

## APPLICATION FOR EXEMPTION FROM AUDIT

# SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE **LONG FORM**.

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 in the year.

### EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit EACH YEAR and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

### READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS MUST BE RECEIVED BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END. APPLICATIONS FOR EXEMPTION FROM AUDIT ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS  
PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUTORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

<http://www.lexisnexis.com/hottopics/Colorado/>

## CHECKLIST

- Has the preparer signed the application?
- Has the entity corrected all prior year deficiencies as communicated by the OSA?
- Has the application been PERSONALLY reviewed and approved by the governing body?
- Are all sections on the form complete, including responses to all of the questions?
- Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?
- Will this application be submitted electronically?
  - If yes, have you read and understood the Electronic Signature Policy? See policy in Part 11.
  - of--
  - If yes, have you included a resolution?
  - Does the resolution state that the governing body PERSONALLY reviewed and approved the resolution in an open public meeting?
  - Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution at the end of this form.)
- Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)
  - If yes, does the application include ORIGINAL INK SIGNATURES from the MAJORITY of the governing body?

Check out our web portal. Register your account and submit electronic Applications for Exemption From Audit, Extension of Time to File requests, Audited Financial Statements, and more!

See the link below:

[Click here to go to the portal](#)

## FILING METHODS

Register and submit your Applications at our web portal! For faster processing the web portal is the preferred method for submission

**WEB PORTAL:** <https://apps.leg.co.gov/osa/lg>

**MAIL:** Office of the State Auditor  
Local Government Audit Division  
1525 Sherman St., 7th Floor  
Denver, CO 80203

*Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address noted below.*

**QUESTIONS?** Email: [osa.lg@coleg.gov](mailto:osa.lg@coleg.gov) OR Phone; 303-869-3000

## IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

<b>NAME OF GOVERNMENT</b>	<b>BLUE LAKE METROPOLITAN DISTRICT NO. 6</b>
<b>ADDRESS</b>	<b>c/o COMMUNITY RESOURCE SERVICES OF COLORADO</b> <b>7995 E. PRENTICE AVENUE, SUITE 103E</b> <b>GREENWOOD VILLAGE, CO 80111</b>
<b>CONTACT PERSON</b>	<b>Sue Blair</b>
<b>PHONE</b>	<b>303-381-4960</b>
<b>EMAIL</b>	<b>sblair@crsofcolorado.com</b>

For the Year Ended  
12/31/24  
or fiscal year ended:

## 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.

<b>NAME:</b>	<b>KIMBERLEY ALEX</b>
<b>TITLE</b>	<b>DISTRICT ACCOUNTANT</b>
<b>FIRM NAME (if applicable)</b>	<b>COMMUNITY RESOURCE SERVICES OF COLORADO</b>
<b>ADDRESS</b>	<b>7995 E PRENTICE AVENUE, SUITE 103E, GREENWOOD VILLAGE, CO 80111</b>
<b>PHONE</b>	<b>303-381-4982</b>

<b>PREPARER (SIGNATURE REQUIRED)</b>	<b>DATE PREPARED</b> <small>(No exemption shall be granted prior to the close of said fiscal year)</small>
--------------------------------------	---------------------------------------------------------------------------------------------------------------

DocuSigned by:  <small>30AAE66D48F2408...</small>	<b>3/21/2025</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> <input checked="" type="checkbox"/>	<b>PROPRIETARY</b> <small>(CASH OR BUDGETARY BASIS)</small> <input type="checkbox"/>
----------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

## PART 2 - REVENUES

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 the nearest dollar	
2-1	Taxes: Property (report mills levied in question 10-7)	\$	-
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 to table 4-4, column 'Issued during year')	\$	-
2-16	Lease proceeds	\$	-
2-17	Developer Advances received (should agree to table 4-4, column 'Issued during year')	\$	-
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		\$	-
2-25		\$	-
2-26	(add lines 2-1 through 2-25) TOTAL REVENUES	\$	-

Please use this space to provide any necessary explanations

## PART 3 - EXPENDITURES/EXPENSES

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 the nearest dollar	
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 to table 4-4, column 'Retired during year')	\$	-
3-18	Debt service interest	\$	-
3-19	Repayment of Developer Advance Principal (should agree to table 4-4, column 'Retired during year')	\$	-
3-20	Repayment of Developer Advance Interest	\$	-
3-21	Contribution to pension plan	\$	-
3-22	Contribution to Fire & Police Pension Assoc.	\$	-
3-23	Other (specify):	\$	-
3-24		\$	-
3-25		\$	-
3-26		\$	-
3-27		\$	-
3-28	(add lines 3-1 through 3-27) TOTAL EXPENDITURES/EXPENSES	\$	-

Please use this space to provide any necessary explanations

If TOTAL REVENUES (Line 2-26) or TOTAL EXPENDITURES (Line 3-28) 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? <i>(If 'No' is checked, skip to question 4-5)</i> <i>(If 'Yes' is checked, please attach a copy of the entity's debt repayment schedule)</i>	<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; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input 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; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
4-4	Please complete the following debt schedule, if applicable: <small>(please only include principal amounts) (enter all amounts as positive numbers)</small>		
	General obligation bonds	\$ -	\$ -
	Revenue bonds	\$ -	\$ -
	Notes/Loans	\$ -	\$ -
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$ -	\$ -
	Developer Advances	\$ -	\$ -
	Other (specify):	\$ -	\$ -
	<b>TOTAL</b>	\$ -	\$ -

