

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

**NAME OF GOVERNMENT ADDRESS**

Independence Metropolitan District #5  
 c/o Specials District Solutions, Inc.  
 2370 Antelope Ridge Trl  
 Parker, CO 80138

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

**CONTACT PERSON PHONE EMAIL**

Kurt Schlegel  
 303-662-1999  
 kurt@specialdistrictsolutions.com

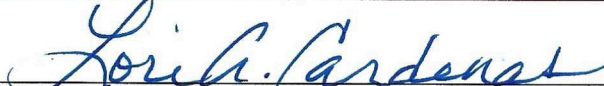

## PART 1 - CERTIFICATION OF PREPARER

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: TITLE FIRM NAME (if applicable) ADDRESS PHONE**

Lori A Cardenas  
 District Accountant  
 Autumn Accounting LLC  
 2404 Elkhorn Ranch St Parker, CO 80138  
 303-928-4142

<b>PREPARER (SIGNATURE REQUIRED)</b>	<b>DATE PREPARED</b>
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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	Please use this space to provide any necessary explanations
2-1	<b>Taxes:</b> Property (report mills levied in Question 10-6)	\$ -	Please use this space to provide any necessary explanations
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) <b>TOTAL REVENUE</b>	\$ -	

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

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>

\*\*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 checked="" type="checkbox"/>	<input type="checkbox"/>
If yes:	How much? Date the debt was authorized:		
	\$ 68,267,192.00 6/5/2023		
4-6	Does the entity intend to issue debt within the next calendar year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	How much?		
	\$ -		
4-7	Does the entity have debt that has been refinanced that it is still responsible for?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	What is the amount outstanding?		
	\$ -		
4-8	Does the entity have any lease agreements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	What are the annual lease payments?		
	\$ -		

**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		\$ -	
		\$ -	
		\$ -	
	<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:**

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

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 (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? | <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.):	\$ -
<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, <b>MUST</b> explain: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | <input style="width: 400px;" type="text"/>   |                                     |                          |                          |
| 8-2 | Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, <b>MUST</b> explain:                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | <input style="width: 400px;" type="text"/>   |                                     |                          |                          |

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

Governmental/Proprietary Fund Name	Total Appropriations By Fund
General	\$ 25,000

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

Please answer the following question by marking in the appropriate box

- |            |   |  |                                |
|------------|---|--|--------------------------------|
| <b>9-1</b> | <b>Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?</b><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> | <b>Is this application for a newly formed governmental entity?</b><br>If yes: Date of formation: <input style="width: 300px;" type="text"/>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>10-2</b> | <b>Has the entity changed its name in the past or current year?</b><br><br>If yes: Please list the NEW name & PRIOR name:<br><input style="width: 500px;" type="text"/>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>10-3</b> | <b>Is the entity a metropolitan district?</b><br>Please indicate what services the entity provides:<br><input style="width: 500px;" type="text"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>10-4</b> | <b>Does the entity have an agreement with another government to provide services?</b><br>If yes: List the name of the other governmental entity and the services provided:<br><input style="width: 500px;" type="text"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>10-5</b> | <b>Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during the</b><br>Date Filed: <input style="width: 300px;" type="text"/>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>10-6</b> | <b>Does the entity have a certified Mill Levy?</b><br>If yes: Please provide the following mills levied for the year reported (do not report \$ amounts):  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Bond Redemption mills	-
General/Other mills	-
Total mills	-

- |             |   |  |                                |                                 |
|-------------|---|--|--------------------------------|---------------------------------|
| <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 <input style="width: 300px;" type="text"/> | 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:**

## 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  
Print Board Member's Name  
Tim Craft

I Tim Craft, 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 Tim Craft  
Date: 3/21/2024

My term Expires: May 2027

Board Member 2  
Print Board Member's Name  
Margaret Brown

I Margaret Brown, 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 Margaret Brown  
Date: 3/8/2024

My term Expires: May 2027

Board Member 3  
Print Board Member's Name  
Jim Yates

I Jim Yates, 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 Jim Yates  
Date: 3/8/2024

My term Expires: May 2027

Board Member 4  
Print Board Member's Name  
David Gallo

I David Gallo, 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 David Gallo  
Date: 3/8/2024

My term Expires: May 2025

Board Member 5  
Print Board Member's Name  
Rebecca Osborne

I Rebecca Osborne, 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 Rebecca Osborne  
Date: 3/8/2024

