

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

<b>NAME OF GOVERNMENT</b>	<b>Buckley Crossing Metropolitan District No. 2</b>
<b>ADDRESS</b>	<b>8390 East Crescent Parkway</b>
	<b>Suite 300</b>
	<b>Greenwood Village, CO 80111-2814</b>
<b>CONTACT PERSON</b>	<b>Margaret Henderson</b>
<b>PHONE</b>	<b>303-779-5710</b>
<b>EMAIL</b>	<b>margaret.henderson@claconnect.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>	Margaret Henderson
<b>TITLE</b>	Accountant for the District
<b>FIRM NAME (if applicable)</b>	CliftonLarsonAllen LLP
<b>ADDRESS</b>	8390 East Crescent Parkway, Suite 300 , Greenwood Village, CO 80111-2814
<b>PHONE</b>	303-779-5710

PREPARER (SIGNATURE REQUIRED)	DATE PREPARED <small>(No exemption shall be granted prior to the close of said fiscal year)</small>
See attached accountant's compilation report.	2/25/2025

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 - 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: <b>Property</b> (report mills levied in question 10-7)	\$	210
2-2	<b>Specific ownership</b>	\$	7
2-3	<b>Sales and use</b>	\$	-
2-4	<b>Other (specify):</b>	\$	-
2-5	<b>Licenses and permits</b>	\$	-
2-6	<b>Intergovernmental: Grants</b>	\$	-
2-7	<b>Conservation Trust Funds (Lottery)</b>	\$	-
2-8	<b>Highway Users Tax Funds (HUTF)</b>	\$	-
2-9	<b>Other (specify):</b>	\$	-
2-10	<b>Charges for services</b>	\$	-
2-11	<b>Fines and forfeits</b>	\$	-
2-12	<b>Special assessments</b>	\$	-
2-13	<b>Investment income</b>	\$	-
2-14	<b>Charges for utility services</b>	\$	-
2-15	<b>Debt proceeds</b> (should agree to table 4-4, column 'Issued during year')	\$	-
2-16	<b>Lease proceeds</b>	\$	-
2-17	<b>Developer Advances received</b> (should agree to table 4-4, column 'Issued during year')	\$	-
2-18	<b>Proceeds from sale of capital assets</b>	\$	-
2-19	<b>Fire and police pension</b>	\$	-
2-20	<b>Donations</b>	\$	-
2-21	<b>Other (specify): Senate Bill Reimbursement</b>	\$	2
2-22		\$	-
2-23		\$	-
2-24		\$	-
2-25		\$	-
2-26	(add lines 2-1 through 2-25) <b>TOTAL REVENUES</b>	\$	219

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	<b>Administrative</b>	\$	242
3-2	<b>Salaries</b>	\$	-
3-3	<b>Payroll taxes</b>	\$	-
3-4	<b>Contract services</b>	\$	-
3-5	<b>Employee benefits</b>	\$	-
3-6	<b>Insurance</b>	\$	1,299
3-7	<b>Accounting and legal fees</b>	\$	4,190
3-8	<b>Repair and maintenance</b>	\$	-
3-9	<b>Supplies</b>	\$	-
3-10	<b>Utilities and telephone</b>	\$	-
3-11	<b>Fire/Police</b>	\$	-
3-12	<b>Streets and highways</b>	\$	-
3-13	<b>Public health</b>	\$	-
3-14	<b>Capital outlay</b>	\$	-
3-15	<b>Utility operations</b>	\$	-
3-16	<b>Culture and recreation</b>	\$	-
3-17	<b>Debt service principal</b> (should agree to table 4-4, column 'Retired during year')	\$	-
3-18	<b>Debt service interest</b>	\$	-
3-19	<b>Repayment of Developer Advance Principal</b> (should agree to table 4-4, column 'Retired during year')	\$	-
3-20	<b>Repayment of Developer Advance Interest</b>	\$	-
3-21	<b>Contribution to pension plan</b>	\$	-
3-22	<b>Contribution to Fire &amp; Police Pension Assoc.</b>	\$	-
3-23	<b>Other (specify):</b>	\$	-
3-24		\$	-
3-25		\$	-
3-26		\$	-
3-27		\$	-
3-28	(add lines 3-1 through 3-27) <b>TOTAL EXPENDITURES/EXPENSES</b>	\$	5,731

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>	<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;"><b>The District has no debt.</b></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;"><b>The District has no debt.</b></div>	<input type="checkbox"/>	<input checked="" 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;">\$ 583,150,000.00</span> Date the debt was authorized: <span style="float: right; border: 1px solid black; padding: 2px;">11/2/2021</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;">\$ 72,893,750.00</span> Date of the most recent Service Plan: <span style="float: right; border: 1px solid black; padding: 2px;">8/16/2021</span>	<input checked="" type="checkbox"/>	<input 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? What is the original date of the lease? Number of years of lease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Is the lease subject to annual appropriation? 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 checked="" type="checkbox"/> |