\*\*Subscription-Based Information Technology Arrangements

\*Must agree to prior year-end balance

Please answer the following questions by marking the appropriate boxes.		Yes	No
4-5	Does the entity have any authorized but unissued debt as of its fiscal year-end? How much? <span style="float: right; border: 1px solid black; padding: 2px;">\$ 228,000,000.00</span> Date the debt was authorized: <span style="float: right; border: 1px solid black; padding: 2px;">11/6/2018</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NEW 4-6	Is the authorized but unissued debt further limited by the entity's most recent Service Plan? If yes: How much? <span style="float: right; border: 1px solid black; padding: 2px;">\$ -</span> Date of the most recent Service Plan: <span style="float: right; border: 1px solid black; padding: 2px;"></span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-7	Does the entity intend to issue debt within the next calendar year? If yes: How much? <span style="float: right; border: 1px solid black; padding: 2px;">\$ -</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-8	Does the entity have debt that has been refinanced that it is still responsible for? If yes: What is the amount outstanding? <span style="float: right; border: 1px solid black; padding: 2px;">\$ -</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-9	Does the entity have any lease agreements? 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? <span style="float: right; padding: 2px;"><input type="checkbox"/></span> What are the annual lease payments? <span style="float: right; border: 1px solid black; padding: 2px;">\$ -</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>			\$ -
5-3	Investments (if investment is a mutual fund, please list underlying investments):		
		\$ -	
		\$ -	
		\$ -	
		\$ -	
<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"/>

Part 5 - 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?<br><i>(If 'No' is checked, skip the rest of Part 6)</i>                                             | <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 type="checkbox"/>            |

Complete the following capital & right-to-use assets table:	Balance - beginning of the year*	Additions^	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 <small>(Please enter a negative, or credit, balance)</small>	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

\*Must agree to prior year-end balance

^Generally capital asset additions should be reported as capital outlay on line 3-14 and capitalized in accordance with the government's capitalization policy. Please explain any discrepancy

**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.?<br>If no, <b>MUST</b> explain: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- |                                                                                                                               |                                     |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 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"/> |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|

If yes: Please indicate the amount appropriated for each fund separately for the year reported  
(Please make sure each individual fund's appropriation agrees to how the budget was adopted.  
Do not combine funds)

Governmental/Proprietary Fund Name	Total Appropriations By Fund
General Fund	\$49,500.00

## 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)]?                                                                                                                     | Yes                                 | No                       |
|            |                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|            | Note: An election to exempt the entity from the spending limitations of TABOR does not exempt the entity from the 3 percent emergency reserve requirement. All entities should determine if they meet this requirement of TABOR. |                                     |                          |

**Part 9 - If no, MUST use this space to provide any explanations**

## 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                                 | No                                  |
|             | If yes: Date of formation: <input style="width: 300px;" type="text"/>                                                                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>10-2</b> | 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: <input style="width: 300px;" type="text"/><br>Please list the PRIOR name: <input style="width: 300px;" type="text"/>                                                                                 |                                     |                                     |
| <b>10-3</b> | Is the entity a metropolitan district?                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>10-4</b> | Please indicate what services the entity provides:                                                                                                                                                                                     |                                     |                                     |
|             | <input style="width: 500px; height: 20px;" type="text" value="Streets, street lighting, water, sewer, storm drainage and parks &amp; recreation"/>                                                                                     |                                     |                                     |
| <b>10-5</b> | 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: 500px; height: 20px;" type="text"/>                                                                                                                                                                               |                                     |                                     |
| <b>10-6</b> | Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.]                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|             | If yes: Date filed: <input style="width: 300px;" type="text"/>                                                                                                                                                                         |                                     |                                     |
| <b>10-7</b> | Does the entity have a certified mill levy?                                                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" 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                                                                                                                                                                                                                    |                                     | -                                   |
|             | <b>Total mills</b>                                                                                                                                                                                                                     |                                     | -                                   |
|             |                                                                                                                                                                                                                                        | Yes                                 | No                                  |
| <b>10-8</b> | If the entity is a Title 32 Special District formed 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 <b>NO</b> , please explain. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|             | <input style="width: 500px; height: 20px;" type="text"/>                                                                                                                                                                               | <input type="checkbox"/>            | <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

11-1

If you plan to submit this form electronically, have you read the Electronic Signature Policy?

**Office of the State Auditor — Local Government Division - Exemption Form Electronic Signature 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 two 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.

