

**APPLICATION FOR EXEMPTION FROM AUDIT**

**SHORT FORM**

NAME OF GOVERNMENT ADDRESS	Spring Hill Metropolitan District No. 2
	8390 East Crescent Parkway
	Suite 300
CONTACT PERSON PHONE EMAIL	Greenwood Village, CO 80111-2814
	Gigi Pangindian
	303-779-5710
	gigi.pangindian@claconnect.com

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

**PART 1 - CERTIFICATION OF PREPARER**

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

NAME:	Gigi Pangindian
TITLE	Accountant for the District
FIRM NAME (if applicable)	CliftonLarsonAllen LLP
ADDRESS	8390 East Crescent Parkway, Suite 300, Greenwood Village, CO 80111-2814
PHONE	303-779-5710

<b>PREPARER (SIGNATURE REQUIRED)</b>	<b>DATE PREPARED</b> (No exemption shall be granted prior to the close of said fiscal year)
SEE ATTACHED ACCOUNTANT'S COMPILATION REPORT	<b>February 28, 2025</b>

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

## PART 2 - REVENUES

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

Line #	Description	Round to the nearest dollar	
2-1	Taxes: Property (report mills levied in question 10-7)	\$ 845	Please use this space to provide any necessary explanations
2-2	Specific ownership	\$ 31	
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	\$ 876	

## PART 3 - EXPENDITURES/EXPENSES

All expenditures for all funds must be reflected in this section, including the purchase of capital assets and principal and interest payments on long-term debt. Financial information will not include fund equity information.

Line #	Description	Round to the nearest dollar	
3-1	Administrative	\$ -	Please use this space to provide any necessary explanations
3-2	Salaries	\$ -	
3-3	Payroll taxes	\$ -	
3-4	Contract services	\$ -	
3-5	Employee benefits	\$ -	
3-6	Insurance	\$ -	
3-7	Accounting and legal fees	\$ -	
3-8	Repair and maintenance	\$ -	
3-9	Supplies	\$ -	
3-10	Utilities and telephone	\$ -	
3-11	Fire/Police	\$ -	
3-12	Streets and highways	\$ -	
3-13	Public health	\$ -	
3-14	Capital outlay	\$ -	
3-15	Utility operations	\$ -	
3-16	Culture and recreation	\$ -	
3-17	Debt service principal (should agree to table 4-4, column 'Retired during year')	\$ -	
3-18	Debt service interest	\$ -	
3-19	Repayment of Developer Advance (should agree to table 4-4, column 'Retired during year')	\$ -	
3-20	Repayment of Developer Advance Interest	\$ -	
3-21	Contribution to pension plan	\$ -	
3-22	Contribution to Fire & Police Pension Assoc.	\$ -	
3-23	Other (specify):	\$ -	
3-24	County Treasurer's fee	\$ 13	
3-25	Transfer to Spring Hill Metropolitan District No. 3	\$ 863	
3-26		\$ -	
3-27		\$ -	
3-28	(add lines 3-1 through 3-27) TOTAL EXPENDITURES/EXPENSES	\$ 876	

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) (If 'Yes' is checked, please attach a copy of the entity's debt repayment schedule)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-2	Is the debt repayment schedule attached? If no, <b>MUST</b> explain below: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
4-3	Is the entity current in its debt service payments? If no, <b>MUST</b> explain below: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
4-4	Please complete the following debt schedule, if applicable: <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	\$ -	\$ -
	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? <span style="float: right; border: 1px solid black; padding: 2px;">\$ 960,000,000.00</span> Date the debt was authorized: <span style="float: right; border: 1px solid black; padding: 2px;">5/3/2022</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 black; padding: 2px;">\$ 60,000,000.00</span> Date of the most recent Service Plan: <span style="float: right; border: 1px solid black; padding: 2px;">10/26/2021</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4-7	Does the entity intend to issue debt within the next calendar year? If yes: How much? <span style="float: right; border: 1px solid black; padding: 2px;">\$ -</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-8	Does the entity have debt that has been refinanced that it is still responsible for? If yes: What is the amount outstanding? <span style="float: right; border: 1px solid black; 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? What is the original date of the lease? Number of years of lease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Is the lease subject to annual appropriation? What are the annual lease payments? <span style="float: right; border: 1px solid black; padding: 2px;">\$ -</span>	<input type="checkbox"/>	<input type="checkbox"/>

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

4-6: The \$60,000,000 debt limit is an aggregate cap for Districts 1 through 4 (per the 2021 consolidated service plan of Districts 1-4).