My term Expires: May 2025

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: F4B48C89D20E467E9CA5D89A32560DE3	Status: Completed
Subject: Complete with DocuSign: INDEPENDENCE COMMERCIAL 2023 AUDIT EXEMPTION.xlsx, INDEPENDENCE 5 2023 ...	
Source Envelope:	
Document Pages: 36	Signatures: 15
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Kurt Schlegel
Time Zone: (UTC-07:00) Mountain Time (US & Canada)	2370 Antelope Ridge Trail
	Parker, CO 80138
	kurt@specialdistrictsolutions.com
	IP Address: 74.81.169.165

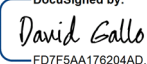
**Record Tracking**

Status: Original	Holder: Kurt Schlegel	Location: DocuSign
3/8/2024 9:28:30 AM	kurt@specialdistrictsolutions.com	

**Signer Events**

David Gallo  
 david@craftcompaniesllc.com  
 CFO  
 Security Level: Email, Account Authentication (None)

**Signature**

DocuSigned by:  
  
 FD7F5AA176204AD...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 172.58.56.63

**Timestamp**

Sent: 3/8/2024 9:35:26 AM  
 Viewed: 3/8/2024 9:36:38 AM  
 Signed: 3/8/2024 9:36:47 AM

**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign

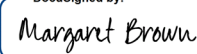
Jim Yates  
 jim@craftcompaniesllc.com  
 Board Treasurer  
 Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
 91EFBCD306F8403...  
 Signature Adoption: Drawn on Device  
 Using IP Address: 166.196.82.33  
 Signed using mobile

Sent: 3/8/2024 9:35:26 AM  
 Viewed: 3/8/2024 1:35:31 PM  
 Signed: 3/8/2024 1:35:46 PM

**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign


Margaret Brown  
 margaret@craftcompaniesllc.com  
 Assistant Project Manager  
 Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
 CD140491D14E4E6...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 216.237.78.217

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 Signed: 3/8/2024 9:35:58 AM


**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign

rebecca Osborne  
 accounting@craftcompaniesllc.com  
 Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
 9184056DAD0F42A...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 98.38.43.28

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 Signed: 3/8/2024 9:55:28 AM

**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign

Signer Events	Signature	Timestamp
Tim Craft tim@independencedistricts.com President Independence Comercial District Security Level: Email, Account Authentication (None)	 <p>DocuSigned by:  <i>Tim Craft</i>            F1B239AE26D84A0...</p> <p>Signature Adoption: Pre-selected Style            Using IP Address: 98.38.43.28</p>	Sent: 3/8/2024 9:35:27 AM Resent: 3/14/2024 11:53:46 AM Resent: 3/18/2024 8:32:58 AM Resent: 3/20/2024 2:30:43 PM Viewed: 3/21/2024 9:11:58 AM Signed: 3/21/2024 9:12:15 AM

**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign

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	3/8/2024 9:35:28 AM
Certified Delivered	Security Checked	3/21/2024 9:11:58 AM
Signing Complete	Security Checked	3/21/2024 9:12:15 AM
Completed	Security Checked	3/21/2024 9:12:15 AM

Payment Events	Status	Timestamps
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**RESOLUTION OF THE BOARD OF DIRECTORS OF  
THE INDEPENDENCE METROPOLITAN DISTRICT NO. 5  
REGARDING AND AUDIT EXEMPTION FOR FISCAL YEAR 2023**  
(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION APPROVING AN EXEMPTION FROM AUDIT FOR YEAR 2023 FOR THE INDEPENDENCE METROPOLITAN DISTRICT NO. 5 (the "District"), COUNTY OF ELBERT, STATE OF COLORADO.

WHEREAS, the District's Board of Directors 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 provision of Section 29-1-603, C.R.S.; and

WHEREAS, neither revenue nor expenditures for the District exceeded \$100,000 for Year 2023; and

WHEREAS, an application for exemption from audit for the District has been prepared by the District's Accountant; and


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

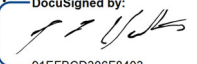
NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE INDEPENDENCE METROPOLITAN DISTRICT NO. 5 AS FOLLOWS:

APPLICATION FOR EXEMPTION FROM 2023 AUDIT. The District hereby authorizes the District's Accountant to apply for and obtain an exemption from the State Auditor from the provisions of the Colorado Local Government Audit Law.

ADOPTED THIS 22<sup>nd</sup> day of December, 2023.

INDEPENDENCE METROPOLITAN DISTRICT NO. 5

DocuSigned by:  
  
E1B239AE26D84A0  
\_\_\_\_\_  
Tim Craft, President

ATTEST:  
DocuSigned by:  
  
\_\_\_\_\_  
94EFBCD306F8403...

Jim Yates, Secretary/Treasurer