

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

**NAME OF GOVERNMENT  
ADDRESS**

<b>Upper Cottonwood Creek Metropolitan District No. 5</b>
<b>121 South Tejon Street</b>
<b>Suite 1100</b>
<b>Colorado Springs, CO 80903</b>
<b>Carrie Bartow</b>
<b>719-635-0330</b>
<a href="mailto:Carrie.Bartow@claconnect.com">Carrie.Bartow@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**

Carrie Bartow
Accountant for the District
CliftonLarsonAllen LLP
121 S Tejon Street, Suite 1100, Colorado Springs, CO 80903
719-635-0330

<b>PREPARER</b> <small>(SIGNATURE REQUIRED)</small>	<b>DATE PREPARED</b>
---	----------------------

SEE ATTACHED ACCOUNTANT'S COMPILATION REPORT

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	<b>GOVERNMENTAL</b> <small>(MODIFIED ACCRUAL BASIS)</small>	<b>PROPRIETARY</b> <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	
2-1	Taxes: Property (report mills levied in Question 10-6)	\$ 3,608	Please use this space to provide any necessary explanations
2-2	Specific ownership	\$ 385	
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	\$ 3,993	

## 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	
3-1	Administrative	\$ -	Please use this space to provide any necessary explanations
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	County Treasurer's fee	\$ 54	
3-25	Intergovernmental expenditures	\$ 3,939	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSES	\$ 3,993	

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, <b>MUST</b> explain below: <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: <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: (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	\$ -	\$ -	\$ -
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -
	<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</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?	<input type="checkbox"/>	<input type="checkbox"/>
If yes:	How much? <span style="float: right; border: 1px solid black; padding: 2px;">\$ 63,000,000.00</span>		
	Date the debt was authorized: <span style="float: right; border: 1px solid black; padding: 2px;">5/2/2006</span>		
4-6	Does the entity intend to issue debt within the next calendar year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes:	How much? <span style="float: right; border: 1px solid black; padding: 2px;">\$ -</span>		
4-7	Does the entity have debt that has been refinanced that it is still responsible for?	<input type="checkbox"/>	<input type="checkbox"/>
If yes:	What is the amount outstanding? <span style="float: right; border: 1px solid black; padding: 2px;">\$ -</span>		
4-8	Does the entity have any lease agreements?	<input type="checkbox"/>	<input type="checkbox"/>
If yes:	What is being leased? <span style="float: right; border: 1px solid black; padding: 2px;"> </span>		
	What is the original date of the lease? <span style="float: right; border: 1px solid black; padding: 2px;"> </span>		
	Number of years of lease? <span style="float: right; border: 1px solid black; padding: 2px;"> </span>		
	Is the lease subject to annual appropriation?	<input type="checkbox"/>	<input type="checkbox"/>
	What are the annual lease payments? <span style="float: right; border: 1px solid black; padding: 2px;">\$ -</span>		

**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):		
	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	\$ -	
	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	\$ -	
5-3	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	\$ -	
	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	\$ -	
<b>Total Investments</b>			\$ -
<b>Total Cash and Investments</b>			\$ -

Please answer the following questions by marking in the appropriate boxes

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

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

**The District had no cash or investment deposits during the year.**

## 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

The district has no capital assets

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 (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	\$ 4,200

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

Please answer the following question by marking in the appropriate box

- |            |  |  |                                |
|------------|--|--|--------------------------------|
| <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> | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/> |
|------------|--|--|--------------------------------|

**If no, MUST explain:**

## PART 10 - GENERAL INFORMATION

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

- |  |  |                                 |   |
|--|--|---------------------------------|---|
| <b>10-1</b>  | Is this application for a newly formed governmental entity?  | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| If yes: <b>Date of formation:</b> <input style="width: 450px;" type="text"/> |  |                                 |   |
| <b>10-2</b>  | Has the entity changed its name in the past or current year? | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |

If yes: **Please list the NEW name & PRIOR name:**

- |             |  |  |                                |
|-------------|--|--|--------------------------------|
| <b>10-3</b> | Is the entity a metropolitan district?<br>Please indicate what services the entity provides: | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/> |
|-------------|--|--|--------------------------------|

