

**APPLICATION FOR EXEMPTION FROM AUDIT**

**SHORT FORM**

NAME OF GOVERNMENT ADDRESS  CONTACT PERSON PHONE EMAIL	Cherry Creek South Metropolitan District No. 6 8390 East Crescent Parkway Suite 300 Greenwood Village, CO 80111-2814 Gigi Pangindian 303-779-5710 gigi.pangindian@claconnect.com	For the Year Ended 12/31/24 or fiscal year ended:
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**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:	Gigi Pangindian
TITLE	Accountant for the District
FIRM NAME (if applicable)	CliftonLarsonAllen LLP
ADDRESS	8390 East Crescent Parkway, Suite 300, Greenwood Village, CO 80111-2814
PHONE	303-779-5710

<b>PREPARER (SIGNATURE REQUIRED)</b>	<b>DATE PREPARED</b> (No exemption shall be granted prior to the close of said fiscal year)
SEE ATTACHED ACCOUNTANT'S COMPILATION REPORT	<b>3/17/2025</b>

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	<b>GOVERNMENTAL</b> (MODIFIED ACCRUAL BASIS)	<b>PROPRIETARY</b> (CASH OR BUDGETARY BASIS)
	<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: Property (report mills levied in question 10-7)	\$ 1,229	Please use this space to provide any necessary explanations
2-2	Specific ownership	\$ 92	
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) <b>TOTAL REVENUES</b>	\$ 1,321	

## 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	\$ -	Please use this space to provide any necessary explanations
3-2	Salaries	\$ -	
3-3	Payroll taxes	\$ -	
3-4	Contract services	\$ -	
3-5	Employee benefits	\$ -	
3-6	Insurance	\$ -	
3-7	Accounting and legal fees	\$ -	
3-8	Repair and maintenance	\$ -	
3-9	Supplies	\$ -	
3-10	Utilities and telephone	\$ -	
3-11	Fire/Police	\$ -	
3-12	Streets and highways	\$ -	
3-13	Public health	\$ -	
3-14	Capital outlay	\$ -	
3-15	Utility operations	\$ -	
3-16	Culture and recreation	\$ -	
3-17	Debt service principal (should agree to table 4-4, column 'Retired during year')	\$ -	
3-18	Debt service interest	\$ -	
3-19	Repayment of Developer Advance (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): Transfers to Town of Parker	\$ 99	
3-24	Transfers to Cherry Creek South Metropolitan District No. 5	\$ 1,204	
3-25	County Treasurer's Fees	\$ 18	
3-26		\$ -	
3-27		\$ -	
3-28	(add lines 3-1 through 3-27) <b>TOTAL EXPENDITURES/EXPENSES</b>	\$ 1,321	

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: (please only include principal amounts) (enter all amounts as positive numbers)	Outstanding at end of prior year*	Issued during year		
	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? \$260,000,000, \$990,000,000 & \$4,088,250,000 Date the debt was authorized: 11/2/2004, 11/15/2015 & 5/5/2020	<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? \$ 170,343,750.00 Date of the most recent Service Plan: 6/15/2020	<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? \$ -	<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? \$ -	<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? Is the lease subject to annual appropriation? What are the annual lease payments? \$ -	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part 4 - Please use this space to provide any explanations/comments or attach separate documentation, if needed**

4-6: Per the Amended & Restated Service Plan, Cherry Creek South Metropolitan Districts Nos. 4-6, collectively, shall not issue debt in excess of \$170,343,750 total

## 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	\$ 1,574	
5-2	Certificates of deposit	\$ -	
<b>TOTAL CASH DEPOSITS</b>			\$ 1,574
5-3	Investments (if investment is a mutual fund, please list underlying investments):	\$ -	
		\$ -	
		\$ -	
		\$ -	
<b>TOTAL INVESTMENTS</b>			\$ -
<b>TOTAL CASH AND INVESTMENTS</b>			\$ 1,574

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

Complete the following capital & right-to-use assets table:	Balance - beginning of the year*	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>	\$ -	\$ -	\$ -	\$ -

\*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>	\$ -

What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?

