

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

HUNTERS OVERLOOK METROPOLITAN DISTRICT NO. 6
c/o Fromm & Company LLC
8200 S. Quebec Street, Suite A3 - 305
Centennial, CO 80112
Cathy Fromm
(970) 875-7047
cathy@frommco.us

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

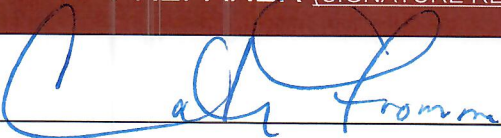
CONTACT PERSON
PHONE
EMAIL

PART 1 - CERTIFICATION OF PREPARER

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

NAME:
TITLE
FIRM NAME (if applicable)
ADDRESS
PHONE

Cathy Fromm
Partner
Fromm & Company LLC
8200 S. Quebec Street, Suite A3 - 305, Centennial, CO 80112
(970) 875-7047

PREPARER (SIGNATURE REQUIRED)	DATE PREPARED <small>(No exemption shall be granted prior to the close of said fiscal year)</small>						
	3/24/2025						
Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 2px;">GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small></th> <th style="text-align: center; padding: 2px;">PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small></th> </tr> <tr> <td style="text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> </td> <td style="width: 50%; border: none;"></td> </tr> </table>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 2px;">GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small></th> <th style="text-align: center; padding: 2px;">PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small></th> </tr> <tr> <td style="text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small>	PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small>	PROPRIETARY <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	Please use this space to provide any necessary explanations
2-1	Taxes: Property (report mills levied in question 10-7)	\$ 91,835	Please use this space to provide any necessary explanations
2-2	Specific ownership	\$ 3,306	
2-3	Sales and use	\$ -	
2-4	Other (specify): Interest on Property Tax	\$ 75	
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	\$ 95,216	

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	Please use this space to provide any necessary explanations
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 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	County Treasurer's Fees	\$ 1,379	
3-25	Transfer to District No. 1 and No. 5	\$ 93,837	
3-26		\$ -	
3-27		\$ -	
3-28	(add lines 3-1 through 3-27) TOTAL EXPENDITURES/EXPENSES	\$ 95,216	

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, MUST explain below: | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

- | | | |
|---|--------------------------|--------------------------|
| 4-3 Is the entity current in its debt service payments? If no, MUST explain below: | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

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):	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

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

How much? \$ 13,566,382.00

Date the debt was authorized: 11/7/2017

- | | | |
|---|--------------------------|-------------------------------------|
| NEW 4-6 Is the authorized but unissued debt further limited by the entity's most recent Service Plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|-------------------------------------|

If yes: How much? \$ -

Date of the most recent Service Plan: 5/22/2017

- | | | |
|---|--------------------------|-------------------------------------|
| 4-7 Does the entity intend to issue debt within the next calendar year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|-------------------------------------|

If yes: How much? \$ -

- | | | |
|--|--------------------------|-------------------------------------|
| 4-8 Does the entity have debt that has been refinanced that it is still responsible for? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--|--------------------------|-------------------------------------|

If yes: What is the amount outstanding? \$ -

- | | | |
|--|--------------------------|-------------------------------------|
| 4-9 Does the entity have any lease agreements? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--|--------------------------|-------------------------------------|

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? \$ -

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	\$ -	
TOTAL CASH DEPOSITS		\$ -
5-3 Investments (if investment is a mutual fund, please list underlying investments):		
	\$ -	
	\$ -	
	\$ -	
	\$ -	
TOTAL INVESTMENTS		\$ -
TOTAL CASH AND INVESTMENTS		\$ -

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? Yes No
(If 'No' is checked, skip the rest of Part 6)
- 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*	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 (Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

*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? 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.):	\$ -
TOTAL	\$ -

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	\$95,573.00

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

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

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

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.

- | | | | |
|-------------|---|-------------------------------------|---|
| 10-1 | Is this application for a newly formed governmental entity? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| | If yes: Date of formation: <input style="width: 400px; height: 15px;" type="text"/> | | |
| 10-2 | 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; height: 15px;" type="text"/>
Please list the PRIOR name: <input style="width: 300px; height: 15px;" type="text"/> | | |
| 10-3 | Is the entity a metropolitan district? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10-4 | Please indicate what services the entity provides: | | |
| | Certifies mill levy and collects and transfers taxes to District No. 1 for Operations and District No. 5 for Debt Service. | | |
| 10-5 | Does the entity have an agreement with another government to provide services? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | If yes: List the name of the other governmental entity and the services provided: | | |
| | District Nos. 1 - 5, 7 & 8; collects tax to pay for debt and operating expenses. | | |
| 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.] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | If yes: Date filed: <input style="width: 400px; height: 15px;" type="text"/> | | |
| 10-7 | Does the entity have a certified mill levy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | If yes: Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts): | | |
| | Bond redemption mills | | 61.721 |
| | General/other mills | | 12.344 |
| | Total mills | | 74.065 |
| | | Yes | No |
| 10-8 | 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 NO, 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?