## 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.?	<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 type="checkbox"/>            |

Complete the following capital & right-to-use assets table:	Balance - beginning of the year*	Additions <sup>^</sup>	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Leased & SBITA Right-to-Use Assets	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation/Amortization <small>(Please enter a negative, or credit, balance)</small>	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -

\*Must agree to prior year-end balance

<sup>^</sup>Generally capital asset additions should be reported as capital outlay on line 3-14 and capitalized in accordance with the government's capitalization policy. Please explain any discrepancy

**Part 6 - Please use this space to provide any explanations/comments or attach documentation, if needed**

## PART 7 - PENSION INFORMATION

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

- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| 7-1 Does the entity have an "old hire" firefighters' pension plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7-2 Does the entity have a volunteer firefighters' pension plan?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If yes: Who administers the plan?

Indicate the contributions from:

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

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

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

## PART 8 - BUDGET INFORMATION

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

- |  | Yes                                 | No                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| 8-1 Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.? If no, <b>MUST</b> explain: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8-2 Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, <b>MUST</b> explain:                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If yes: Please indicate the amount appropriated for each fund separately for the year reported (Please make sure each individual fund's appropriation agrees to how the budget was adopted. Do not combine funds)

Governmental/Proprietary Fund Name	Total Appropriations By Fund
General Fund	\$0.00
Debt Service Fund	\$1,000.00

## 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><b>10-4</b> Please indicate what services the entity provides:<br><input style="width: 500px; height: 20px;" type="text"/> Street improvement, parks and recreation, water, sanitation, public transportation, mosquito control, traffic and safety control, fire protection, television relay and translation, and security.   | 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"/> Under the Consolidated Service Plan, the District operates in conjunction with Spring Hill Metropolitan District Nos. 1, 3, and 4 whereby District No. 4 will act as the Operating District and District Nos. 1-3 will operate as the Pledge Districts. | 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):   | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |                     |        |                    |               |  |  |
| <table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="padding: 2px;">Bond redemption mills</td> <td style="text-align: center; padding: 2px;">-</td> </tr> <tr> <td style="padding: 2px;">General/other mills</td> <td style="text-align: center; padding: 2px;">59.745</td> </tr> <tr style="background-color: #0056b3; color: white;"> <td style="padding: 2px;"><b>Total mills</b></td> <td style="text-align: center; padding: 2px;"><b>59.745</b></td> </tr> </table> |   | Bond redemption mills                      | -   | General/other mills | 59.745 | <b>Total mills</b> | <b>59.745</b> |  |  |
| Bond redemption mills   | -   |  |   |                     |        |                    |               |  |  |
| General/other mills   | 59.745  |  |   |                     |        |                    |               |  |  |
| <b>Total mills</b>  | <b>59.745</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><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"/>

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

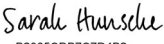
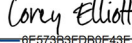
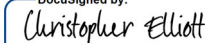
**Policy - Requirements**

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 <u>ALL</u> members of current governing body below. A <u>MAJORITY</u> of the members of the governing body must sign below.		
Board Member 1	Board Member's Name:	Sarah Hunsche
	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 _____ 3/21/2025 Date _____
	My term expires: <u>May 2027</u>	
Board Member 2	Board Member's Name:	Corey Elliott
	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 _____ 3/21/2025 Date _____
	My term expires: <u>May 2025</u>	
Board Member 3	Board Member's Name:	Christian Janke
	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 _____ Date _____
	My term expires: <u>May 2025</u>	
Board Member 4	Board Member's Name:	Christopher Elliott
	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 _____ 3/21/2025 Date _____
	My term expires: <u>May 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.	Signature _____ Date _____
	My term expires: _____	
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 _____ Date _____
	My term expires: _____	
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 _____ Date _____
	My term expires: _____	



