signature Request</p> <p>Sent At 04/07/2021 13:20 EDT</p> <p>Executed At 04/11/2021 23:25 EDT</p> <p>Identity Method email</p> <p>Distribution Method email</p> <p>Signed Checksum 1bbbfdacbb13f63b6adc9a57c3d6af88cd0fb38ed5e04a9c20de42db4a65cd9</p> <p>Signer Sequencing Disabled</p> <p>Document Passcode Disabled</p>	<p>Document Name Jccmd No 4 - 2020 Short Form Audit Exemption 4932281 1</p> <p>Filename jccmd_no_4_-_2020_short_form_audit_exemption_4932281_1_.pdf</p> <p>Pages 9 pages</p> <p>Content Type application/pdf</p> <p>File Size 455 KB</p> <p>Original Checksum 9fff5b0befc5a45dbcf0468cca56226634f4091c43dfd83aa8eddbcbcc105668</p>

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
<p>Name Robert Oldach</p> <p>Email roldach@csigc.com</p> <p>Components 2</p>	<p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum 59c968bc89167a9a6bc94f15c38ac934489b8f4ddeaacc3e0f012a1b184fa0174</p> <p>IP Address 174.26.2.80</p> <p>Device Chrome via Windows</p> <p>Typed Signature </p> <p>Signature Reference ID 68F150D5</p>	<p>Viewed At 04/11/2021 23:25 EDT</p> <p>Identity Authenticated At 04/11/2021 23:25 EDT</p> <p>Signed At 04/11/2021 23:25 EDT</p>
<p>Name Becky Johnson</p> <p>Email bjohnson@spencerfane.com</p> <p>Components 1</p>	<p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum e562180f16b04867ffd0293f8c48adf399e24a6318218215c568944b4a4f2e47</p> <p>IP Address 75.71.185.181</p> <p>Device Chrome via Windows</p> <p>Typed Signature </p> <p>Signature Reference ID 02F034B8</p>	<p>Viewed At 04/08/2021 16:03 EDT</p> <p>Identity Authenticated At 04/08/2021 16:03 EDT</p> <p>Signed At 04/08/2021 16:03 EDT</p>
<p>Name Timothy Phelan</p> <p>Email tphelan@csigc.com</p> <p>Components 2</p>	<p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum 9af3b19542aed6ab75fd2d182b17ec7c53e92b7c297b3187b3577e7dbccd2d65</p> <p>IP Address 66.75.124.106</p> <p>Device Safari via Mac</p> <p>Drawn Signature </p> <p>Signature Reference ID D133B050</p> <p>Signature Biometric Count 204</p>	<p>Viewed At 04/07/2021 14:45 EDT</p> <p>Identity Authenticated At 04/07/2021 14:46 EDT</p> <p>Signed At 04/07/2021 14:46 EDT</p>

SIGNER	E-SIGNATURE	EVENTS
Name Constance Lievrouw Email clievrouw@csigc.com Components 2	Status signed Multi-factor Digital Fingerprint Checksum eecd4f7d2033f055bc6805e60a8b139bf62084cd96482930cc51261e45f96353 IP Address 23.24.143.109 Device Chrome via Windows Typed Signature  Signature Reference ID 43BB801F	Viewed At 04/07/2021 14:44 EDT Identity Authenticated At 04/07/2021 14:44 EDT Signed At 04/07/2021 14:44 EDT
Name Gabriel Godwin Email ggodwin@csigc.com Components 2	Status signed Multi-factor Digital Fingerprint Checksum 202d775102a1b1b6c7d2875cf7d5859b92cad119b53b94dd4c61d2a97b38c7a5 IP Address 23.24.143.109 Device Chrome via Windows Drawn Signature  Signature Reference ID 2E33455F Signature Biometric Count 193	Viewed At 04/07/2021 13:22 EDT Identity Authenticated At 04/07/2021 13:22 EDT Signed At 04/07/2021 13:22 EDT

