

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

NAME OF GOVERNMENT  
ADDRESS

|  |
|--|
| Timnath Lakes Metropolitan District No. 5                                      |
| 8390 East Crescent Parkway   |
| Suite 300  |
| Greenwood Village, CO 80111-2814   |
| Jason Carroll  |
| 303-779-5710   |
| <a href="mailto:jason.carroll@claconnect.com">jason.carroll@claconnect.com</a> |

For the Year Ended  
12/31/23  
or fiscal year ended:

CONTACT PERSON  
PHONE  
EMAIL

### 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

|   |
|---|
| Jason Carroll   |
| Accountant for the District   |
| CliftonLarsonAllen LLP  |
| 8390 East Crescent Parkway, Suite 300, Greenwood Village, CO 80111-2814 |
| 303-779-5710  |

| PREPARER <small>(SIGNATURE REQUIRED)</small>   | DATE PREPARED  |   |   |                                     |                          |
|--|--|---|---|-------------------------------------|--------------------------|
| SEE ATTACHED ACCOUNTANT'S COMPILATION REPORT   | 3/20/2024  |   |   |                                     |                          |
| Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; padding: 2px;">GOVERNMENTAL<br/><small>(MODIFIED ACCRUAL BASIS)</small></th> <th style="width: 50%; padding: 2px;">PROPRIETARY<br/><small>(CASH OR BUDGETARY BASIS)</small></th> </tr> <tr> <td style="text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> | GOVERNMENTAL<br><small>(MODIFIED ACCRUAL BASIS)</small> | PROPRIETARY<br><small>(CASH OR BUDGETARY BASIS)</small> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| GOVERNMENTAL<br><small>(MODIFIED ACCRUAL BASIS)</small>  | PROPRIETARY<br><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                                       | \$ 1                    |   |
| 2-3   | Sales and use  | \$ -                    |   |
| 2-4   | Other (specify): TIF                                     | \$ 12                   |   |
| 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) <b>TOTAL REVENUE</b>        | \$ 13                   |   |

## 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  | Intergovernmental   | \$ 13                   |   |
| 3-25  |   | \$ -                    |   |
| 3-26  | (add lines 3-1 through 3-24) <b>TOTAL EXPENDITURES/EXPENSES</b>         | \$ 13                   |   |

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, <b>MUST</b> explain below:<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">N/A</div>            | <input type="checkbox"/>             | <input checked="" type="checkbox"/> |
| 4-3 | Is the entity current in its debt service payments? If no, <b>MUST</b> explain below:<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">N/A</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)                            | Outstanding at<br>end of prior year* | Issued during<br>year               |
|     | General obligation bonds  | \$ -                                 | \$ -                                |
|     | Revenue bonds   | \$ -                                 | \$ -                                |
|     | Notes/Loans   | \$ -                                 | \$ -                                |
|     | Lease & SBITA** Liabilities [GASB 87 & 96]  | \$ -                                 | \$ -                                |
|     | Developer Advances  | \$ -                                 | \$ -                                |
|     | Other (specify):  | \$ -                                 | \$ -                                |
|     | <b>TOTAL</b>  | \$ -                                 | \$ -                                |

\*\*Subscription Based Information Technology Arrangements

\*Must agree to prior year-end 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:   |                                     |                                     |
| 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?<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? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Part 4 - Please use this space to provide any explanations/comments or attach separate documentation, if needed

## 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 |   | \$ 1 |      |
|     |   | \$ - |      |
|     |   | \$ - |      |
|     |   | \$ - |      |
|     | <b>Total Investments</b>  |      | \$ 1 |
|     | <b>Total Cash and Investments</b>   |      | \$ 1 |

Please answer the following questions by marking in the appropriate boxes

Yes                      No                      N/A

|     |   |                                     |                          |                                     |
|-----|---|-------------------------------------|--------------------------|-------------------------------------|
| 5-4 | Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5-5 | Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)? | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

## PART 6 - CAPITAL AND RIGHT-TO-USE 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 & right-to-use 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)   | \$ -                             | \$ -                                   | \$ -        | \$ -             |
| Leased & SBITA Right-to-Use Assets   | \$ -                             | \$ -                                   | \$ -        | \$ -             |
| Other (explain):   | \$ -                             | \$ -                                   | \$ -        | \$ -             |
| Accumulated Depreciation/Amortization<br>(Please enter a negative, or credit, balance) | \$ -                             | \$ -                                   | \$ -        | \$ -             |
| <b>TOTAL</b>   | <b>\$ -</b>                      | <b>\$ -</b>                            | <b>\$ -</b> | <b>\$ -</b>      |

\*must tie to prior year ending balance

Part 6 - Please use this space to provide any explanations/comments or attach documentation, if needed:

## 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" firefighters' pension plan?  Yes       No
- 7-2 Does the entity have a volunteer firefighters' 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 1? | \$ -        |

Part 7 - 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.? If no, **MUST** explain:  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:

| Governmental/Proprietary Fund Name | Total Appropriations By Fund |
|------------------------------------|------------------------------|
| General Fund                       | \$ 4,000                     |
|                                    |                              |
|                                    |                              |
|                                    |                              |

## 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

|  |        |
|--|--------|
|  | 54.912 |
|--|--------|

Total mills

|  |        |
|--|--------|
|  | 54.912 |
|--|--------|

Yes

No

N/A

**10-7** **NEW 2023!** If the entity is a Title 32 Special District formed on or after 7/1/2000, has the entity filed its preceding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.





**Please use this space to provide any additional explanations or comments not previously included:**

10-3: District provides for the design, acquisition, construction, installation and financing of street, park, water, sanitation, mosquito control and safety protection.

10-4: The District operations in connection with Timnath Lakes Metro District No. 1, 2, 3, 4, and 6. Districts 1 through 5 are the financing Districts and District 6 is the operating District.

