

**APPLICATION FOR EXEMPTION FROM AUDIT**

**SHORT FORM**

NAME OF GOVERNMENT  
ADDRESS

Quantum 56 Metropolitan District  
245 Century Circle, Unit 103  
Louisville, CO 80027

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

CONTACT PERSON  
PHONE  
EMAIL

Eric Weaver  
(970) 926-6060  
Eric@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:  
TITLE  
FIRM NAME (if applicable)  
ADDRESS  
PHONE

Eric Weaver  
Principal/CPA  
Marchetti & Weaver, LLC  
28 2nd St, Unit 213, Edwards, CO 81632  
(970) 926-6060

<b>PREPARER (SIGNATURE REQUIRED)</b>	<b>DATE PREPARED</b> (No exemption shall be granted prior to the close of said fiscal year)
	<b>3/23/2025</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)	\$	52,736
2-2	Specific ownership	\$	2,377
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	\$	17
2-14	Charges for utility services	\$	-
2-15	Debt proceeds (should agree to table 4-4, column 'Issued during year')	\$	-
2-16	Lease proceeds	\$	-
2-17	Developer Advances received (should agree to table 4-4, column 'Issued during year')	\$	-
2-18	Proceeds from sale of capital assets	\$	-
2-19	Fire and police pension	\$	-
2-20	Donations	\$	-
2-21	Other (specify):	\$	-
2-22		\$	-
2-23		\$	-
2-24		\$	-
2-25		\$	-
2-26	(add lines 2-1 through 2-25) <b>TOTAL REVENUES</b>	\$	55,130

Please use this space to provide any necessary explanations

## 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	\$	6,268
3-2	Salaries	\$	-
3-3	Payroll taxes	\$	-
3-4	Contract services	\$	3,784
3-5	Employee benefits	\$	-
3-6	Insurance	\$	3,081
3-7	Accounting and legal fees	\$	24,245
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		\$	-
3-25		\$	-
3-26		\$	-
3-27		\$	-
3-28	(add lines 3-1 through 3-27) <b>TOTAL EXPENDITURES/EXPENSES</b>	\$	37,378

Please use this space to provide any necessary explanations

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 black; padding: 2px; margin-top: 5px; color: red;">Subject to available cash flows</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; height: 20px; margin-top: 5px;"></div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts) (enter all amounts as positive numbers)				
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ 48,648	\$ 20,250	\$ -	\$ 68,898
	Other (specify): Accrued Interest	\$ 2,504	\$ 5,237	\$ -	\$ 7,741
	<b>TOTAL</b>	<b>\$ 51,152</b>	<b>\$ 25,487</b>	<b>\$ -</b>	<b>\$ 76,639</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;">\$ 250,000,000.00</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;">\$ 23,525,000.00</span> Date of the most recent Service Plan: <span style="float: right; border: 1px solid black; padding: 2px;">3/22/2022</span>	<input 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? 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 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	\$ 27,105	
5-2	Certificates of deposit	\$ -	
<b>TOTAL CASH DEPOSITS</b>			\$ 27,105
5-3	Investments (if investment is a mutual fund, please list underlying investments):		
	Colostrust	\$ 1,344	
		\$ -	
		\$ -	
		\$ -	
<b>TOTAL INVESTMENTS</b>			\$ 1,344
<b>TOTAL CASH AND INVESTMENTS</b>			\$ 28,449

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 checked="" 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.?<br>If no, <b>MUST</b> explain: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- |     |   |                                     |                          |                          |
|-----|---|-------------------------------------|--------------------------|--------------------------|
|     |   | Yes                                 | No                       | N/A                      |
| 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	\$87,291.00

## 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)]?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Note: An election to exempt the entity from the spending limitations of TABOR does not exempt the entity from the 3 percent emergency reserve requirement. All entities should determine if they meet this requirement of TABOR.*

Part 9 - If no, MUST use this space to provide any explanations

## PART 10 - GENERAL INFORMATION

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

<b>10-1</b> Is this application for a newly formed governmental entity?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes: Date of formation:

<b>10-2</b> Has the entity changed its name in the past or current year?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes: Please list the NEW name:   
 Please list the PRIOR name:

<b>10-3</b> Is the entity a metropolitan district?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**10-4** Please indicate what services the entity provides:

