

**APPLICATION FOR EXEMPTION FROM AUDIT**


**SHORT FORM**

NAME OF GOVERNMENT ADDRESS	Haymeadow Metropolitan District No.1	For the Year Ended 12/31/24 or fiscal year ended:
	28 2nd Ste., Unit 213	
	Edwards, CO 81632	
CONTACT PERSON PHONE EMAIL	Maria Galardo	
	(970) 926-6060	
	Maria@mwcpaa.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:	Kenneth J Marchetti
TITLE	Principal/CPA
FIRM NAME (if applicable)	Marchetti & Weaver, LLC
ADDRESS	28 2nd St, Unit 213, Edwards, CO 81632
PHONE	(970) 926-6060

<b>PREPARER (SIGNATURE REQUIRED)</b>	<b>DATE PREPARED</b> <small>(No exemption shall be granted prior to the close of said fiscal year)</small>
	03/17/2025

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	<b>GOVERNMENTAL</b> <small>(MODIFIED ACCRUAL BASIS)</small>	<b>PROPRIETARY</b> <small>(CASH OR BUDGETARY BASIS)</small>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## PART 2 - REVENUES

All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

Line #	Description	Round to the nearest dollar	
2-1	Taxes: Property (report mills levied in question 10-7)	\$ 25,755	Please use this space to provide any necessary explanations
2-2	Specific ownership	\$ 1,222	
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	\$ 749	
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	\$ 27,725	

## 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	\$ 778	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):	\$ -	
3-24	Master IGA Service Fee	\$ 7,540	
3-25	Debt Service Pledged Revenue Payment	\$ 18,849	
3-26		\$ -	
3-27		\$ -	
3-28	(add lines 3-1 through 3-27) TOTAL EXPENDITURES/EXPENSES	\$ 27,168	

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 checked="" type="checkbox"/>	<input type="checkbox"/>
4-2	Is the debt repayment schedule attached? If no, <b>MUST</b> explain below: <div style="border: 1px solid red; padding: 2px; margin-top: 5px; color: red; font-weight: bold;">Debt is a general obligation pledge to levy up to 50 mills to pay a portion of the Financing Costs of Haymeadow Metro District No. 5 Bonds. It is a cash flow obligation with no</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 gray; height: 20px; margin-top: 5px;"></div>	<input checked="" type="checkbox"/>	<input 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>	Outstanding at end of prior year*	Issued during year
	General obligation bonds	\$ 2,650,000	\$ -
	Revenue bonds	\$ -	\$ -
	Notes/Loans	\$ -	\$ -
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$ -	\$ -
	Developer Advances	\$ -	\$ -
	Other (specify):	\$ -	\$ -
<b>TOTAL</b>		<b>\$ 2,650,000</b>	<b>\$ -</b>

\*\*Subscription-Based Information Technology Arrangements

\*Must agree to prior year-end balance

Please answer the following questions by marking the appropriate boxes.		Yes	No
4-5	Does the entity have any authorized but unissued debt as of its fiscal year-end? How much? <span style="float: right; border: 1px solid gray; padding: 2px;">\$ 73,750,000.00</span> Date the debt was authorized: <span style="float: right; border: 1px solid gray; padding: 2px;">5/2/2023</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NEW 4-6	Is the authorized but unissued debt further limited by the entity's most recent Service Plan? If yes: How much? <span style="float: right; border: 1px solid gray; padding: 2px;"></span> Date of the most recent Service Plan: <span style="float: right; border: 1px solid gray; padding: 2px;"></span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-7	Does the entity intend to issue debt within the next calendar year? If yes: How much? <span style="float: right; border: 1px solid gray; padding: 2px;">\$ 16,484,000.00</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4-8	Does the entity have debt that has been refinanced that it is still responsible for? If yes: What is the amount outstanding? <span style="float: right; border: 1px solid gray; padding: 2px;">\$ -</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-9	Does the entity have any lease agreements? If yes: What is being leased? <span style="float: right; border: 1px solid gray; padding: 2px;"></span> What is the original date of the lease? <span style="float: right; border: 1px solid gray; padding: 2px;"></span> Number of years of lease? <span style="float: right; border: 1px solid gray; padding: 2px;"></span> Is the lease subject to annual appropriation? <span style="float: right; padding: 2px;"><input type="checkbox"/></span> What are the annual lease payments? <span style="float: right; border: 1px solid gray; padding: 2px;">\$ -</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

## PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances.		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		
5-2	Certificates of deposit	\$ -	
<b>TOTAL CASH DEPOSITS</b>			\$ -
5-3	Investments (if investment is a mutual fund, please list underlying investments):		
	ColoTrust	\$ 1,524	
		\$ -	
		\$ -	
		\$ -	
<b>TOTAL INVESTMENTS</b>			\$ 1,524
<b>TOTAL CASH AND INVESTMENTS</b>			\$ 1,524

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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	\$75,960.00

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

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

- |            |   |  |                                |
|------------|---|--|--------------------------------|
| <b>9-1</b> | Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?<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>           | Is this application for a newly formed governmental entity?<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>           | Has the entity changed its name in the past or current year?<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>           | Is the entity a metropolitan district?<br>If yes: Please indicate what services the entity provides:<br><input style="width: 300px; height: 20px;" type="text" value="Parks/Rec, Drainage, streets, (non) &amp; potable water; Sewer, Transportation Impr. Traffic &amp; Safety"/>  | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |                     |        |                    |               |  |                                |
| <b>10-5</b>           | Does the entity have an agreement with another government to provide services?<br>If yes: List the name of the other governmental entity and the services provided:<br><input style="width: 500px; height: 20px;" type="text" value="Affiliated Dist HMD#6 will manage construction and operations of public improvements on behalf of this Dist"/>   | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |                     |        |                    |               |  |                                |
| <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.]<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>           | Does the entity have a certified mill levy?<br>If yes: Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts): <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; width: 80%;"> <tr> <td style="padding: 2px;">Bond redemption mills</td> <td style="text-align: right; padding: 2px;">50.000</td> </tr> <tr> <td style="padding: 2px;">General/other mills</td> <td style="text-align: right; padding: 2px;">20.000</td> </tr> <tr style="background-color: #0056b3; color: white;"> <td style="padding: 2px;"><b>Total mills</b></td> <td style="text-align: right; padding: 2px;"><b>70.000</b></td> </tr> </table> | Bond redemption mills                      | 50.000                                    | General/other mills | 20.000 | <b>Total mills</b> | <b>70.000</b> | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/> |
| Bond redemption mills | 50.000  |  |   |                     |        |                    |               |  |                                |
| General/other mills   | 20.000  |  |   |                     |        |                    |               |  |                                |
| <b>Total mills</b>    | <b>70.000</b>   |  |   |                     |        |                    |               |  |                                |
| <b>10-8</b>           | If the entity is a Title 32 Special District formed after 7/1/2000, has the entity filed its preceding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-207 C.R.S.]? If <b>NO</b> , please explain.<br><input style="width: 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

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

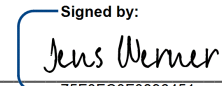
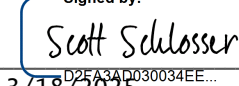
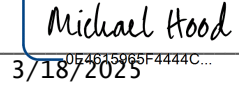
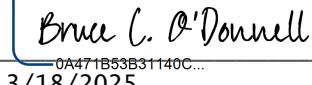
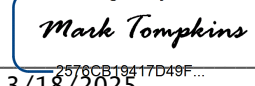
**Policy - Requirements**

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

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
- Office of the State Auditor staff will not coordinate obtaining signatures.

**The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following two methods:**

- 1) Submit the application in hard copy via the US Mail including original signatures.
- 2) Submit the application electronically via email and either,
  - a. Include a copy of an adopted resolution that documents formal approval by the Board, or
  - b. Include electronic signatures obtained through a software program such as Docusign or Echosign in accordance with the requirements noted above.