- |             |  |  |                                |
|-------------|--|--|--------------------------------|
| <b>10-4</b> | Does the entity have an agreement with another government to provide services? | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/> |
|-------------|--|--|--------------------------------|

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

- |             |   |                                 |   |
|-------------|---|---------------------------------|---|
| <b>10-5</b> | Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
|-------------|---|---------------------------------|---|

If yes: **Date Filed:**

- |             |   |  |                                |
|-------------|---|--|--------------------------------|
| <b>10-6</b> | Does the entity have a certified Mill Levy? | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/> |
|-------------|---|--|--------------------------------|

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

Bond Redemption mills	-
General/Other mills	20.059
<b>Total mills</b>	<b>20.059</b>

<b>Yes</b>	<b>No</b>	<b>N/A</b>
------------	-----------	------------

- |             |   |  |                                |                                 |
|-------------|---|--|--------------------------------|---------------------------------|
| <b>10-7</b> | <b>NEW 2023!</b> 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. | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
|-------------|---|--|--------------------------------|---------------------------------|

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

10-3: Streets, traffic and safety, water, sanitary sewer, parks and recreation, and television relay and translation.  
 10-4: Under the Service Plan, the District operates in conjunction with Old Ranch Metropolitan District, Upper Cottonwood Creek Metropolitan District, and Upper Cottonwood Creek Metropolitan District Nos. 2, 3, and 4. Old Ranch Metropolitan District is the management district, while the other Districts are financing districts.

## PART 11 - GOVERNING BODY APPROVAL

Please answer the following question by marking in the appropriate box		YES	NO
12-1	If you plan to submit this form electronically, have you read the new Electronic Signature Policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Office of the State Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and Procedure

#### Policy - Requirements

The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as DocuSign or Echosign. Required elements and safeguards are as follows:

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
- Office of the State Auditor staff will not coordinate obtaining signatures.

**The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following three methods:**

- 1) Submit the application in hard copy via the US Mail including original signatures.
- 2) Submit the application electronically via email and either,
  - a. Include a copy of an adopted resolution that documents formal approval by the Board, **or**
  - b. Include electronic signatures obtained through a software program such as DocuSign or Echosign in accordance with the requirements noted above.

**Print the names of ALL members of current governing body below.**

**A MAJORITY of the members of the governing body must sign below.**

<p>Board Member 1</p>	<p>Print Board Member's Name <b>Timothy Seibert</b></p>	<p>I Timothy Seibert , 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>Timothy Seibert</u> Date: <u>3/28/2024</u> My term Expires: May 2025</p>
<p>Board Member 2</p>	<p>Print Board Member's Name <b>Delroy Johnson</b></p>	<p>I Delroy Johnson , 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>Delroy Johnson</u> Date: <u>3/27/2024</u> My term Expires: May 2027</p>
<p>Board Member 3</p>	<p>Print Board Member's Name <b>David Jenkins</b></p>	<p>I David Jenkins , 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>David Jenkins</u> Date: <u>3/27/2024</u> My term Expires: May 2025</p>
<p>Board Member 4</p>	<p>Print Board Member's Name <b>Christopher Jenkins</b></p>	<p>I Christopher Jenkins , 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>Christopher Jenkins</u> Date: <u>3/27/2024</u> My term Expires: May 2027</p>
<p>Board Member 5</p>	<p>Print Board Member's Name <b>Bobby Ingels</b></p>	<p>I Bobby Ingels, 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>Bobby Ingels</u> Date: <u>3/28/2024</u> My term Expires: May 2025</p>
<p>Board Member 6</p>	<p>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. Signed _____ Date: _____ My term Expires: _____</p>
<p>Board Member 7</p>	<p>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. Signed _____ Date: _____ My term Expires: _____</p>



**CliftonLarsonAllen LLP**  
8390 East Crescent Pkwy., Suite 300  
Greenwood Village, CO 80111

phone 303-779-5710 fax 303-779-0348  
[CLAAconnect.com](http://CLAAconnect.com)

## **Accountant's Compilation Report**

Board of Directors  
Upper Cottonwood Creek Metropolitan District No. 5  
El Paso, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Upper Cottonwood Creek 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 Upper Cottonwood Creek Metropolitan District No. 5.

