

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

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

PREPARER (SIGNATURE REQUIRED)	DATE PREPARED <small>(No exemption shall be granted prior to the close of said fiscal year)</small>
	3/20/2025

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small> <input checked="" type="checkbox"/>	PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small> <input type="checkbox"/>
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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	
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')	\$ 53,681	
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	\$ 53,683	

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	\$ 2,451	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	\$ 6,018	
3-7	Accounting and legal fees	\$ 49,390	
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	\$ 57,859	

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, MUST explain below: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Developer advances will be paid as funds become available.</div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-3	Is the entity current in its debt service payments? If no, MUST 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: <small>(please only include principal amounts)</small> <small>(enter all amounts as positive numbers)</small>		
	General obligation bonds	\$ -	\$ -
	Revenue bonds	\$ -	\$ -
	Notes/Loans	\$ -	\$ -
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$ -	\$ -
	Developer Advances	\$ 45,000	\$ 53,681
	Other (specify):	\$ -	\$ -
	TOTAL	\$ 45,000	\$ 53,681

**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? \$ 3,080,000,000.00 Date the debt was authorized: 5/2/2023	<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? \$ 120,000,000.00 Date of the most recent Service Plan: 5/2/2023	<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? \$ -	<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? \$ -	<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? \$ -	<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	\$ 5,608	
5-2	Certificates of deposit	\$ -	
TOTAL CASH DEPOSITS			\$ 5,608
5-3	Investments (if investment is a mutual fund, please list underlying investments):		
	<div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ -	
	<div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ -	
	<div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ -	
	<div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ -	
TOTAL INVESTMENTS			\$ -
TOTAL CASH AND INVESTMENTS			\$ 5,608

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?
<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, MUST explain: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

*Must agree to prior year-end balance

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

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

PART 7 - PENSION INFORMATION

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

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 7-1 Does the entity have an "old hire" firefighters' pension plan? | <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.):	\$ -
TOTAL	\$ -
What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$ -

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

PART 8 - BUDGET INFORMATION

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

- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 8-1 Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.?
If no, MUST 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, MUST 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	\$59,300.00

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

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

- | | | | |
|-----|---|--|--------------------------------|
| 9-1 | Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?

<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
<input checked="" type="checkbox"/> | No
<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.

- | | | | | | | | | | |
|-----------------------|--|--|---|--|---|--------------------|---|---------------------------------|---|
| 10-1 | Is this application for a newly formed governmental entity?
If yes: Date of formation: <input style="width: 300px;" type="text"/> | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> | | | | | | |
| 10-2 | Has the entity changed its name in the past or current year?
If yes: Please list the NEW name: <input style="width: 300px;" type="text"/>
Please list the PRIOR name: <input style="width: 300px;" type="text"/> | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> | | | | | | |
| 10-3 | Is the entity a metropolitan district? | Yes
<input checked="" type="checkbox"/> | No
<input type="checkbox"/> | | | | | | |
| 10-4 | Please indicate what services the entity provides:
<input style="width: 500px; height: 20px;" type="text"/> | | | | | | | | |
| 10-5 | Does the entity have an agreement with another government to provide services?
If yes: List the name of the other governmental entity and the services provided:
<input style="width: 500px; height: 20px;" type="text"/> | Yes
<input checked="" type="checkbox"/> | No
<input type="checkbox"/> | | | | | | |
| 10-6 | 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.]
If yes: Date filed: <input style="width: 300px;" type="text"/> | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> | | | | | | |
| 10-7 | Does the entity have a certified mill levy?
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="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;">-</td> </tr> <tr style="background-color: #0056b3; color: white;"> <td style="padding: 2px;">Total mills</td> <td style="text-align: center; padding: 2px;">-</td> </tr> </table> | Bond redemption mills | - | General/other mills | - | Total mills | - | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| Bond redemption mills | - | | | | | | | | |
| General/other mills | - | | | | | | | | |
| Total mills | - | | | | | | | | |
| 10-8 | If the entity is a Title 32 Special District formed after 7/1/2000, has the entity filed its preceding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-207 C.R.S.]? If NO , please explain.
<input style="width: 500px; height: 20px;" type="text"/> | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | N/A
<input checked="" 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.