**Part 7 - Please use this space to provide any explanations or comments**

## PART 8 - BUDGET INFORMATION

Please answer the following questions by marking in the appropriate boxes.

- |  | Yes                                 | No                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| 8-1 Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.? If no, <b>MUST</b> explain: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 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	\$0.00
Debt Service Fund	\$1,339.00

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

	Yes	No
<p><b>9-1</b> Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?</p> <p><i>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.</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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.	Yes	No						
<p><b>10-1</b> Is this application for a newly formed governmental entity?</p> <p>If yes: Date of formation: <input style="width: 300px;" type="text"/></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
<p><b>10-2</b> Has the entity changed its name in the past or current year?</p> <p>If yes: Please list the NEW name: <input style="width: 300px;" type="text"/> Please list the PRIOR name: <input style="width: 300px;" type="text"/></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
<p><b>10-3</b> Is the entity a metropolitan district?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
<p><b>10-4</b> Please indicate what services the entity provides:</p> <p><input style="width: 300px; height: 20px;" type="text" value="Streets, traffic &amp; safety control, water, sewer, parks &amp; recreation, public transportation, and operations &amp; maintenance."/></p>	<input type="checkbox"/>	<input type="checkbox"/>						
<p><b>10-5</b> Does the entity have an agreement with another government to provide services?</p> <p>If yes: List the name of the other governmental entity and the services provided:</p> <p><input style="width: 500px; height: 20px;" type="text" value="The District is a financing district related to Cherry Creek South Metropolitan District Nos. 4 and 5."/></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
<p><b>10-6</b> Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> 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.]</p> <p>If yes: Date filed: <input style="width: 300px;" type="text"/></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
<p><b>10-7</b> Does the entity have a certified mill levy?</p> <p>If yes: Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):</p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Bond redemption mills</td> <td style="border: 1px solid black; text-align: center; width: 100px;">-</td> </tr> <tr> <td style="padding: 2px;">General/other mills</td> <td style="border: 1px solid black; text-align: center;">70.640</td> </tr> <tr style="background-color: #0056b3; color: white;"> <td style="padding: 2px;"><b>Total mills</b></td> <td style="border: 1px solid black; text-align: center;"><b>70.640</b></td> </tr> </table>	Bond redemption mills	-	General/other mills	70.640	<b>Total mills</b>	<b>70.640</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bond redemption mills	-							
General/other mills	70.640							
<b>Total mills</b>	<b>70.640</b>							
<p><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.</p> <p><input style="width: 500px; height: 20px;" type="text"/></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						

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

10-7: Other Mills: Mills are Contractual Obligations

**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?  Yes  No

**Office of the State Auditor — Local Government Division - Exemption Form Electronic Signature Policy and Procedure**

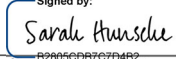
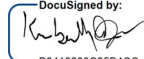

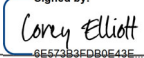
**Policy - Requirements**

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	<p style="text-align: center;"><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 style="text-align: center;">Sarah Hunsche</p> <hr/> <p>Signed by:                        Signature _____                      Date 3/21/2025</p>
Board Member 2	<p style="text-align: center;"><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 style="text-align: center;">Kim Jensen</p> <hr/> <p>DocuSigned by:                        Signature _____                      Date 3/21/2025</p>
Board Member 3	<p style="text-align: center;"><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 style="text-align: center;">Christopher Elliott</p> <hr/> <p>DocuSigned by:                        Signature _____                      Date 3/21/2025</p>
Board Member 4	<p style="text-align: center;"><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 style="text-align: center;">Corey Elliott</p> <hr/> <p>Signed by:                        Signature _____                      Date 3/21/2025</p>
Board Member 5	<p style="text-align: center;"><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>Signature _____</p> <p>Date _____</p>
Board Member 6	<p style="text-align: center;"><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>Signature _____</p> <p>Date _____</p>
Board Member 7	<p style="text-align: center;"><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>Signature _____</p> <p>Date _____</p>



CliftonLarsonAllen LLP  
claconnect.com

## Accountant's Compilation Report

Board of Directors  
Cherry Creek South Metropolitan District No. 6  
Douglas County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Cherry Creek South Metropolitan District No. 6 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 Cherry Creek South Metropolitan District No. 6.