AUDITS

TIMESTAMP	AUDIT
04/07/2021 13:20 EDT	Special Districts (specialdistricts@spencerfane.com) created document 'jccmd_no_4_-_2020_short_form_audit_exemption_4932281_1_.pdf' on Chrome via Windows from 75.71.185.181.
04/07/2021 13:20 EDT	Becky Johnson (bjohnson@spencerfane.com) was emailed a link to sign.
04/07/2021 13:20 EDT	Robert Oldach (roldach@csigc.com) was emailed a link to sign.
04/07/2021 13:20 EDT	Timothy Phelan (tphelan@csigc.com) was emailed a link to sign.
04/07/2021 13:20 EDT	Constance Lievrouw (clievrouw@csigc.com) was emailed a link to sign.
04/07/2021 13:20 EDT	Gabriel Godwin (ggodwin@csigc.com) was emailed a link to sign.
04/07/2021 13:22 EDT	Gabriel Godwin (ggodwin@csigc.com) viewed the document on Chrome via Windows from 23.24.143.109.
04/07/2021 13:22 EDT	Gabriel Godwin (ggodwin@csigc.com) authenticated via email on Chrome via Windows from 23.24.143.109.
04/07/2021 13:22 EDT	Gabriel Godwin (ggodwin@csigc.com) signed the document on Chrome via Windows from 23.24.143.109.
04/07/2021 14:44 EDT	Constance Lievrouw (clievrouw@csigc.com) viewed the document on Chrome via Windows from 23.24.143.109.
04/07/2021 14:44 EDT	Constance Lievrouw (clievrouw@csigc.com) authenticated via email on Chrome via Windows from 23.24.143.109.
04/07/2021 14:44 EDT	Constance Lievrouw (clievrouw@csigc.com) signed the document on Chrome via Windows from 23.24.143.109.
04/07/2021 14:45 EDT	Timothy Phelan (tphelan@csigc.com) viewed the document on Safari via Mac from 66.75.124.106.
04/07/2021 14:46 EDT	Timothy Phelan (tphelan@csigc.com) authenticated via email on Safari via Mac from 66.75.124.106.
04/07/2021 14:46 EDT	Timothy Phelan (tphelan@csigc.com) signed the document on Safari via Mac from 66.75.124.106.
04/08/2021 16:03 EDT	Becky Johnson (bjohnson@spencerfane.com) viewed the document on Chrome via Windows from 75.71.185.181.
04/08/2021 16:03 EDT	Becky Johnson (bjohnson@spencerfane.com) authenticated via email on Chrome via Windows from 75.71.185.181.
04/08/2021 16:03 EDT	Becky Johnson (bjohnson@spencerfane.com) signed the document on Chrome via Windows from 75.71.185.181.
04/11/2021 19:03 EDT	Robert Oldach (roldach@csigc.com) was emailed a reminder.
04/11/2021 23:25 EDT	Robert Oldach (roldach@csigc.com) viewed the document on Chrome via Windows from 174.26.2.80.
04/11/2021 23:25 EDT	Robert Oldach (roldach@csigc.com) authenticated via email on Chrome via Windows from 174.26.2.80.
04/11/2021 23:25 EDT	Robert Oldach (roldach@csigc.com) signed the document on Chrome via Windows from 174.26.2.80.

RESOLUTION APPROVING THE EXEMPTION FROM AUDIT
FOR FISCAL YEAR 2020 FOR THE
JACKSON CREEK COMMERCIAL METROPOLITAN DISTRICT NOS. 1-7

(revenues or expenditures did not exceed \$100,000)
(Pursuant to Section 29-1-604, C.R.S.)

WHEREAS, the Board of Directors of the Jackson Creek Commercial Metropolitan District Nos. 1-7 (collectively, the "District") wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provisions of Section 29-1-603, C.R.S.; and

WHEREAS, neither revenues nor expenditures for the District exceeded \$100,000 for fiscal year 2020; and

WHEREAS, an application for exemption from audit for the District has been prepared by a person skilled in governmental accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations issued by the State Auditor.

NOW THEREFORE, be it resolved by the Board of Directors of the Jackson Creek Commercial Metropolitan District Nos. 1-7 that the application for exemption from audit for the District for the fiscal year ended December 31, 2020, has been personally reviewed and is hereby approved by a majority of the Board of Directors of the District; that those members of the Board have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of the application for exemption from audit of the District for fiscal year ended December 31, 2020.

