

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

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

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

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

## 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.
  - or--
  - 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

NAME OF GOVERNMENT  
ADDRESS

Windsor Highlands Metropolitan District No. 10
3350 Eastbrook Drive, Suite 260
Ft. Collins, Colorado 80525

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

CONTACT PERSON  
PHONE  
EMAIL

Guy Johnson
970-225-1515
manager@districtresource.com

### PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

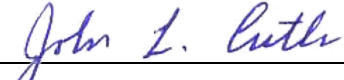
NAME:  
TITLE  
FIRM NAME (if applicable)  
ADDRESS  
PHONE

John Cutler
Principal
John Cutler & Associates, LLC
600 17th Street, Suite 2800 S, Denver, Colorado 80202
303-634-2259

**PREPARER** (SIGNATURE REQUIRED)

**DATE PREPARED**

(No exemption shall be granted prior to the close of said fiscal year)



3/18/2025

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types

**GOVERNMENTAL**  
(MODIFIED ACCRUAL BASIS)

**PROPRIETARY**  
(CASH OR BUDGETARY BASIS)

## 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)	\$ 2,283	Please use this space to provide any necessary explanations
2-2	Specific ownership	\$ 140	
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	\$ 67	
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>	\$ 2,490	

## 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	\$ 47	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 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): Service Fees to Other Districts	\$ 2,443	
3-24		\$ -	
3-25		\$ -	
3-26		\$ -	
3-27		\$ -	
3-28	(add lines 3-1 through 3-27) <b>TOTAL EXPENDITURES/EXPENSES</b>	\$ 2,490	

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?  
(If 'No' is checked, skip to question 4-5)  
(If 'Yes' is checked, please attach a copy of the entity's debt repayment schedule)
- 4-2 Is the debt repayment schedule attached? If no, **MUST** explain below:

- 4-3 Is the entity current in its debt service payments? If no, **MUST** explain below:

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	Retired during year	Outstanding at year-end
General obligation bonds	\$ -	\$ -	\$ -	\$ -
Revenue bonds	\$ -	\$ -	\$ -	\$ -
Notes/Loans	\$ -	\$ -	\$ -	\$ -
Lease & SBITA** Liabilities [GASB 87 & 96]	\$ -	\$ -	\$ -	\$ -
Developer Advances	\$ -	\$ -	\$ -	\$ -
Other (specify):	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -

\*\*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? \$ 9,000,049.00  
Date the debt was authorized: 8/1/2017
- NEW** 4-6 Is the authorized but unissued debt further limited by the entity's most recent Service Plan?  Yes  No
- If yes: How much? \$ -  
Date of the most recent Service Plan:
- 4-7 Does the entity intend to issue debt within the next calendar year?  Yes  No
- If yes: How much? \$ -
- 4-8 Does the entity have debt that has been refinanced that it is still responsible for?  Yes  No
- If yes: What is the amount outstanding? \$ -
- 4-9 Does the entity have any lease agreements?  Yes  No
- 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?  Yes  No  
What are the annual lease payments? \$ -

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

## PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances.

Amount Total

5-1	YEAR-END Total of ALL Checking and Savings Accounts	\$ -	
5-2	Certificates of deposit	\$ -	
<b>TOTAL CASH DEPOSITS</b>			\$ -
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.?  Yes  No  N/A
- 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.)?  Yes  No  N/A

**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?  
*(If 'No' is checked, skip the rest of Part 6)*  Yes  No
- 6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.? If no, **MUST** explain:  Yes  No

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 <i>(Please enter a negative, or credit, balance)</i>	\$ -	\$ -	\$ -	\$ -
<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?  Yes  No
- 7-2 Does the entity have a volunteer firefighters' pension plan?  Yes  No

If yes: Who administers the plan?

Indicate the contributions from:

Tax (property, SO, sales, etc.):	\$ -
State contribution amount:	\$ -
Other (gifts, donations, etc.):	\$ -
<b>TOTAL</b>	\$ -

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.?  Yes  No  N/A
- If no, **MUST** explain:

- 8-2 Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, **MUST** explain:  Yes  No  N/A

If yes: Please indicate the amount 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	\$2,913.00

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

Please answer the following question by marking in the appropriate box.

Yes

No

- 9-1** Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?  Yes  No
- 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.

