

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

| | | |
|----------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| NAME OF GOVERNMENT ADDRESS | The Springs South Metropolitan District 44 Cook Street, Suite 620 Denver, Colorado 80206 | For the Year Ended 12/31/23 or fiscal year ended: |
| CONTACT PERSON PHONE EMAIL | Matt Ruhland 303-218-7200 mrhland@cegrlaw.com | |

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: | Phyllis Brown |
| TITLE | Director of Finance and Accounting |
| FIRM NAME (if applicable) | Community Resource Services of Colorado |
| ADDRESS | 7995 E. Prentice Avenue, Suite 103E, Greenwood Village, CO 80111 |
| PHONE | 303-381-4960 |

| PREPARER <small>(SIGNATURE REQUIRED)</small> | DATE PREPARED | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|-------------------------------------|--------------------------|
| <div style="border: 1px solid black; padding: 5px;"> <small>DocuSigned by:</small> <small>AA206FDD70144EC...</small> </div> | 3/27/2024 3:27 PM PDT | | | | |
| 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%; text-align: center; font-size: x-small;">GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small></th> <th style="width: 50%; text-align: center; font-size: x-small;">PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small></th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small> | PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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) | \$ 237 | Please use this space to provide any necessary explanations |
| 2-2 | Specific ownership | \$ 11 | |
| 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 | \$ 6 | |
| 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 | \$ 254 | |

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 | \$ - | 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): County treasurer fees | \$ 2 | |
| 3-24 | TIF | \$ 78 | |
| 3-25 | | \$ - | |
| 3-26 | (add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSES | \$ 80 | |

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 below: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | |
| 4-3 Is the entity current in its debt service payments? If no, MUST explain below: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | |
| 4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers) | | | | |
| General obligation bonds | \$ - | \$ - | \$ - | \$ - |
| Revenue bonds | \$ - | \$ - | \$ - | \$ - |
| Notes/Loans | \$ - | \$ - | \$ - | \$ - |
| Lease & SBITA** Liabilities [GASB 87 & 96] | \$ - | \$ - | \$ - | \$ - |
| Developer Advances | \$ - | \$ - | \$ - | \$ - |
| Other (specify): | \$ - | \$ - | \$ - | \$ - |
| TOTAL | \$ - | \$ - | \$ - | \$ - |

**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? If yes: How much? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Date the debt was authorized: | 11/4/2014 | |
| 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"/> |
| | | |

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 | \$ - | |
| Total Cash Deposits | | |
| Investments (if investment is a mutual fund, please list underlying investments): | | \$ - |
| Csafe | \$ 188 | |
| | \$ - | |
| | \$ - | |
| | \$ - | |
| Total Investments | | |
| | | \$ 188 |
| Total Cash and Investments | | |
| | | \$ 188 |

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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? | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> |

| 6-3 | 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) | \$ 89,124 | \$ - | \$ - | \$ 89,124 |
| | Leased & SBITA Right-to-Use Assets | \$ - | \$ - | \$ - | \$ - |
| | Other (explain): | \$ - | \$ - | \$ - | \$ - |
| | Accumulated Depreciation/Amortization <small>(Please enter a negative, or credit, balance)</small> | \$ - | \$ - | \$ - | \$ - |
| | TOTAL | \$ 89,124 | \$ - | \$ - | \$ 89,124 |

*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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7-2 | Does the entity have a volunteer firefighters' 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.): | \$ - |
| TOTAL | \$ - |

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: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <div style="border: 1px solid black; height: 15px; width: 100%;"></div> | | | |
| 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"/> |
| | <div style="border: 1px solid black; height: 15px; width: 100%;"></div> | | | |

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

| Governmental/Proprietary Fund Name | Total Appropriations By Fund |
|------------------------------------|------------------------------|
| General | \$ 48,003 |
| | |
| | |

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)]? <small>Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.</small> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If no, MUST explain:

PART 10 - GENERAL INFORMATION

| | Please answer the following questions by marking in the appropriate boxes. | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 10-1 | Is this application for a newly formed governmental entity? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: Date of formation: <input style="width: 300px;" type="text"/> | | | |
| 10-2 | Has the entity changed its name in the past or current year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: Please list the NEW name & PRIOR name: <input style="width: 300px;" type="text"/> | | | |
| 10-3 | Is the entity a metropolitan district? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Please indicate what services the entity provides: <input style="width: 300px;" type="text"/> Streets, street lights, traffic & safety, water, sewer, transportation, parks & recreation. | | | |
| 10-4 | Does the entity have an agreement with another government to provide services? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: List the name of the other governmental entity and the services provided: <input style="width: 300px;" type="text"/> | | | |
| 10-5 | Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: Date Filed: <input style="width: 300px;" type="text"/> | | | |
| 10-6 | Does the entity have a certified Mill Levy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes: Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts): | | | |
| | | Bond Redemption mills | - |
| | | General/Other mills | 6.000 |
| | | Total mills | 6.000 |
| | | Yes | No |
| 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 300px;" type="text"/> | | | |