<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	Board Member's Name:	Jens Werner
	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.	Signed by:  Signature _____
	My term expires: _____ May 6, 2025 _____	Date _____ 3/21/2025 _____
Board Member 2	Board Member's Name:	Scott Schlosser
	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.	Signed by:  Signature _____
	My term expires: _____ May 4, 2027 _____	Date _____ 3/18/2025 _____
Board Member 3	Board Member's Name:	Michael Hood
	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.	Signed by:  Signature _____
	My term expires: _____ May 6, 2025 _____	Date _____ 3/18/2025 _____
Board Member 4	Board Member's Name:	Bruce O'Donnell
	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.	DocuSigned by:  Signature _____
	My term expires: _____ May 6, 2025 _____	Date _____ 3/18/2025 _____
Board Member 5	Board Member's Name:	Mark Tompkins
	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.	DocuSigned by:  Signature _____
	My term expires: _____ May 6, 2025 _____	Date _____ 3/18/2025 _____
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.	Signature _____
	My term expires: _____	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.	Signature _____
	My term expires: _____	Date _____

## Certificate Of Completion

Envelope Id: 46279D5B-3634-406D-A571-4FE8A4EECA0C  
Subject: Complete with Docusign: 2024 HMD1 App for Exemption.pdf  
Source Envelope:  
Document Pages: 11  
Certificate Pages: 5  
AutoNav: Enabled  
Envelopeld Stamping: Enabled  
Time Zone: (UTC-07:00) Mountain Time (US & Canada)

Status: Completed  
  
Envelope Originator:  
Maria Galardo  
28 Second St #213  
Edwards, CO 81632  
maria@mwcpaa.com  
IP Address: 70.90.116.69

## Record Tracking

Status: Original  
3/18/2025 3:20:01 PM

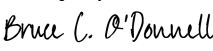
Holder: Maria Galardo  
maria@mwcpaa.com

Location: DocuSign

## Signer Events

Bruce C. O'Donnell  
bodonnell@starboardrealtygroup.com  
Security Level: Email, Account Authentication  
(None)

## Signature

DocuSigned by:  
  
0A471B53B31140C...

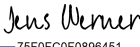
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Viewed: 3/18/2025 3:59:28 PM  
Signed: 3/18/2025 3:59:56 PM

**Electronic Record and Signature Disclosure:**  
Accepted: 3/18/2025 3:59:28 PM  
ID: a06f44db-e988-4196-afba-668563b4669f

Jens Werner  
jens.werner@coldwellbankersv.com  
Security Level: Email, Account Authentication  
(None)

Signed by:  
  
75F0FC0F0896451...

Signature Adoption: Pre-selected Style  
Using IP Address: 75.70.221.104

Sent: 3/18/2025 3:47:33 PM  
Resent: 3/20/2025 3:38:51 PM  
Viewed: 3/21/2025 12:01:23 PM  
Signed: 3/21/2025 12:01:32 PM

**Electronic Record and Signature Disclosure:**  
Accepted: 3/21/2025 12:01:23 PM  
ID: 86249a3b-fa6f-48d9-b3ff-920dc90210c5

Mark Tompkins  
mark@straeadvisoryservices.com  
President  
Strae Advisory Services, LLC  
Security Level: Email, Account Authentication  
(None)

DocuSigned by:  
  
2576CB19417D49F...

Signature Adoption: Pre-selected Style  
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**Electronic Record and Signature Disclosure:**  
Accepted: 3/18/2025 4:46:06 PM  
ID: d039c60a-030c-4143-ba45-e34652dcd264

Michael Hood  
michael@rangeconsultingllc.com  
Security Level: Email, Account Authentication  
(None)

Signed by:  
  
0E4615965F444C...

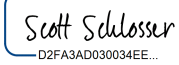
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Signed: 3/18/2025 3:52:35 PM

**Electronic Record and Signature Disclosure:**  
Accepted: 3/18/2025 3:52:16 PM  
ID: 3a0bd879-1cdc-4949-8d16-072cfbb54e55

Signer Events	Signature	Timestamp
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Scott Schlosser  
 scottschlosser66@gmail.com  
 Secretary and Treasurer  
 Security Level: Email, Account Authentication (None)

Signed by:  
  
 D2FA3AD030034EE...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 167.94.109.180  
 Signed using mobile

Sent: 3/18/2025 3:47:34 PM  
 Viewed: 3/18/2025 4:38:39 PM  
 Signed: 3/18/2025 4:39:12 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 3/18/2025 4:38:39 PM  
 ID: 988e2a59-b23a-4356-9280-434212dee930

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	3/18/2025 3:47:35 PM
Certified Delivered	Security Checked	3/18/2025 4:38:39 PM
Signing Complete	Security Checked	3/18/2025 4:39:12 PM
Completed	Security Checked	3/21/2025 12:01:32 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

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