<p style="text-align: center;">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.</p>		
Board Member 1	Board Member's Name:	<p style="text-align: center;">George Roberts</p> <hr/> <p>Signed by:</p> <p style="text-align: center;"><i>George Roberts</i></p> <p>Signature _____</p> <p style="text-align: center;">3/22/2025</p> <p>Date _____</p>
Board Member 2	Board Member's Name:	<p style="text-align: center;">Jason Aubrey</p> <hr/> <p>DocuSigned by:</p> <p style="text-align: center;"><i>JASON AUBREY</i></p> <p>Signature _____</p> <p style="text-align: center;">3/25/2025</p> <p>Date _____</p>
Board Member 3	Board Member's Name:	<p style="text-align: center;">Dave Young</p> <hr/> <p>DocuSigned by:</p> <p style="text-align: center;"><i>DY</i></p> <p>Signature _____</p> <p style="text-align: center;">3/24/2025</p> <p>Date _____</p>
Board Member 4	Board Member's Name:	<p style="text-align: center;">Brian Bahr</p> <hr/> <p>Signed by:</p> <p style="text-align: center;"><i>Brian Bahr</i></p> <p>Signature _____</p> <p style="text-align: center;">3/24/2025</p> <p>Date _____</p>
Board Member 5	Board Member's Name:	<p style="text-align: center;">Christopher Locke</p> <hr/> <p>Signed by:</p> <p style="text-align: center;"><i>Christopher Locke</i></p> <p>Signature _____</p> <p style="text-align: center;">3/25/2025</p> <p>Date _____</p>
Board Member 6	Board Member's Name:	<p>_____</p> <hr/> <p>Signature _____</p> <p>Date _____</p>
Board Member 7	Board Member's Name:	<p>_____</p> <hr/> <p>Signature _____</p> <p>Date _____</p>

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you **MUST** draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE **(name of government)**, STATE OF COLORADO.

WHEREAS, the **(governing body)** of **(name of government)** wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1) WHEREAS, neither revenue nor expenditures for **(name of government)** exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for **(name of government)** has been prepared by **(name of individual)**, a person skilled in governmental accounting; and

OR

(2) WHEREAS, neither revenues nor expenditures for **(name of government)** exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for **(name of government)** has been prepared by **(name of individual or firm)**, an independent accountant with knowledge of governmental accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the **(governing body)** of the **(name of government)** that the application for exemption from audit for **(name of government)** for the Fiscal Year ended _____, 20XX, has been personally reviewed and is hereby approved by a majority of the **(governing body)** of the **(name of government)**; that those members of the **(governing body)** have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the **(name of government)** for the fiscal year ended _____, 20XX.

ADOPTED THIS ___ day of _____, A.D. 20XX.

EXAMPLE - DO NOT FILL OUT THIS PAGE

Mayor/President/Chairman, etc.

ATTEST:

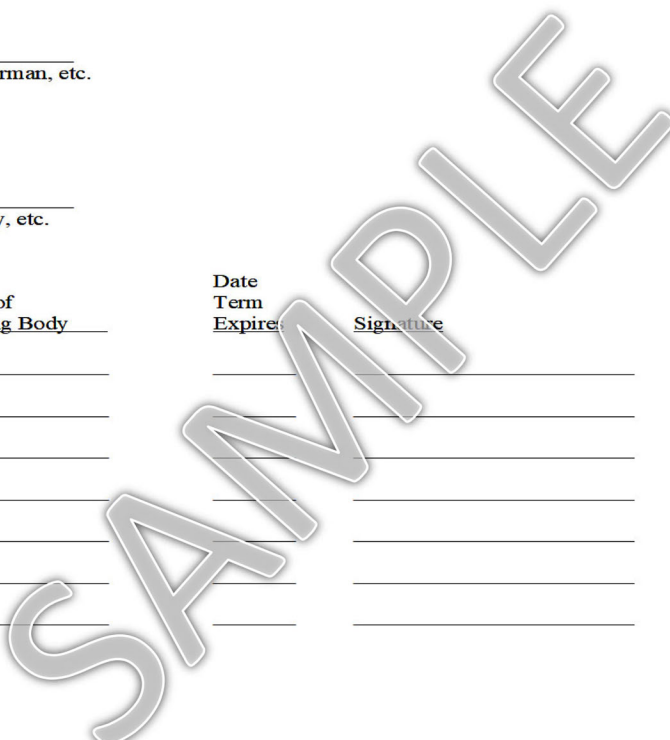
Town Clerk, Secretary, etc.