ADOPTED this 28th day of March, 2021.

JACKSON CREEK COMMERCIAL
METROPOLITAN DISTRICT NOS.

1-7

By: Constance Lievrouw

President

ATTEST: *F. Phelan*
Secretary

<u>Board Member Name</u>	<u>Term Expires</u>	<u>Signature</u>
Constance Lievrouw	May 2023	<i>Constance Lievrouw</i>
Timothy Phelan	May 2023	<i>F. Phelan</i>
Gabriel Godwin	May 2022	<i>Gabriel Godwin</i>
Robert Oldach	May 2022	<i>Robert C Oldach</i>

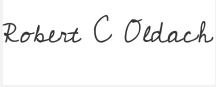

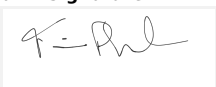
SIGNATURE CERTIFICATE



REFERENCE NUMBER
427259C2-3D9C-44C5-9586-E17CA993388E

TRANSACTION DETAILS	DOCUMENT DETAILS
<p>Reference Number 427259C2-3D9C-44C5-9586-E17CA993388E</p> <p>Transaction Type Signature Request</p> <p>Sent At 04/07/2021 13:20 EDT</p> <p>Executed At 04/14/2021 15:16 EDT</p> <p>Identity Method email</p> <p>Distribution Method email</p> <p>Signed Checksum b91644c33c19820d9f646817e6e7e75f05502d73d057e19ea2b6ca9a35c96649</p> <p>Signer Sequencing Disabled</p> <p>Document Passcode Disabled</p>	<p>Document Name Jccmd Nos 1-7 - Resolution Re Exemption From 2020 Audit For Short Form - Less Than 100k 4932097 1</p> <p>Filename jccmd_nos_1-7_-_resolution_re_exemption_from_2020_audit_for_short_form_-_less_than_100k_4932097_1_.docx</p> <p>Pages 2 pages</p> <p>Content Type application/vnd.openxmlformats-officedocument.wordprocessingml.document</p> <p>File Size 24.2 KB</p> <p>Original Checksum 954cfbe4e268cdf15d37ff9d689ff64d30a6a53a6c20ce66871426d9418e41</p>

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
<p>Name Robert Oldach</p> <p>Email roldach@csigc.com</p> <p>Components 1</p>	<p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum 05abc56c10927591342fd3f1d64715946f60bea30fef41f80c0b81140e3491f1</p> <p>IP Address 174.26.2.80</p> <p>Device Chrome via Windows</p> <p>Typed Signature </p> <p>Signature Reference ID 913921EF</p>	<p>Viewed At 04/11/2021 23:28 EDT</p> <p>Identity Authenticated At 04/11/2021 23:28 EDT</p> <p>Signed At 04/11/2021 23:28 EDT</p>
<p>Name Constance Lievrouw</p> <p>Email clievrouw@csigc.com</p> <p>Components 2</p>	<p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum 621a6f6766655f11f6d16a0089ad54268849e6ed5692c99c78804d7bcc3f3188</p> <p>IP Address 23.24.143.109</p> <p>Device Chrome via Windows</p> <p>Typed Signature </p> <p>Signature Reference ID 5D5D8E25</p>	<p>Viewed At 04/07/2021 14:46 EDT</p> <p>Identity Authenticated At 04/07/2021 14:47 EDT</p> <p>Signed At 04/07/2021 14:47 EDT</p>
<p>Name Timothy Phelan</p> <p>Email tphelan@csigc.com</p> <p>Components 2</p>	<p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum bd83c2de4c4a87fada6f72f246b0fff4edaa508ef55fa17a295884aefdb8bf59f</p> <p>IP Address 66.75.124.106</p> <p>Device Safari via Mac</p> <p>Drawn Signature </p> <p>Signature Reference ID 5F764DE6</p> <p>Signature Biometric Count 169</p>	<p>Viewed At 04/07/2021 14:46 EDT</p> <p>Identity Authenticated At 04/07/2021 14:46 EDT</p> <p>Signed At 04/07/2021 14:46 EDT</p>