<b>10-5</b> Does the entity have an agreement with another government to provide services?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes: List the name of the other governmental entity and the services provided:

<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.]	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes: Date filed:

<b>10-7</b> Does the entity have a certified mill levy?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If yes: Please provide the following mills levied for the year reported (do not report \$ amounts):

Bond redemption mills	-	
General/other mills	25.000	
<b>Total mills</b>	<b>25.000</b>	

	Yes	No	N/A
<b>10-8</b> If the entity is a Title 32 Special District formed after 7/1/2000, has the entity filed its preceding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-207 C.R.S.]? If <b>NO</b> , please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<p style="text-align: center;"><b>Board Member's Name:</b></p> <p>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.</p> <p>My term expires: May 2025</p>	<p style="text-align: center;">Cameron Bertron</p> <hr/> <p>Signed by: <i>Cameron Bertron</i></p> <p>Signature _____ <small>58F423175ECF4F2...</small></p> <p>Date <u>3/24/2025</u></p>
Board Member 2	<p style="text-align: center;"><b>Board Member's Name:</b></p> <p>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.</p> <p>My term expires: May 2025</p>	<p style="text-align: center;">Courtney Schneider</p> <hr/> <p>DocuSigned by: <i>Courtney Schneider</i></p> <p>Signature _____ <small>6C64C1E238AF46A...</small></p> <p>Date <u>3/24/2025</u></p>
Board Member 3	<p style="text-align: center;"><b>Board Member's Name:</b></p> <p>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.</p> <p>My term expires: May 2027</p>	<p style="text-align: center;">Sarah Laverty</p> <hr/> <p>Signed by: <i>Sarah Laverty</i></p> <p>Signature _____ <small>977E2E4F9E3A454...</small></p> <p>Date <u>3/24/2025</u></p>
Board Member 4	<p style="text-align: center;"><b>Board Member's Name:</b></p> <p>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.</p> <p>My term expires: May 2027</p>	<p style="text-align: center;">Brennan Wahlgren</p> <hr/> <p>DocuSigned by: <i>Brennan Wahlgren</i></p> <p>Signature _____ <small>7CC3EAB94387436...</small></p> <p>Date <u>3/26/2025</u></p>
Board Member 5	<p style="text-align: center;"><b>Board Member's Name:</b></p> <p>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.</p> <p>My term expires: May 2025</p>	<p style="text-align: center;">Michael Bjes</p> <hr/> <p>DocuSigned by: <i>Michael Bjes</i></p> <p>Signature _____ <small>CBC4B6CAB7744A2...</small></p> <p>Date <u>3/24/2025</u></p>
Board Member 6	<p style="text-align: center;"><b>Board Member's Name:</b></p> <p>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.</p> <p>My term expires: _____</p>	<p>Signature _____</p> <p>Date _____</p>
Board Member 7	<p style="text-align: center;"><b>Board Member's Name:</b></p> <p>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.</p> <p>My term expires: _____</p>	<p>Signature _____</p> <p>Date _____</p>

## Certificate Of Completion

Envelope Id: 2AEA14C9-7A85-42E7-9EC6-953C9824F5B3  
Subject: Please Docusign: 2024 Quantum 56 Audit Exemption.pdf  
Source Envelope:  
Document Pages: 7  
Certificate Pages: 5  
AutoNav: Enabled  
Envelopeld Stamping: Enabled  
Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed  
  
Envelope Originator:  
Megan Pominville  
845 Texas Ave, Ste 3300  
Houston, TX 77002  
megan.pominville@hines.com  
IP Address: 65.112.207.2

## Record Tracking

Status: Original  
3/24/2025 8:50:49 AM

Holder: Megan Pominville  
megan.pominville@hines.com

Location: DocuSign

## Signer Events

Brennan Wahlgren  
Brennan.Wahlgren@hines.com  
Property Manager  
Security Level: Email, Account Authentication  
(None)

## Signature

DocuSigned by:  
  
7CC3EA694387436...  
  