Yes

No

- 10-1** Is this application for a newly formed governmental entity?  Yes  No  
 If yes: Date of formation:
- 10-2** Has the entity changed its name in the past or current year?  Yes  No  
 If yes: Please list the NEW name:   
 Please list the PRIOR name:
- 10-3** Is the entity a metropolitan district?  Yes  No
- 10-4** Please indicate what services the entity provides:
- 10-5** Does the entity have an agreement with another government to provide services?  Yes  No  
 If yes: List the name of the other governmental entity and the services provided:
- 10-6** 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.]  Yes  No  
 If yes: Date filed:
- 10-7** Does the entity have a certified mill levy?  Yes  No  
 If yes: Please provide the following mills levied for the year reported (do not report \$ amounts):
- |                       |               |
|-----------------------|---------------|
| Bond redemption mills | 5.940         |
| General/other mills   | 40.394        |
| <b>Total mills</b>    | <b>46.334</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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### 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:

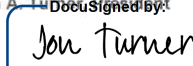
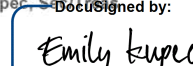
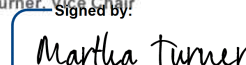

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be 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.

Below is the certification and approval of the governing body. By signing, each individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, the individual member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenues and expenditures of more than \$100,000 but not more than \$750,000 must have an application prepared by an independent accountant with knowledge of governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

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

Board Member 1	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. My term expires: <u>May 2025</u>	Jonathan A. Turner Signed by:  Signature _____ Date <u>3/28/2025</u>
Board Member 2	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. My term expires: <u>May 2027</u>	Emily Kupec Signed by:  Signature _____ Date <u>3/28/2025</u>
Board Member 3	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. My term expires: <u>May 2025</u>	Martha Turner Signed by:  Signature _____ Date <u>3/28/2025</u>
Board Member 4	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. My term expires: <u>May 2027</u>	Warren Turner Signed by:  Signature _____ Date <u>3/31/2025</u>
Board Member 5	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. My term expires: _____	Signature _____ 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. My term expires: _____	Signature _____ 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. My term expires: _____	Signature _____ Date _____

**RESOLUTION FOR EXEMPTION FROM AUDIT**

(Pursuant to Section 29-2-604, C.R.S.)

**A RESOLUTION APPROVING AN EXEMPTION FROM AUDIT FOR YEAR 2024 FOR WINDSOR HIGHLANDS METROPOLITAN DISTRICT #10, STATE OF COLORADO**

WHEREAS THE BOARD OF DIRECTORS OF **WINDSOR HIGHLANDS METROPOLITAN DISTRICT #10** wishes to claim exemption from the audit requirements of Section 29-2-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]



- (1) WHEREAS, neither revenue nor expenditures for **WINDSOR HIGHLANDS METROPOLITAN DISTRICT #10** do not exceeds \$200,000 for year 2024 ; and

WHEREAS, an application for exemptions from audit for **WINDSOR HIGHLANDS METROPOLITAN DISTRICT #10** has been prepared by John Cutler and Associates, a person skilled in governmental accounting; and



- (2) WHEREAS, neither revenues nor expenditures for **WINDSOR HIGHLANDS DISTRICT #10** exceeds \$200,000 but do not exceeds \$750,000 for year 2024; and

WHEREAS, an application for exemption from audit for **WINDSOR HIGHLANDS DISTRICT #10** has been presented by John Cutler and Associates, an independent accountant with knowledge of governmental accounting; and

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

NOW THEREFORE; be it resolved/ordained by the BOARD OF DIRECTORS OF **WINDSOR HIGHLANDS METROPOLITAN DISTRICT #10** that the application for exemption from audit for **WINDSOR HIGHLANDS METROPOLITAN DISTRICT #10** for the year ending in 2024 has been personally reviewed and is here by approved by a majority of the BOARD OF DIRECTORS OF **WINDSOR HIGHLANDS METROPOLITAN DISTRICT #10** that those members of the BOARD OF DIRECTORS have signified their approval by signing below; and that this Resolution shall be attached to, and shall become a part of, the application for exemption from audit of the OF **WINDSOR HIGHLANDS METROPOLITAN DISTRICT #10** for the year ending 2024.

