

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

**NAME OF GOVERNMENT  
ADDRESS**

|  |
|--|
| <b>Rudolph Farms Metropolitan District No. 4</b>                                   |
| <b>8390 East Crescent Parkway</b>  |
| <b>Suite 300</b>   |
| <b>Greenwood Village, CO 80111-2814</b>  |
| <b>Gigi Pangindian</b>   |
| <b>303-779-5710</b>  |
| <a href="mailto:gigi.pangindian@claconnect.com">gigi.pangindian@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**

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

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

|  |                  |
|--|------------------|
| <b>See Accountant's Compilation Report</b> | <b>3/25/2024</b> |
|--|------------------|

|  |  |  |
|--|--|--|
| Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types | <b>GOVERNMENTAL</b><br><small>(MODIFIED ACCRUAL BASIS)</small> | <b>PROPRIETARY</b><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)   | \$ 540                  |   |
| 2-2   | Specific ownership                                       | \$ 39                   |   |
| 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>        | \$ 579                  |   |

## 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): County Treasurer's Fees                                | \$ 11                   |   |
| 3-24  | Other (specify): Intergovernmental Expenditures                         | \$ 568                  |   |
| 3-25  |   | \$ -                    |   |
| 3-26  | (add lines 3-1 through 3-24) <b>TOTAL EXPENDITURES/EXPENSES</b>         | \$ 579                  |   |

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)                            |                          |                                     |
|     | 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?<br>If yes: How much? <span style="float: right;">\$ 1,887,000,000.00</span><br>Date the debt was authorized: <span style="float: right;">5/8/2018</span>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4-6 | Does the entity intend to issue debt within the next calendar year?<br>If yes: How much? <span style="float: right;">\$ -</span>  | <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? <span style="float: right;">\$ -</span>   | <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? <span style="float: right;">\$ -</span> | <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 |   | \$ -   |       |
|     |   | \$ -   |       |
|     | <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?  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<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                       | \$ 300                       |
| Debt Service Fund                  | \$ 1,000                     |
|                                    |                              |
|                                    |                              |

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

|            | Please answer the following question by marking in the appropriate box  | Yes                                 | No                       |
|------------|---|-------------------------------------|--------------------------|
| <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> | <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  |
|-------------|---|-------------------------------------|---|
| <b>10-1</b> | <b>Is this application for a newly formed governmental entity?</b>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                     |
| If yes:     | <b>Date of formation:</b> <input style="width: 450px; height: 15px;" type="text"/>  |                                     |   |
| <b>10-2</b> | <b>Has the entity changed its name in the past or current year?</b>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                     |
| If yes:     | <b>Please list the NEW name &amp; PRIOR name:</b><br><input style="width: 580px; height: 15px;" type="text"/>   |                                     |   |
| <b>10-3</b> | <b>Is the entity a metropolitan district?</b><br><b>Please indicate what services the entity provides:</b><br><input style="width: 580px; height: 15px;" type="text" value="See below"/>  | <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><b>List the name of the other governmental entity and the services provided:</b><br><input style="width: 580px; height: 15px;" type="text" value="See below"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>  |
| <b>10-5</b> | <b>Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during</b><br><b>Date Filed:</b> <input style="width: 450px; height: 15px;" type="text"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                     |
| <b>10-6</b> | <b>Does the entity have a certified Mill Levy?</b>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                     |
| If yes:     | <b>Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):</b>   |                                     |   |
|             | <b>Bond Redemption mills</b>  |                                     | <input style="width: 100px; height: 15px;" type="text" value="50.000"/> |
|             | <b>General/Other mills</b>  |                                     | <input style="width: 100px; height: 15px;" type="text" value="20.000"/> |
|             | <b>Total mills</b>  |                                     | <input style="width: 100px; height: 15px;" type="text" value="70.000"/> |
|             |   | <b>Yes</b>                          | <b>No</b>   |
| <b>10-7</b> | <b>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.</b><br><input style="width: 580px; height: 15px;" type="text"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>  |

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

10-3: Services provided by the District include street improvements, parks and recreation, water sanitation/storm sewer, transportation mosquito control, safety protection, fire protection, television relay and translation, security, operations and maintenance, and directional drilling

10-4: Rudolph Farms Metropolitan District No.6 will serve as the service district and will be responsible for managing the construction and operation of the facilities and improvements for District Nos. 1-5. Rudolph Farms Metropolitan District Nos. 1-5 will serve as the financing districts and are responsible for providing the funding and tax base needed to support the capital improvements and operations.