<p style="text-align: center;"><b>Print or type the names of <u>ALL</u> members of current governing body below. A <u>MAJORITY</u> of the members of the governing body must sign below.</b></p>		
Board Member 1	Board Member's Name:	Mark Bush
	I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	DocuSigned by: <i>Mark Bush</i>
	My term expires: May 2025	Signature _____ 4295FF61D9EE436... Date <u>3/27/2025</u>
Board Member 2	Board Member's Name:	Charles Foster
	I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	DocuSigned by: <i>Charles Foster</i>
	My term expires: May 2027	Signature _____ 2F3818228AE48E... Date <u>3/27/2025</u>
Board Member 3	Board Member's Name:	John Fair
	I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature _____
	My term expires: May 2025	Date _____
Board Member 4	Board Member's Name:	Russell Watterson, Sr.
	I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signed by: <i>Russell Watterson, Sr.</i>
	My term expires: May 2025	Signature _____ 76FD5E3DCDC9480... Date <u>3/27/2025</u>
Board Member 5	Board Member's Name:	Timothy Craft
	I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature _____
	My term expires: May 2027	Date _____
Board Member 6	Board Member's Name:	_____
	I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature _____
	My term expires: _____	Date _____
Board Member 7	Board Member's Name:	_____
	I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature _____
	My term expires: _____	Date _____

## Certificate Of Completion

Envelope Id: B4049881-4EFC-45BD-BF37-88668D93E48B  
Subject: Complete with Docusign: 2024 Audit Exemption - BL6.pdf  
Source Envelope:  
Document Pages: 9  
Certificate Pages: 5  
AutoNav: Enabled  
Envelopeld Stamping: Enabled  
Time Zone: (UTC-07:00) Mountain Time (US & Canada)

Status: Sent

Envelope Originator:  
Kim Alex  
kalex@crsofcolorado.com  
IP Address: 96.88.70.121

## Record Tracking

Status: Original  
3/27/2025 10:02:23 AM


Holder: Kim Alex  
kalex@crsofcolorado.com

Location: DocuSign

## Signer Events

Kim Alex  
kalex@crsofcolorado.com  
Security Level: Email, Account Authentication  
(None)

## Signature

DocuSigned by:  
  
30AAE66D48F2408...

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

## Timestamp

Sent: 3/27/2025 10:05:07 AM  
Viewed: 3/27/2025 10:05:20 AM  
Signed: 3/27/2025 10:05:27 AM

## Electronic Record and Signature Disclosure:

Accepted: 11/15/2023 4:21:56 PM  
ID: 42b25631-40cb-4e87-b1c4-31d671377c80

Mark Bush  
mbush@concordpartnersllc.com  
President  
Security Level: Email, Account Authentication  
(None)

DocuSigned by:  
  
4295EF64D9EE436...

Signature Adoption: Pre-selected Style  
Using IP Address: 98.148.56.239

Sent: 3/27/2025 10:05:28 AM  
Viewed: 3/27/2025 10:21:53 AM  
Signed: 3/27/2025 10:22:08 AM

## Electronic Record and Signature Disclosure:

Accepted: 3/27/2025 10:21:53 AM  
ID: 28dbca32-7073-420d-99a2-cfcf51926389

Charles Foster  
cfosltd@aol.com  
Treasurer  
Buffalo Ridge MD  
Security Level: Email, Account Authentication  
(None)

DocuSigned by:  
  
3E38ADE208AE48E...

Signature Adoption: Pre-selected Style  
Using IP Address: 73.78.18.30

Sent: 3/27/2025 10:22:11 AM  
Viewed: 3/27/2025 10:27:45 AM  
Signed: 3/27/2025 10:27:55 AM

## Electronic Record and Signature Disclosure:

Accepted: 3/27/2025 10:27:45 AM  
ID: 53dfaaeb-aaa2-4b87-83da-58c083cc4746

Russell Watterson, Sr.  
balticpres@msn.com  
Security Level: Email, Account Authentication  
(None)

Signed by:  
  
76FD5E3DCDC9480...

Signature Adoption: Pre-selected Style  
Using IP Address: 75.71.147.93

Sent: 3/27/2025 11:54:42 AM  
Viewed: 3/27/2025 1:49:02 PM  
Signed: 3/27/2025 1:53:57 PM

## Electronic Record and Signature Disclosure:

Accepted: 3/27/2025 1:49:02 PM  
ID: 847109f9-8688-47d5-af46-9ad4cf44de66

Signer Events	Signature	Timestamp
<p>Tim Craft  timc@craftcompaniesllc.com  Manager  Security Level: Email, Account Authentication  (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>  Accepted: 3/11/2025 3:03:39 PM  ID: 53837d7e-dd61-4cfd-8ec2-874fc629b0</p>		Sent: 3/27/2025 1:53:59 PM
<p>John Fair  jfair@fairenterprises.com  Security Level: Email, Account Authentication  (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>  Accepted: 3/26/2025 4:54:48 PM  ID: ee15bb33-8dfa-4365-a458-c51b10b5ce61</p>		Sent: 3/27/2025 10:27:56 AM
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	3/27/2025 10:05:07 AM
Envelope Updated	Security Checked	3/27/2025 11:54:41 AM
Envelope Updated	Security Checked	3/27/2025 11:54:41 AM
Envelope Updated	Security Checked	3/27/2025 11:54:41 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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