6-3 Complete the following capital & right-to-use assets table:	Balance - beginning of the year <sup>*</sup>	Additions <sup>^</sup>	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  
<sup>^</sup>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	\$9,500.00

## 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?<br>If yes: Date of formation: <input style="width: 300px;" type="text"/>   | Yes                                 | No                                  |                     |        |                    |               |                                     |                          |
|                       |  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                     |        |                    |               |                                     |                          |
| <b>10-2</b>           | Has the entity changed its name in the past or current year?<br>If yes: Please list the NEW name: <input style="width: 250px;" type="text"/><br>Please list the PRIOR name: <input style="width: 250px;" type="text"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                     |        |                    |               |                                     |                          |
| <b>10-3</b>           | Is the entity a metropolitan district?<br>10-4 Please indicate what services the entity provides:<br><input style="width: 450px; height: 20px;" type="text" value="see below"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                     |        |                    |               |                                     |                          |
| <b>10-5</b>           | Does the entity have an agreement with another government to provide services?<br>If yes: List the name of the other governmental entity and the services provided:<br><input style="width: 450px; height: 20px;" type="text"/>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                     |        |                    |               |                                     |                          |
| <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.]<br>If yes: Date filed: <input style="width: 300px;" type="text"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                     |        |                    |               |                                     |                          |
| <b>10-7</b>           | Does the entity have a certified mill levy?<br>If yes: Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts): <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; width: 60%;"> <tr> <td style="text-align: right; padding: 2px;">Bond redemption mills</td> <td style="text-align: center; padding: 2px;">-</td> </tr> <tr> <td style="text-align: right; padding: 2px;">General/other mills</td> <td style="text-align: center; padding: 2px;">10.000</td> </tr> <tr style="background-color: #0056b3; color: white;"> <td style="text-align: right; padding: 2px;"><b>Total mills</b></td> <td style="text-align: center; padding: 2px;"><b>10.000</b></td> </tr> </table> | Bond redemption mills               | -                                   | General/other mills | 10.000 | <b>Total mills</b> | <b>10.000</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Bond redemption mills | -  |                                     |                                     |                     |        |                    |               |                                     |                          |
| General/other mills   | 10.000   |                                     |                                     |                     |        |                    |               |                                     |                          |
| <b>Total mills</b>    | <b>10.000</b>  |                                     |                                     |                     |        |                    |               |                                     |                          |
| <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.<br><input style="width: 450px; height: 20px;" type="text"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                     |        |                    |               |                                     |                          |

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

10-4: Provide financing for the construction, installation and operation of public improvements, including streets, safety controls, lighting, monuments, signage, landscaping, water, sanitary sewer, storm drainage, television relay, transportation, mosquito control and park and recreation facilities.

## 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?

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### 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.

**Print or type the names of ALL members of current governing body below.  
A MAJORITY of the members of the governing body must sign below.**

<p><b>Board Member 1</b></p>	<p><b>Board Member's Name:</b></p> <p>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.</p> <p>My term expires: May 2027</p>	<p>Steven Young</p> <p>Signature _____</p> <p>Date _____</p>
<p><b>Board Member 2</b></p>	<p><b>Board Member's Name:</b></p> <p>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.</p> <p>My term expires: May 2027</p>	<p>Scott Carlson</p> <p>DocuSigned by: Scott Carlson</p> <p>Signature _____</p> <p>2/26/2025</p> <p>Date _____</p>
<p><b>Board Member 3</b></p>	<p><b>Board Member's Name:</b></p> <p>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.</p> <p>My term expires: May 2025</p>	<p>Kent Carlson</p> <p>DocuSigned by: Kent Carlson</p> <p>Signature _____</p> <p>2/26/2025</p> <p>Date _____</p>
<p><b>Board Member 4</b></p>	<p><b>Board Member's Name:</b></p> <p>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.</p> <p>My term expires: May 2025</p>	<p>Clay Carlson</p> <p>DocuSigned by: Clay Carlson</p> <p>Signature _____</p> <p>2/26/2025</p> <p>Date _____</p>
<p><b>Board Member 5</b></p>	<p><b>Board Member's Name:</b></p> <p>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.</p> <p>My term expires: May 2027</p>	<p>Ryan Carlson</p> <p>Signed by: Ryan Carlson</p> <p>Signature _____</p> <p>2/26/2025</p> <p>Date _____</p>
<p><b>Board Member 6</b></p>	<p><b>Board Member's Name:</b></p> <p>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.</p> <p>My term expires: _____</p>	<p>_____</p> <p>Signature _____</p> <p>Date _____</p>
<p><b>Board Member 7</b></p>	<p><b>Board Member's Name:</b></p> <p>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.</p> <p>My term expires: _____</p>	<p>_____</p> <p>Signature _____</p> <p>Date _____</p>



**CliftonLarsonAllen LLP**  
8390 East Crescent Parkway, Suite 300  
Greenwood Village, CO 80111  
**phone** 303-779-5710 **fax** 303-779-0348  
**claconnect.com**

## Accountant's Compilation Report

Board of Directors  
Buckley Crossing Metropolitan District No. 2  
Adams County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Buckley Crossing Metropolitan District No. 2 as of and for the year ended December 31, 2024, 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 Buckley Crossing Metropolitan District No. 2.