Signature Adoption: Pre-selected Style  
Using IP Address: 65.112.207.2

## Timestamp

Sent: 3/24/2025 8:58:17 AM  
Resent: 3/26/2025 2:08:01 PM  
Viewed: 3/26/2025 2:23:33 PM  
Signed: 3/26/2025 2:47:58 PM

**Electronic Record and Signature Disclosure:**  
Accepted: 2/6/2024 7:36:04 AM  
ID: e1bc26cf-ba7c-4a1f-93e9-cd99344a42c9


Cameron Bertron  
cameron@efgdenver.com  
Manager  
Security Level: Email, Account Authentication  
(None)

Signed by:  
  
58F423175ECF4F2...  
  
Signature Adoption: Pre-selected Style  
Using IP Address: 65.158.199.186

Sent: 3/24/2025 8:58:17 AM  
Viewed: 3/24/2025 12:47:56 PM  
Signed: 3/24/2025 12:48:23 PM

**Electronic Record and Signature Disclosure:**  
Accepted: 3/24/2025 12:47:56 PM  
ID: 8e5e9477-c1cd-44dc-9b8c-24acb2682b2b

Courtney Schneider  
Courtney.Schneider@hines.com  
Director  
Denali PA7 LLC  
Security Level: Email, Account Authentication  
(None)

DocuSigned by:  
  
6C64C1E238AF46A...  
  
Signature Adoption: Pre-selected Style  
Using IP Address: 65.112.207.2

Sent: 3/24/2025 8:58:17 AM  
Viewed: 3/24/2025 9:00:00 AM  
Signed: 3/24/2025 9:00:19 AM


**Electronic Record and Signature Disclosure:**  
Accepted: 9/6/2019 12:38:36 PM  
ID: 5c910dc8-ad51-4ad9-9f3e-41016cd9657b

Michael Bjes  
Michael.Bjes@hines.com  
VP - Construction  
Security Level: Email, Account Authentication  
(None)

DocuSigned by:  
  
CBC4B6CAB7744A2...  
  
Signature Adoption: Pre-selected Style  
Using IP Address: 65.112.207.2

Sent: 3/24/2025 8:58:18 AM  
Viewed: 3/24/2025 10:05:50 AM  
Signed: 3/24/2025 10:05:55 AM

**Electronic Record and Signature Disclosure:**  
Accepted: 3/24/2025 10:05:50 AM  
ID: 9c99fd7e-8fe6-4609-abed-b3c1de3fc652

Signer Events	Signature	Timestamp
Sarah Laverty sarah@efgdenver.com Security Level: Email, Account Authentication (None)	 <p>Signed by:  <i>Sarah Laverty</i>  <small>977E2E4F9E3A454...</small></p> Signature Adoption: Pre-selected Style Using IP Address: 65.158.199.186	Sent: 3/24/2025 8:58:17 AM Viewed: 3/24/2025 10:18:43 AM Signed: 3/24/2025 10:18:51 AM

**Electronic Record and Signature Disclosure:**  
 Accepted: 3/24/2025 10:18:43 AM  
 ID: 39cdf2f8-e244-4e7d-9fc5-15a3b0072a46

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	3/24/2025 8:58:18 AM
Certified Delivered	Security Checked	3/24/2025 10:18:43 AM
Signing Complete	Security Checked	3/24/2025 10:18:51 AM
Completed	Security Checked	3/26/2025 2:47:58 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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## **CONSUMER DISCLOSURE**

From time to time, SW Regional Office (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the "I agree" button at the bottom of this document.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign "Withdraw Consent" form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

**How to contact SW Regional Office:**

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:

To contact us by email send messages to: tiffany.catalano@hines.com

**To advise SW Regional Office of your new e-mail address**

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at tiffany.catalano@hines.com and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

**To request paper copies from SW Regional Office**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to tiffany.catalano@hines.com and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with SW Regional Office**

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to tiffany.catalano@hines.com and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

**Required hardware and software**

Operating Systems:	Windows2000↵ or WindowsXP↵
Browsers (for SENDERS):	Internet Explorer 6.0↵ or above
Browsers (for SIGNERS):	Internet Explorer 6.0↵, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"> <li>ò Allow per session cookies</li> <li>ò Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection</li> </ul>

\*\* These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

**Acknowledging your access and consent to receive materials electronically**

To confirm to us that you can access this information electronically, which will be similar to

other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the "I agree" button below.

By checking the "I Agree" box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify SW Regional Office as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by SW Regional Office during the course of my relationship with you.