## 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<br/>1</p> | <p>Print Board Member's Name<br/>Rudy Byler</p>       | <p>I, Rudy Byler, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.<br/>Signed  _____<br/>Date: <u>3/28/2024</u><br/>My term Expires: May 2025</p>       |
| <p>Board Member<br/>2</p> | <p>Print Board Member's Name<br/>Michael Kleinman</p> | <p>I, Michael Kleinman, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.<br/>Signed  _____<br/>Date: <u>3/27/2024</u><br/>My term Expires: May 2025</p> |
| <p>Board Member<br/>3</p> | <p>Print Board Member's Name<br/>Jesse L. Weiland</p> | <p>I, Jesse L. Weiland, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.<br/>Signed _____<br/>Date: _____<br/>My term Expires: May 2027</p>  |
| <p>Board Member<br/>4</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.<br/>Signed _____<br/>Date: _____<br/>My term Expires: _____</p>   |
| <p>Board Member<br/>5</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.<br/>Signed _____<br/>Date: _____<br/>My term Expires: _____</p>   |
| <p>Board Member<br/>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.<br/>Signed _____<br/>Date: _____<br/>My term Expires: _____</p>   |
| <p>Board Member<br/>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.<br/>Signed _____<br/>Date: _____<br/>My term Expires: _____</p>   |



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

phone 303-779-5710 fax 303-779-0348  
CLAconnect.com

## Accountant's Compilation Report

Board of Directors  
Rudolph Farms Metropolitan District No. 4  
Larimer County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Rudolph Farms Metropolitan District No. 4 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 Rudolph Farms Metropolitan District No. 4.

*CliftonLarsonAllen LLP*

Greenwood Village, Colorado  
March 25, 2024

**Certificate Of Completion**

|   |                                      |
|---|--------------------------------------|
| Envelope Id: F0DD4FA8F2D94B3C9594341AE4906D6E                     | Status: Completed                    |
| Subject: Complete with DocuSign: RFMD4 - 2023 Audit Exemption.pdf |                                      |
| Client Name: Rudolph Farms Metro District No. 4                   |                                      |
| Client Number: A194849  |                                      |
| Source Envelope:  |                                      |
| Document Pages: 8   | Signatures: 2                        |
| Certificate Pages: 5  | Initials: 0                          |
| AutoNav: Enabled  | Envelope Originator:                 |
| Enveloped Stamping: Enabled                                       | Alonso DuranRodriguez                |
| Time Zone: (UTC-06:00) Central Time (US & Canada)                 | 220 S 6th St Ste 300                 |
|   | Minneapolis, MN 55402-1418           |
|   | Alonso.DuranRodriguez@claconnect.com |
|   | IP Address: 65.59.88.254             |

**Record Tracking**

|                       |                                      |                    |
|-----------------------|--------------------------------------|--------------------|
| Status: Original      | Holder: Alonso DuranRodriguez        | Location: DocuSign |
| 3/27/2024 10:41:55 AM | Alonso.DuranRodriguez@claconnect.com |                    |

**Signer Events**

Michael Kleinman  
 michaeljkleinmanlaw@gmail.com  
 Secretary Treasurer  
 Security Level: Email, Account Authentication (None)

**Signature**


DocuSigned by:  
  
 98C912E00679473...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 76.25.248.19  
 Signed using mobile

**Timestamp**

Sent: 3/27/2024 10:42:59 AM  
 Viewed: 3/27/2024 11:01:31 AM  
 Signed: 3/27/2024 11:01:46 AM

**Electronic Record and Signature Disclosure:**  
 Accepted: 3/27/2024 11:01:31 AM  
 ID: fbd309ad-d533-4774-91fc-88bdbcbcc374e

Rudy Byler  
 rudy@pacificnorthent.com  
 President  
 Argenta LLC  
 Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
 3FCDD608EFA04E7...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 68.0.178.8

Sent: 3/27/2024 10:42:59 AM  
 Viewed: 3/28/2024 5:08:43 PM  
 Signed: 3/28/2024 5:08:50 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 3/28/2024 5:08:43 PM  
 ID: c72d199d-e9ec-4756-88ce-c2482b7d75c0

| 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 | 3/27/2024 10:43:00 AM |
| Envelope Updated               | Security Checked | 3/29/2024 9:48:55 AM  |
| Certified Delivered            | Security Checked | 3/28/2024 5:08:43 PM  |
| Signing Complete               | Security Checked | 3/28/2024 5:08:50 PM  |
| Completed                      | Security Checked | 3/29/2024 9:48:55 AM  |

| <b>Payment Events</b> | <b>Status</b> | <b>Timestamps</b> |
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| <b>Electronic Record and Signature Disclosure</b> |
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