*CliftonLarsonAllen LLP*

Greenwood Village, Colorado  
March 17, 2025

## Certificate Of Completion

Envelope Id: E0168E54-15C8-481B-B6E9-88CF3661B506

Status: Completed

Subject: Complete with Docusign: CCSMD6 2024 Audit Exemption.pdf

Client Name: Cherry Creek South Metro District No. 6

Client Number: A191627

Source Envelope:

Document Pages: 8

Signatures: 4

Envelope Originator:

Certificate Pages: 5

Initials: 0

Ling Chen

AutoNav: Enabled

220 S 6th St Ste 300

Envelopeld Stamping: Enabled

Minneapolis, MN 55402-1418

Time Zone: (UTC-06:00) Central Time (US & Canada)

Ling.Chen@claconnect.com

IP Address: 4.2.161.250

## Record Tracking

Status: Original

Holder: Ling Chen

Location: DocuSign

3/21/2025 11:44:24 AM

Ling.Chen@claconnect.com

## Signer Events

Christopher Elliott

celliott@e5xmanagement.com

Security Level: Email, Account Authentication  
(None)

## Signature

DocuSigned by:  
  
FC7E3388A75D435...

Signature Adoption: Pre-selected Style

Using IP Address: 174.198.135.103

Signed using mobile

## Timestamp

Sent: 3/21/2025 11:48:55 AM

Viewed: 3/21/2025 11:59:56 AM

Signed: 3/21/2025 12:00:01 PM

### Electronic Record and Signature Disclosure:

Accepted: 3/21/2025 11:59:56 AM

ID: ae58f7f9-627f-4f04-b780-de89d9cc3f63

Corey Elliott

coreye@e5xmanagement.com

Security Level: Email, Account Authentication  
(None)

Signed by:  
  
6E573B3FDB0E43E...

Signature Adoption: Pre-selected Style

Using IP Address: 96.66.86.132

Sent: 3/21/2025 11:48:56 AM

Viewed: 3/21/2025 1:04:23 PM

Signed: 3/21/2025 1:04:32 PM

### Electronic Record and Signature Disclosure:

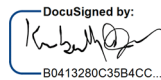
Accepted: 3/21/2025 1:04:23 PM

ID: b6b436fd-197d-4bb9-ac8f-8f75996f562f

KIM JENSEN

kim.tmservices@gmail.com

Security Level: Email, Account Authentication  
(None)

DocuSigned by:  
  
B0413280C35B4CC...

Signature Adoption: Drawn on Device

Using IP Address: 24.49.103.36

Sent: 3/21/2025 11:48:55 AM

Viewed: 3/21/2025 9:06:58 PM

Signed: 3/21/2025 9:07:06 PM

### Electronic Record and Signature Disclosure:

Accepted: 3/21/2025 9:06:58 PM

ID: 4902406a-c64b-45d7-a42a-b573c0c1e047

Sarah Hunsche

shunsche@e5xmanagement.com

Board member

Security Level: Email, Account Authentication  
(None)

Signed by:  
  
B2805CDB7C7D4B2...

Signature Adoption: Pre-selected Style

Using IP Address: 96.66.86.132

Sent: 3/21/2025 11:48:56 AM

Viewed: 3/21/2025 12:23:41 PM

Signed: 3/21/2025 12:23:49 PM

### Electronic Record and Signature Disclosure:

<b>Signer Events</b>	<b>Signature</b>	<b>Timestamp</b>
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Accepted: 3/21/2025 12:23:41 PM  
ID: 4bf7f2ee-a6ce-4a33-8bce-4c47d07f3599

<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	3/21/2025 11:48:56 AM
Certified Delivered	Security Checked	3/21/2025 12:23:41 PM
Signing Complete	Security Checked	3/21/2025 12:23:49 PM
Completed	Security Checked	3/21/2025 9:07:06 PM

<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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