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

| 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


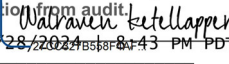
Policy - Requirements

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. |
|-----------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Board Member 1 | Print Board Member's Name Blake Carlson | I <u>Blake Carlson</u> , 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>3/27/2024 1:20 PM PDT</u> My term Expires: <u>May 2025</u> |
| Board Member 2 | Print Board Member's Name Brian Jumps | I <u>Brian Jumps</u> , 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: <u>May 2025</u> |
| Board Member 3 | Print Board Member's Name Walraven Ketellapper | I <u>Walraven Ketellapper</u> , 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>3/28/2024 1:43 PM PDT</u> My term Expires: <u>May 2027</u> |
| Board Member 4 | Print Board Member's Name | 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 5 | Print Board Member's Name | 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 | Print Board Member's Name | 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 | Print Board Member's Name | 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: _____ |

Certificate Of Completion

| | |
|-------------------------------------------------------------------------------------------------------------|---------------------------|
| Envelope Id: F67CC5B6B29749E196A3A5377532C926 | Status: Sent |
| Subject: Complete with DocuSign: 2023 Audit Exemption - Springs South Metro.pdf, 2023 Audit Exemption - ... | |
| Source Envelope: | |
| Document Pages: 16 | Signatures: 6 |
| Certificate Pages: 5 | Initials: 0 |
| AutoNav: Enabled | Envelope Originator: |
| Enveloped Stamping: Enabled | Sarah Luetjen |
| Time Zone: (UTC-08:00) Pacific Time (US & Canada) | 44 Cook Street, Suite 620 |
| | Denver, CO 80206 |
| | sluetjen@cegrlaw.com |
| | IP Address: 50.207.72.210 |

Record Tracking

| | | |
|----------------------|-----------------------|--------------------|
| Status: Original | Holder: Sarah Luetjen | Location: DocuSign |
| 3/27/2024 2:12:05 PM | sluetjen@cegrlaw.com | |

Signer Events

Blake Carlson
 blake@carlsonld.com
 Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

 78C2809552F54DF...
 Signature Adoption: Drawn on Device
 Using IP Address: 98.53.138.85
 Signed using mobile

Timestamp

Sent: 3/27/2024 2:16:24 PM
 Viewed: 3/27/2024 2:19:53 PM
 Signed: 3/27/2024 2:20:15 PM

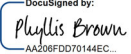
Electronic Record and Signature Disclosure:
 Accepted: 3/27/2024 2:19:53 PM
 ID: 07185261-3f54-450c-9f59-7854217fb488

Brian Jumps
 bjumps@jumpslaw.com
 Security Level: Email, Account Authentication (None)

Sent: 3/27/2024 2:16:24 PM

Electronic Record and Signature Disclosure:
 Accepted: 1/19/2024 6:53:00 AM
 ID: 3c62f20a-7325-48ef-9f8e-d8d03871a545

Phyllis Brown
 pbrown@crsofcolorado.com
 Security Level: Email, Account Authentication (None)

DocuSigned by:

 AA206FDD70144EC...
 Signature Adoption: Pre-selected Style
 Using IP Address: 96.88.70.121

Sent: 3/27/2024 2:16:25 PM
 Viewed: 3/27/2024 3:27:40 PM
 Signed: 3/27/2024 3:27:49 PM

Electronic Record and Signature Disclosure:
 Accepted: 3/27/2024 3:27:40 PM
 ID: 9d48b964-9ff0-4e46-8c33-edfa6f725ddd

Walraven Ketellapper
 walraven@stillwaterresources.com
 Security Level: Email, Account Authentication (None)

DocuSigned by:

 27CC327B558F4AF...
 Signature Adoption: Pre-selected Style
 Using IP Address: 71.196.152.219

Sent: 3/27/2024 2:16:24 PM
 Viewed: 3/28/2024 8:43:30 PM
 Signed: 3/28/2024 8:43:53 PM

Electronic Record and Signature Disclosure:
 Accepted: 3/28/2024 8:43:30 PM
 ID: d257eb4f-44f7-4560-ac6b-4e06ddf5e3b6

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 | 3/27/2024 2:16:25 PM |
| Certified Delivered | Security Checked | 3/28/2024 8:43:30 PM |
| Signing Complete | Security Checked | 3/28/2024 8:43:53 PM |
| Payment Events | Status | Timestamps |
| Electronic Record and Signature Disclosure | | |