CliftonLarsonAllen LLP  
claconnect.com

## Accountant's Compilation Report

Board of Directors  
Spring Hill Metropolitan District No. 2  
Weld County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Spring Hill Metropolitan District No. 2 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 Spring Hill Metropolitan District No. 2.

*CliftonLarsonAllen LLP*

Greenwood Village, Colorado  
February 28, 2025

## Certificate Of Completion

Envelope Id: 9656AD03-C97A-43D2-BA97-173DC37FAEB3  
 Subject: Complete with Docusign: Spring Hill MD No. 2 - 2024 Audit Exemption.pdf  
 Client Name: Spring Hill Metro District No. 2  
 Client Number: A105139  
 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  
 3/21/2025 11:54:44 AM  
 Holder: Ling Chen  
 Ling.Chen@claconnect.com  
 Location: DocuSign

## Signer Events

Christopher Elliott  
 celliott@e5xmanagement.com  
 Security Level: Email, Account Authentication  
 (None)

## Signature

DocuSigned by:  
  
 FC7E3388A75D435...

## Timestamp

Sent: 3/21/2025 11:57:20 AM  
 Viewed: 3/21/2025 12:00:54 PM  
 Signed: 3/21/2025 12:01:00 PM

Signature Adoption: Pre-selected Style  
 Using IP Address: 174.198.135.103  
 Signed using mobile

**Electronic Record and Signature Disclosure:**  
 Accepted: 3/21/2025 12:00:54 PM  
 ID: 848ced73-2a89-44bb-af4d-014f1758f293

Corey Elliott  
 coreye@e5xmanagement.com  
 Security Level: Email, Account Authentication  
 (None)

Signed by:  
  
 6E573B3FDB0E43E...

Sent: 3/21/2025 11:57:19 AM  
 Viewed: 3/21/2025 1:03:42 PM  
 Signed: 3/21/2025 1:03:51 PM

Signature Adoption: Pre-selected Style  
 Using IP Address: 96.66.86.132

**Electronic Record and Signature Disclosure:**  
 Accepted: 3/21/2025 1:03:42 PM  
 ID: 975e4757-17dd-43b5-aa6c-057578cc5f99

Sarah Hunsche  
 shunsche@e5xmanagement.com  
 Board member  
 Security Level: Email, Account Authentication  
 (None)

Signed by:  
  
 B2805CDB7C7D4B2...

Sent: 3/21/2025 11:57:19 AM  
 Viewed: 3/21/2025 12:24:26 PM  
 Signed: 3/21/2025 12:24:33 PM

Signature Adoption: Pre-selected Style  
 Using IP Address: 96.66.86.132

**Electronic Record and Signature Disclosure:**  
 Accepted: 3/21/2025 12:24:26 PM  
 ID: 8d4a2f60-aabc-4dcb-a1da-47757a726e2e

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp

<b>Certified Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
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<b>Carbon Copy Events</b>	<b>Status</b>	<b>Timestamp</b>
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<b>Witness Events</b>	<b>Signature</b>	<b>Timestamp</b>
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<b>Notary Events</b>	<b>Signature</b>	<b>Timestamp</b>
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<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
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Envelope Sent	Hashed/Encrypted	3/21/2025 11:57:20 AM
Envelope Updated	Security Checked	3/21/2025 3:24:24 PM
Certified Delivered	Security Checked	3/21/2025 12:24:26 PM
Signing Complete	Security Checked	3/21/2025 12:24:33 PM
Completed	Security Checked	3/21/2025 3:24:24 PM

<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>
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<b>Electronic Record and Signature Disclosure</b>
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## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

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