Type or Print Names of
Members of Governing Body _____

Date
Term
Expires

Signature

Type or Print Names of Members of Governing Body	Date Term Expires	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Certificate Of Completion

Envelope Id: C260E06B-3088-4189-9CF4-A0E41FC88D62
 Subject: Complete with Docusign: TSqMD #1 #2 #3 #4 2024 Audit Exemption Forms
 Source Envelope:
 Document Pages: 36
 Certificate Pages: 5
 AutoNav: Enabled
 Envelopeld Stamping: Enabled
 Time Zone: (UTC-07:00) Mountain Time (US & Canada)

Status: Completed
 Envelope Originator:
 Karolina Sosnowska
 28 Second St #213
 Edwards, CO 81632
 karolina@mwcpaa.com
 IP Address: 52.37.78.11

Record Tracking

Status: Original
 3/21/2025 7:32:06 PM
 Holder: Karolina Sosnowska
 karolina@mwcpaa.com
 Location: DocuSign

Signer Events

Brian Bahr
 brianb@randhmechanical.com
 VP
 R & H Mechanical, Inc.
 Security Level: Email, Account Authentication
 (None)

Signature

Signed by:


 FF9BACCF5AF54D1...
 Signature Adoption: Pre-selected Style
 Using IP Address: 65.132.121.42

Timestamp

Sent: 3/21/2025 7:43:00 PM
 Resent: 3/24/2025 9:07:38 AM
 Viewed: 3/24/2025 9:11:18 AM
 Signed: 3/24/2025 9:11:32 AM

Electronic Record and Signature Disclosure:
 Accepted: 3/24/2025 9:11:18 AM
 ID: 970046b4-e904-4b34-ac0e-5ca967874fbb

Christopher Locke
 chrislocke@comcast.net
 Security Level: Email, Account Authentication
 (None)

Signed by:

 C43D7A3B85E549B...
 Signature Adoption: Pre-selected Style
 Using IP Address: 71.196.198.138

Sent: 3/21/2025 7:43:00 PM
 Resent: 3/24/2025 9:07:38 AM
 Resent: 3/25/2025 8:30:04 AM
 Viewed: 3/25/2025 1:50:20 PM
 Signed: 3/25/2025 1:51:15 PM

Electronic Record and Signature Disclosure:
 Accepted: 3/25/2025 1:50:20 PM
 ID: 4267ca88-32bd-4eee-9026-6fb5bf4ac361

Dave Young
 davidy@randhmechanical.com
 Security Level: Email, Account Authentication
 (None)

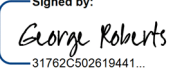
DocuSigned by:

 F62E56F70FEB48D...
 Signature Adoption: Drawn on Device
 Using IP Address: 216.147.126.193
 Signed using mobile

Sent: 3/21/2025 7:43:00 PM
 Resent: 3/24/2025 9:07:38 AM
 Viewed: 3/24/2025 10:33:51 AM
 Signed: 3/24/2025 10:34:18 AM


Electronic Record and Signature Disclosure:
 Accepted: 3/30/2021 8:04:03 AM
 ID: a4c7d41a-5dd8-4425-9aa7-587f1f2c1c4d

George Roberts
 westerntraveler53@yahoo.com
 Manager
 Security Level: Email, Account Authentication
 (None)

Signed by:

 31762C502619441...
 Signature Adoption: Pre-selected Style
 Using IP Address: 108.80.172.176

Sent: 3/21/2025 7:42:59 PM
 Viewed: 3/22/2025 4:41:22 AM
 Signed: 3/22/2025 4:41:35 AM

Electronic Record and Signature Disclosure:
 Accepted: 3/22/2025 4:41:22 AM
 ID: 0113e1f5-bde5-4401-ad80-a5bf684705ba

Signer Events	Signature	Timestamp
JASON AUBREY jason@plattpointe.com Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 98.50.111.252	Sent: 3/21/2025 7:43:01 PM Resent: 3/24/2025 9:07:39 AM Resent: 3/25/2025 8:30:05 AM Viewed: 3/25/2025 3:52:08 PM Signed: 3/25/2025 3:52:17 PM

Electronic Record and Signature Disclosure:
 Accepted: 3/22/2025 7:54:53 AM
 ID: 4fd9fc95-22b8-4ff7-a665-60099bca41e7

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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Karolina Sosnowska karolina@mwcpaa.com Account Manager Marchetti & Weaver LLC Security Level: Email, Account Authentication (None)		Sent: 3/21/2025 7:43:01 PM Resent: 3/25/2025 3:52:25 PM Viewed: 3/24/2025 9:07:11 AM
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Electronic Record and Signature Disclosure:
 Not Offered via Docusign

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	3/21/2025 7:43:01 PM
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Electronic Record and Signature Disclosure
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