

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

<b>NAME OF GOVERNMENT</b>	<b>Mead Place Metropolitan District No. 5</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

<b>PREPARER (SIGNATURE REQUIRED)</b>	<b>DATE PREPARED</b> <small>(No exemption shall be granted prior to the close of said fiscal year)</small>
See Attached Accountant's Compilation.	<b>2/11/2025</b>

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

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

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; padding: 2px; margin-top: 5px;">N/A</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;">N/A</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? Date the debt was authorized:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$ 1,560,000,000.00</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11/6/2018</div>		
NEW 4-6	Is the authorized but unissued debt further limited by the entity's most recent Service Plan? If yes: How much? Date of the most recent Service Plan:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$ 128,682,037.00</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8/9/2021</div>		
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"/>
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$ -</div>		
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"/>
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$ -</div>		
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"/>
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$ -</div>		

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):		
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$ -</div>		
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$ -</div>		
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$ -</div>		
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$ -</div>		
	<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"/> |

The District has no capital assets.

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	\$ -

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

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

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

- |                       |  |  |   |                     |   |                    |   |                                 |   |
|-----------------------|--|--|---|---------------------|---|--------------------|---|---------------------------------|---|
| <b>10-1</b>           | <b>Is this application for a newly formed governmental entity?</b><br>If yes: Date of formation: <input style="width: 300px;" type="text"/>  | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |                     |   |                    |   |                                 |   |
| <b>10-2</b>           | <b>Has the entity changed its name in the past or current year?</b><br>If yes: Please list the NEW name: <input style="width: 300px;" type="text"/><br>Please list the PRIOR name: <input style="width: 300px;" type="text"/>  | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |                     |   |                    |   |                                 |   |
| <b>10-3</b>           | <b>Is the entity a metropolitan district?</b>  | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |                     |   |                    |   |                                 |   |
| <b>10-4</b>           | <b>Please indicate what services the entity provides:</b><br><input style="width: 500px; height: 20px;" type="text" value="See below."/>   | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |                     |   |                    |   |                                 |   |
| <b>10-5</b>           | <b>Does the entity have an agreement with another government to provide services?</b><br>If yes: List the name of the other governmental entity and the services provided:<br><input style="width: 500px; height: 20px;" type="text" value="See below."/>  | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |                     |   |                    |   |                                 |   |
| <b>10-6</b>           | <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.]</b><br>If yes: Date filed: <input style="width: 300px;" type="text"/>  | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |                     |   |                    |   |                                 |   |
| <b>10-7</b>           | <b>Does the entity have a certified mill levy?</b><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: 200px;"> <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;">-</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;">-</td> </tr> </table> | Bond redemption mills                      | -   | General/other mills | - | <b>Total mills</b> | - | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| Bond redemption mills | -  |  |   |                     |   |                    |   |                                 |   |
| General/other mills   | -  |  |   |                     |   |                    |   |                                 |   |
| <b>Total mills</b>    | -  |  |   |                     |   |                    |   |                                 |   |
| <b>10-8</b>           | <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 NO, please explain.</b><br><input style="width: 500px; height: 20px;" type="text"/>  | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |                     |   |                    |   |                                 |   |

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

10-4: To provide for the planning, design, acquisition, construction, installation and financing of Public Improvements for the use and benefit of all anticipated inhabitants and taxpayers of the District.  
 10-5 The District has a Capital Pledge Agreement which requires all property taxes collected to be transfers to Mead Place MD No. 4 in order to support the payment of principal and interest of the District, if any.

## 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

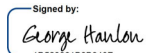
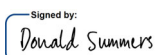
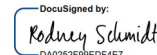

The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as DocuSign or Echosign. Required elements and safeguards are as follows:

- 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	<b>Board Member's Name:</b>	George Hanlon
	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  Signed by: George Hanlon 1D529561B8B840F...
	My term expires: May 2025	Date 2/17/2025
Board Member 2	<b>Board Member's Name:</b>	Donald Summers
	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  Signed by: Donald Summers CA0FDA89BD2A478...
	My term expires: May 2027	Date 2/17/2025
Board Member 3	<b>Board Member's Name:</b>	Rodney Schmidt
	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  DocuSigned by: Rodney Schmidt DA0252F8BEDFAE7...
	My term expires: May 2027	Date 2/17/2025
Board Member 4	<b>Board Member's Name:</b>	Jimmy Oge
	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  Signed by: Jimmy Oge D9765A6FEF214D3...
	My term expires: May 2027	Date 2/18/2025
Board Member 5	<b>Board Member's Name:</b>	
	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 6	<b>Board Member's Name:</b>	
	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	<b>Board Member's Name:</b>	
	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 _____



**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  
Mead Place Metropolitan District No. 5  
Weld County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Mead Place Metropolitan District No. 5 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 Mead Place Metropolitan District No.5.