ADOPTED THIS 05<sup>TH</sup> DAY OF DECEMBER 2024

DocuSigned by:

*Jon Turner*

437249848CDB47D

President, Jonathan A. Turner

DocuSigned by:

*Emily Kupac*

952466962084AA

Secretary/Treasurer, Emily Kupac

DocuSigned by:

*Jon Turner*

President, Jonathan A. Turner

**Attest:**

DocuSigned by:

*Emily Kupec*

Secretary/Treasurer, Emily Kupec

Type or Print Names of Members of Governing Body	Date Term Expires	Signature
<u>Jonathan A. Turner</u>	<u>May 2025</u>	<p>DocuSigned by:</p> <p><i>Jon Turner</i></p> <p>A87589BA8EDB47D...</p>
<u>Emily Kupec</u>	<u>May 2027</u>	<p>DocuSigned by:</p> <p><i>Emily Kupec</i></p> <p>9524660902004AA...</p>
<u>Martha Turner</u>	<u>May 2025</u>	<p>Signed by:</p> <p><i>Martha Turner</i></p> <p>EC3800C250D342B...</p>
<u>Warren Turner</u>	<u>May 2027</u>	<p>DocuSigned by:</p> <p><i>[Signature]</i></p> <p>B7AD7C10EBA046E...</p>

## Certificate Of Completion

Envelope Id: 45AD9742-4FB8-46D5-80C7-8A7F62B4A6C5

Status: Completed

Subject: Complete with Docusign: WHMD #6 2024 Audit Exemp with Resol 03-27-2025.pdf, WHMD #10 2024

Audit ... Source Envelope:

Document Pages: 50

Signatures: 48

Envelope Originator:

Certificate Pages: 4

Initials: 0

Jackie Johnson

AutoNav: Enabled

manager@districtresource.com

Envelopeld Stamping: Enabled

IP Address: 107.2.233.154

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

## Record Tracking

Status: Original

Holder: Jackie Johnson

Location: DocuSign

3/27/2025 5:04:05 PM

manager@districtresource.com

## Signer Events

Emily Kupec

emily@hillsidecommercialgroup.com

Manager

Security Level: Email, Account Authentication  
(None)

## Signature

DocuSigned by:

95246699626B4AA...

Signature Adoption: Pre-selected Style  
Using IP Address: 71.205.69.130

## Timestamp

Sent: 3/27/2025 5:17:25 PM

Viewed: 3/28/2025 9:02:26 AM

Signed: 3/28/2025 9:02:59 AM

### Electronic Record and Signature Disclosure:

Accepted: 3/28/2025 9:02:26 AM

ID: 0dae3b61-9a1f-429c-80e6-5dd650b38160

Jon Turner

jon@hillsidecommercialgroup.com

manager

Cypress ascendant title

Security Level: Email, Account Authentication  
(None)

DocuSigned by:

A87589BA8EDB47D...

Signature Adoption: Pre-selected Style  
Using IP Address: 71.205.69.130

Sent: 3/27/2025 5:17:26 PM

Viewed: 3/28/2025 1:50:42 PM

Signed: 3/28/2025 1:51:04 PM

### Electronic Record and Signature Disclosure:

Accepted: 3/28/2025 1:50:42 PM

ID: 50ede785-cbf9-4a0a-a18c-a322b00bbd05

Martha Turner

turner.martha75@gmail.com

Security Level: Email, Account Authentication  
(None)

Signed by:

EC3800C250D342B...

Signature Adoption: Pre-selected Style  
Using IP Address: 98.177.56.29

Sent: 3/27/2025 5:17:26 PM

Viewed: 3/28/2025 12:04:28 PM

Signed: 3/28/2025 12:05:50 PM

### Electronic Record and Signature Disclosure:

Accepted: 3/28/2025 12:04:28 PM

ID: 3b41554c-c14c-448d-bdb8-8557043a3db9

Warren Turner

Warren@hillsidecommercialgroup.com

Security Level: Email, Account Authentication  
(None)

DocuSigned by:

B7AD7C10EBA046E...

Signature Adoption: Drawn on Device  
Using IP Address: 71.205.69.130

Sent: 3/27/2025 5:17:26 PM

Resent: 3/28/2025 5:11:18 PM

Resent: 3/31/2025 7:54:05 AM

Viewed: 3/31/2025 7:56:09 AM

Signed: 3/31/2025 7:56:36 AM

### Electronic Record and Signature Disclosure:

Accepted: 3/27/2025 5:42:25 PM

ID: 93338add-6693-4c1a-8492-f22d003fc3db

## In Person Signer Events

## Signature

## Timestamp

<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	3/27/2025 5:17:26 PM
Certified Delivered	Security Checked	3/31/2025 7:56:09 AM
Signing Complete	Security Checked	3/31/2025 7:56:36 AM
Completed	Security Checked	3/31/2025 7:56:36 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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