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.**

Board Member 1	Board Member's Name:	Larry Buckendorf
	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 <u><i>Larry S Buckendorf</i></u> <small>Larry S Buckendorf (Mar 25, 2025 16:24 MDT)</small>
	My term expires: 2027	Date _____
Board Member 2	Board Member's Name:	Amber Burch
	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 <u><i>Amber Burch</i></u> <small>Amber Burch (Mar 31, 2025 08:09 MDT)</small>
	My term expires: 2027	Date _____
Board Member 3	Board Member's Name:	Gordon Coombes
	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: 2025	Date _____
Board Member 4	Board Member's Name:	Joseph Schumacher
	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 <u><i>Joe Schumacher</i></u> <small>Joe Schumacher (Mar 25, 2025 16:52 MDT)</small>
	My term expires: 2025	Date _____
Board Member 5	Board Member's Name:	Bryce Lesser
	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: 2027	Date _____
Board Member 6	Board Member's Name:	N/A
	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:	N/A
	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 _____

**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.**

Board Member 1	Board Member's Name:	Larry Buckendorf
	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: 2027	Date _____
Board Member 2	Board Member's Name:	Amber Burch
	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: 2027	Date _____
Board Member 3	Board Member's Name:	Gordon Coombes
	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  _____ <small>Gordon Coombes (Mar 31, 2025 08:13 MDT)</small>
	My term expires: 2025	Date _____
Board Member 4	Board Member's Name:	Joseph Schumacher
	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: 2025	Date _____
Board Member 5	Board Member's Name:	Bryce Lesser
	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: 2027	Date _____
Board Member 6	Board Member's Name:	N/A
	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:	N/A
	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 _____

HOMD 6-Audit Exemption App-2024

Interim Agreement Report










2025-03-31


Created:	2025-03-25
By:	Megan VanCamp (megan@frommco.us)
Status:	Out for Signature
Transaction ID:	CBJCHBCAABAArfpC8BLBr0Mtcxel_BTMM-BgCDRomo1X


Agreement History


Agreement history is the list of the events that have impacted the status of the agreement prior to the final signature. A final audit report will be generated when the agreement is complete.


"HOMD 6-Audit Exemption App-2024" History

-  Document created by Megan VanCamp (megan@frommco.us)
2025-03-25 - 10:14:11 PM GMT
-  Document emailed to larry@journeyhomes.com for signature
2025-03-25 - 10:15:45 PM GMT
-  Email viewed by larry@journeyhomes.com
2025-03-25 - 10:23:57 PM GMT
-  Signer larry@journeyhomes.com entered name at signing as Larry S Buckendorf
2025-03-25 - 10:24:21 PM GMT
-  Document e-signed by Larry S Buckendorf (larry@journeyhomes.com)
Signature Date: 2025-03-25 - 10:24:23 PM GMT - Time Source: server
-  Document emailed to joe@crow-creek.com for signature
2025-03-25 - 10:24:27 PM GMT
-  Email viewed by joe@crow-creek.com
2025-03-25 - 10:51:27 PM GMT
-  Signer joe@crow-creek.com entered name at signing as Joe Schumacher
2025-03-25 - 10:51:58 PM GMT
-  Document e-signed by Joe Schumacher (joe@crow-creek.com)
Signature Date: 2025-03-25 - 10:52:00 PM GMT - Time Source: server

 Document emailed to Amber Burch (burchfamily@gmail.com) for signature
2025-03-25 - 10:52:02 PM GMT

 Email viewed by Amber Burch (burchfamily@gmail.com)
2025-03-31 - 2:04:41 PM GMT

 Document e-signed by Amber Burch (burchfamily@gmail.com)
Signature Date: 2025-03-31 - 2:05:48 PM GMT - Time Source: server

 Document emailed to Gordon Coombes (gordon@canvasbackonline.com) for signature
2025-03-31 - 2:05:51 PM GMT







HOMD 6-Audit Exemption App-2024 (please sign!)

Final Audit Report

2025-03-31

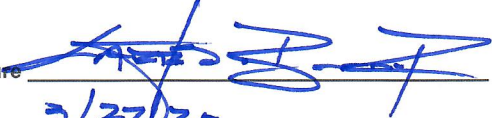
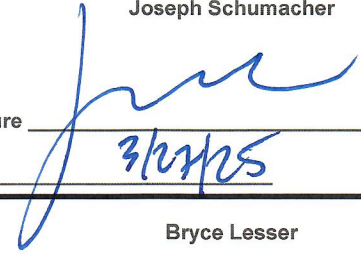
Created:	2025-03-31
By:	Megan VanCamp (megan@frommco.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAAJCxLW8balvULxQDPDhM9dvvcl6bdCSjZ

"HOMD 6-Audit Exemption App-2024 (please sign!)" History

-  Document created by Megan VanCamp (megan@frommco.us)
2025-03-31 - 1:53:35 PM GMT
-  Document emailed to gcoombes1401@gmail.com for signature
2025-03-31 - 1:54:08 PM GMT
-  Email viewed by gcoombes1401@gmail.com
2025-03-31 - 1:59:02 PM GMT
-  Signer gcoombes1401@gmail.com entered name at signing as Gordon Coombes
2025-03-31 - 2:13:34 PM GMT
-  Document e-signed by Gordon Coombes (gcoombes1401@gmail.com)
Signature Date: 2025-03-31 - 2:13:36 PM GMT - Time Source: server
-  Agreement completed.
2025-03-31 - 2:13:36 PM GMT

Handwritten initials: HON #6

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.

Board Member 1	Board Member's Name:	Larry Buckendorf
	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: 2027	Date <u>3/27/20</u>
Board Member 2	Board Member's Name:	Amber Burch
	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: 2027	Date _____
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	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: 2025	Date _____
Board Member 4	Board Member's Name:	Joseph Schumacher
	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: 2025	Date <u>3/27/25</u>
Board Member 5	Board Member's Name:	Bryce Lesser
	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: 2027	Date _____
Board Member 6	Board Member's Name:	N/A
	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:	N/A
	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 _____