*CliftonLarsonAllen LLP*

Greenwood Village, Colorado  
February 11, 2025

## Certificate Of Completion

Envelope Id: CCDF3724-CB4D-4686-B130-39B0A5D1D387  
Subject: Complete with Docusign: Mead Place MD No.5 Audit Exemption 2024.pdf  
Client Name: Mead Place Metro District No. 5  
Client Number: A104062  
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:  
Ling Chen  
220 S 6th St Ste 300  
Minneapolis, MN 55402-1418  
Ling.Chen@claconnect.com  
IP Address: 4.2.161.250

## Record Tracking

Status: Original  
2/17/2025 2:26:50 PM  
Holder: Ling Chen  
Ling.Chen@claconnect.com  
Location: DocuSign

## Signer Events

Donald Summers  
Don@wspcos.com  
COO  
Security Level: Email, Account Authentication  
(None)

## Signature

Signed by:  
  
CA0FDA89B02A478...  
Signature Adoption: Pre-selected Style  
Using IP Address: 50.243.129.193

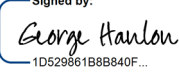
## Timestamp

Sent: 2/17/2025 2:32:59 PM  
Viewed: 2/17/2025 2:35:02 PM  
Signed: 2/17/2025 2:35:23 PM

### Electronic Record and Signature Disclosure:

Accepted: 2/17/2025 2:35:02 PM  
ID: 1fed2de5-93cc-478f-9e49-8607939f006e

George Hanlon  
ghanlon@wspcos.com  
Manager  
Security Level: Email, Account Authentication  
(None)

Signed by:  
  
1D529861B8B840F...  
Signature Adoption: Pre-selected Style  
Using IP Address: 50.243.129.193

Sent: 2/17/2025 2:32:59 PM  
Viewed: 2/17/2025 4:26:31 PM  
Signed: 2/17/2025 4:27:21 PM

### Electronic Record and Signature Disclosure:

Accepted: 2/17/2025 4:26:31 PM  
ID: 97c1b63f-7843-4fb9-88c5-72eb85cc53da

Jimmy Oge  
Jimmy@wspcos.com  
Chief Financial Officer  
Security Level: Email, Account Authentication  
(None)

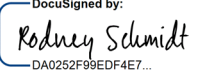
Signed by:  
  
D9785A6FEF214D3...  
Signature Adoption: Pre-selected Style  
Using IP Address: 50.243.129.193

Sent: 2/17/2025 2:33:00 PM  
Viewed: 2/18/2025 9:44:10 AM  
Signed: 2/18/2025 9:44:21 AM

### Electronic Record and Signature Disclosure:

Accepted: 2/18/2025 9:44:10 AM  
ID: 71ca3b5b-6207-495d-84b2-044b7164e73e

Rodney Schmidt  
rod@rockenterprises.com  
Owner  
Security Level: Email, Account Authentication  
(None)

DocuSigned by:  
  
DA0252F99EDF4E7...  
Signature Adoption: Pre-selected Style  
Using IP Address: 69.57.50.180

Sent: 2/17/2025 2:33:00 PM  
Viewed: 2/17/2025 3:50:28 PM  
Signed: 2/17/2025 3:51:00 PM

### Electronic Record and Signature Disclosure:

<b>Signer Events</b>	<b>Signature</b>	<b>Timestamp</b>
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Accepted: 2/17/2025 3:50:28 PM  
ID: 2d59c302-4e23-4bb7-923d-c944c4913f14

<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	2/17/2025 2:33:00 PM
Certified Delivered	Security Checked	2/17/2025 3:50:28 PM
Signing Complete	Security Checked	2/17/2025 3:51:00 PM
Completed	Security Checked	2/18/2025 9:44:21 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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