## 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


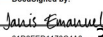
#### Policy - Requirements

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.

| <b>Print the names of ALL members of current governing body below.</b> |  | <b>A MAJORITY of the members of the governing body must sign below.</b>   |
|--|--|---|
| <b>Board Member 1</b>  | <p style="text-align: center;">Print Board Member's Name</p> <p style="text-align: center;">Theodore Antenucci</p> | <p>I _____ Theodore Antenucci _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.</p> <p>Signed _____</p> <p>Date: _____</p> <p>My term Expires: _____ May 2027 _____</p>   |
| <b>Board Member 2</b>  | <p style="text-align: center;">Print Board Member's Name</p> <p style="text-align: center;">Robert Bol</p>         | <p>I _____ Robert Bol _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.</p> <p>Signed  _____</p> <p>Date: _____ 3/23/2024 _____</p> <p>My term Expires: _____ May 2025 _____</p>     |
| <b>Board Member 3</b>  | <p style="text-align: center;">Print Board Member's Name</p> <p style="text-align: center;">Janis Emanuel</p>      | <p>I _____ Janis Emmanuel _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.</p> <p>Signed  _____</p> <p>Date: _____ 3/25/2024 _____</p> <p>My term Expires: _____ May 2027 _____</p> |
| <b>Board Member 4</b>  | <p style="text-align: center;">Print Board Member's Name</p>   | <p>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.</p> <p>Signed _____</p> <p>Date: _____</p> <p>My term Expires: _____</p>   |
| <b>Board Member 5</b>  | <p style="text-align: center;">Print Board Member's Name</p>   | <p>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.</p> <p>Signed _____</p> <p>Date: _____</p> <p>My term Expires: _____</p>   |
| <b>Board Member 6</b>  | <p style="text-align: center;">Print Board Member's Name</p>   | <p>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.</p> <p>Signed _____</p> <p>Date: _____</p> <p>My term Expires: _____</p>   |
| <b>Board Member 7</b>  | <p style="text-align: center;">Print Board Member's Name</p>   | <p>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.</p> <p>Signed _____</p> <p>Date: _____</p> <p>My term Expires: _____</p>   |



**CliftonLarsonAllen LLP**  
8390 East Crescent Parkway, Suite 300  
Greenwood Village, CO 80111  
**phone** 303-779-5710 **fax** 303-779-0348  
**claconnect.com**

## Accountant's Compilation Report

Board of Directors  
Timnath Lakes Metropolitan District No. 5  
Larimer County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Timnath Lakes Metropolitan District No. 5 as of and for the year ended December 31, 2023, 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 Timnath Lakes Metropolitan District No. 5.

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

Greenwood Village, Colorado  
March 20, 2024

**Certificate Of Completion**

|  |                               |
|--|-------------------------------|
| Envelope Id: F1EB39752F954473AD35A262AFE63CBC                                      | Status: Completed             |
| Subject: Complete with DocuSign: Timnath Lakes MD No. 5 - 2023 Audit Exemption.pdf |                               |
| Client Name: Timnath Lakes Metropolitan District No. 5                             |                               |
| Client Number: A173195   |                               |
| Source Envelope:   |                               |
| Document Pages: 8  | Signatures: 2                 |
| Certificate Pages: 5   | Initials: 0                   |
| AutoNav: Enabled   | Envelope Originator:          |
| Enveloped Stamping: Enabled  | Porter Tirrill                |
| Time Zone: (UTC-06:00) Central Time (US & Canada)                                  | 220 S 6th St Ste 300          |
|  | Minneapolis, MN 55402-1418    |
|  | Porter.Tirrill@claconnect.com |
|  | IP Address: 98.50.80.160      |


**Record Tracking**

|                      |                               |                    |
|----------------------|-------------------------------|--------------------|
| Status: Original     | Holder: Porter Tirrill        | Location: DocuSign |
| 3/22/2024 3:00:08 PM | Porter.Tirrill@claconnect.com |                    |

**Signer Events**

Janis Emanuel  
 jemanuel@catellus.com  
 President  
 Catellus  
 Security Level: Email, Account Authentication (None)

**Signature**


DocuSigned by:  
  
 61D8FED1170C4A0...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 173.8.249.62

**Timestamp**

Sent: 3/22/2024 3:02:38 PM  
 Viewed: 3/25/2024 8:15:58 AM  
 Signed: 3/25/2024 8:16:06 AM

**Electronic Record and Signature Disclosure:**  
 Accepted: 11/18/2021 3:05:12 PM  
 ID: e44cc491-726b-41d5-a960-93622b1ef791

Robert Bol  
 robbolus@yahoo.com  
 Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
 FCE37B26CA96473...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 174.231.95.97  
 Signed using mobile

Sent: 3/22/2024 3:02:37 PM  
 Viewed: 3/23/2024 12:00:29 AM  
 Signed: 3/23/2024 1:09:59 AM

**Electronic Record and Signature Disclosure:**  
 Accepted: 3/23/2024 12:00:29 AM  
 ID: ff58f865-69af-4c7d-bf2f-36ef6f4ea1c6

| 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 |

| <b>Envelope Summary Events</b> | <b>Status</b>    | <b>Timestamps</b>     |
|--------------------------------|------------------|-----------------------|
| Envelope Sent                  | Hashed/Encrypted | 3/22/2024 3:02:38 PM  |
| Envelope Updated               | Security Checked | 3/26/2024 11:53:10 AM |
| Certified Delivered            | Security Checked | 3/23/2024 12:00:29 AM |
| Signing Complete               | Security Checked | 3/23/2024 1:09:59 AM  |
| Completed                      | Security Checked | 3/26/2024 11:53:10 AM |

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

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

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

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