*CliftonLarsonAllen LLP*

Greenwood Village, Colorado  
February 25, 2025

## Certificate Of Completion

Envelope Id: 03EA5824-A7A2-4BF4-BFC0-14107EA51DAF  
Subject: Complete with Docusign: BCMD2 - 2024 Audit Exemption.pdf  
Client Name: Buckley Crossing Metropolitan District No. 2  
Client Number: A104187  
Source Envelope:  
Document Pages: 8  
Certificate Pages: 5  
AutoNav: Enabled  
Envelopeld Stamping: Enabled  
Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed  
Envelope Originator:  
Chris Lal  
220 S 6th St Ste 300  
Minneapolis, MN 55402-1418  
Chris.Lal@claconnect.com  
IP Address: 4.2.161.250

## Record Tracking

Status: Original  
2/26/2025 3:09:33 PM

Holder: Chris Lal  
Chris.Lal@claconnect.com

Location: DocuSign

## Signer Events

Clay Carlson  
claycarlson@carlsonland.net  
Security Level: Email, Account Authentication  
(None)

## Signature

DocuSigned by:  
  
69394080773B400...

Signature Adoption: Pre-selected Style  
Using IP Address: 74.92.209.221

## Timestamp

Sent: 2/26/2025 3:15:37 PM  
Viewed: 2/26/2025 4:11:42 PM  
Signed: 2/26/2025 4:11:53 PM

**Electronic Record and Signature Disclosure:**  
Accepted: 2/26/2025 4:11:42 PM  
ID: 1ae4afa5-9ba8-4426-b3d1-9061635e9c88

Kent Carlson  
kentcarlson@carlsonland.net  
manager  
Security Level: Email, Account Authentication  
(None)

DocuSigned by:  
  
A7356B0AA53244E...

Signature Adoption: Pre-selected Style  
Using IP Address: 74.92.209.221

Sent: 2/26/2025 3:15:37 PM  
Viewed: 2/26/2025 3:16:18 PM  
Signed: 2/26/2025 3:16:26 PM

**Electronic Record and Signature Disclosure:**  
Accepted: 3/4/2019 10:55:46 AM  
ID: c01a8a1e-cd19-458b-9483-db7e1f09e787

Ryan Carlson  
ryancarlson@carlsonland.net  
President  
Security Level: Email, Account Authentication  
(None)

Signed by:  
  
33267F60073347D...

Signature Adoption: Pre-selected Style  
Using IP Address: 74.92.209.221

Sent: 2/26/2025 3:15:38 PM  
Viewed: 2/26/2025 3:56:52 PM  
Signed: 2/26/2025 3:57:05 PM

**Electronic Record and Signature Disclosure:**  
Accepted: 2/26/2025 3:56:52 PM  
ID: 353ee15c-340e-45a7-b6e4-8c4d9c85773f

Scott Carlson  
scottcarlson@carlsonland.net  
Security Level: Email, Account Authentication  
(None)

DocuSigned by:  
  
1CDCFEE80064DC...

Signature Adoption: Pre-selected Style  
Using IP Address: 74.92.209.221

Sent: 2/26/2025 3:15:37 PM  
Viewed: 2/26/2025 3:49:22 PM  
Signed: 2/26/2025 3:49:31 PM

**Electronic Record and Signature Disclosure:**

<b>Signer Events</b>	<b>Signature</b>	<b>Timestamp</b>
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Accepted: 2/26/2025 3:49:22 PM  
ID: 9c41b10b-6dc1-4526-a3b5-dd7e6bf7cee7

<b>In Person Signer Events</b>	<b>Signature</b>	<b>Timestamp</b>
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<b>Editor Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
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<b>Agent Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
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<b>Intermediary Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
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<b>Certified Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
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<b>Carbon Copy Events</b>	<b>Status</b>	<b>Timestamp</b>
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<b>Witness Events</b>	<b>Signature</b>	<b>Timestamp</b>
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<b>Notary Events</b>	<b>Signature</b>	<b>Timestamp</b>
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<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
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Envelope Sent	Hashed/Encrypted	2/26/2025 3:15:38 PM
Envelope Updated	Security Checked	2/28/2025 9:18:41 AM
Certified Delivered	Security Checked	2/26/2025 3:49:22 PM
Signing Complete	Security Checked	2/26/2025 3:49:31 PM
Completed	Security Checked	2/28/2025 9:18:41 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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