A handwritten signature in black ink that reads "CliftonLarsonAllen LLP". The signature is written in a cursive, flowing style.

Colorado Springs, Colorado  
February 21, 2024

**Certificate Of Completion**

Envelope Id: 71F7FE11EBD341FC969943FFCE7F9ACE	Status: Completed
Subject: Complete with DocuSign: Upper Cottonwood Creek MD No. 5 - 2023 Audit Exemption - signed.pdf	
Client Name: Upper Cottonwood Creek Metropolitan District No. 5	
Client Number: A517860	
Source Envelope:	
Document Pages: 8	Signatures: 5
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: 65.59.88.254

**Record Tracking**

Status: Original	Holder: Porter Tirrill	Location: DocuSign
3/27/2024 5:46:33 PM	Porter.Tirrill@claconnect.com	

**Signer Events**

Bobby Ingels  
bingels@norwood.dev  
Security Level: Email, Account Authentication (None)

**Signature**


DocuSigned by:  
  
454303339A27410...  
Signature Adoption: Pre-selected Style  
Using IP Address: 38.75.248.16

**Timestamp**

Sent: 3/27/2024 5:50:18 PM  
Viewed: 3/28/2024 11:07:28 AM  
Signed: 3/28/2024 11:07:41 AM

**Electronic Record and Signature Disclosure:**  
Accepted: 3/28/2024 11:07:28 AM  
ID: b8ba1b6c-2839-4992-b403-6e17f2a3363d

Christopher Jenkins  
cjenkins@norwood.dev  
Manager  
SCMC No. 1, LLC  
Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
1510F4AC1F2745A...  
Signature Adoption: Pre-selected Style  
Using IP Address: 104.28.55.229  
Signed using mobile

Sent: 3/27/2024 5:50:17 PM  
Viewed: 3/27/2024 8:40:19 PM  
Signed: 3/27/2024 8:40:30 PM

**Electronic Record and Signature Disclosure:**  
Accepted: 3/27/2024 8:40:19 PM  
ID: 3510d884-ee5b-4e56-9af9-15f335b95942

David Jenkins  
djenkins@norwood.dev  
Asst Sec.  
Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
5B54775D758F4F...  
Signature Adoption: Pre-selected Style  
Using IP Address: 187.216.91.237

Sent: 3/27/2024 5:50:18 PM  
Viewed: 3/27/2024 6:04:18 PM  
Signed: 3/27/2024 6:04:41 PM

**Electronic Record and Signature Disclosure:**  
Accepted: 3/27/2024 6:04:18 PM  
ID: aab848cb-dec7-46f8-a7ef-e1eee82560b2

Delroy Johnson  
djohnson@norwood.dev  
Director  
Various Districts  
Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
57373E398D824FC...  
Signature Adoption: Pre-selected Style  
Using IP Address: 172.59.228.98

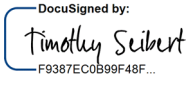
Sent: 3/27/2024 5:50:18 PM  
Viewed: 3/27/2024 5:59:05 PM  
Signed: 3/27/2024 5:59:50 PM

**Electronic Record and Signature Disclosure:**

Signer Events	Signature	Timestamp
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Accepted: 3/27/2024 5:59:05 PM  
ID: 3266c2ee-c84c-4b81-ba85-7128aec6d6d

Timothy Seibert  
tseibert@norwood.dev  
President  
Security Level: Email, Account Authentication (None)



Signature Adoption: Pre-selected Style  
Using IP Address: 38.75.248.16

Sent: 3/27/2024 5:50:18 PM  
Viewed: 3/28/2024 8:39:52 AM  
Signed: 3/28/2024 8:40:05 AM

**Electronic Record and Signature Disclosure:**  
Accepted: 3/28/2024 8:39:52 AM  
ID: 38f74234-adb9-4a9c-8828-ff50db20cabe

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	3/27/2024 5:50:18 PM
Certified Delivered	Security Checked	3/28/2024 8:39:52 AM
Signing Complete	Security Checked	3/28/2024 8:40:05 AM
Completed	Security Checked	3/28/2024 11:07:41 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

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