

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT ADDRESS	Corvallis Metropolitan District No. 2 c/o Spencer Fane LLP 1700 Lincoln Street, Suite 2000
CONTACT PERSON	Nicole Peykov, District Counsel
PHONE	(303) 839 - 3800
EMAIL	kamiller@spencerfane.com; npeykov@spencerfane.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:	Nicole Peykov
TITLE	District Counsel
FIRM NAME (if applicable)	Spencer Fane LLP
ADDRESS	1700 Lincoln Street, Suite 2000
PHONE	(303) 839 - 3800

PREPARER (SIGNATURE REQUIRED)	DATE PREPARED <small>(No exemption shall be granted prior to the close of said fiscal year)</small>
<i>Nicole Peykov</i>	March 25, 2025

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

PART 2 - REVENUES

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

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

PART 3 - EXPENDITURES/EXPENSES

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

Line #	Description	Round to the nearest dollar	
3-1	Administrative	\$ -	Please use this space to provide any necessary explanations
3-2	Salaries	\$ -	
3-3	Payroll taxes	\$ -	
3-4	Contract services	\$ -	
3-5	Employee benefits	\$ -	
3-6	Insurance	\$ -	
3-7	Accounting and legal fees	\$ -	
3-8	Repair and maintenance	\$ -	
3-9	Supplies	\$ -	
3-10	Utilities and telephone	\$ -	
3-11	Fire/Police	\$ -	
3-12	Streets and highways	\$ -	
3-13	Public health	\$ -	
3-14	Capital outlay	\$ -	
3-15	Utility operations	\$ -	
3-16	Culture and recreation	\$ -	
3-17	Debt service principal (should agree to table 4-4, column 'Retired during year')	\$ -	
3-18	Debt service interest	\$ -	
3-19	Repayment of Developer Advance Principal (should agree to table 4-4, column 'Retired during year')	\$ -	
3-20	Repayment of Developer Advance Interest	\$ -	
3-21	Contribution to pension plan	\$ -	
3-22	Contribution to Fire & Police Pension Assoc.	\$ -	
3-23	Other (specify):	\$ -	
3-24		\$ -	
3-25		\$ -	
3-26		\$ -	
3-27		\$ -	
3-28	(add lines 3-1 through 3-27) TOTAL EXPENDITURES/EXPENSES	\$ -	

If TOTAL REVENUES (Line 2-26) or TOTAL EXPENDITURES (Line 3-28) are GREATER than \$100,000 - **STOP**.
You may not use this form. Please use the "Application for Exemption from Audit - LONG FORM".

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes.		Yes	No
4-1	Does the entity have outstanding debt? <i>(If 'No' is checked, skip to question 4-5)</i> <i>(If 'Yes' is checked, please attach a copy of the entity's debt repayment schedule)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-2	Is the debt repayment schedule attached? If no, MUST explain below: <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">No issued debt.</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; padding: 2px; margin-top: 2px;">No issued debt.</div>	<input type="checkbox"/>	<input checked="" 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 & SBJTA** Liabilities [GASB 87 & 96]	\$ -	\$ -
	Developer Advances	\$ -	\$ -
	Other (specify):	\$ -	\$ -
	TOTAL	\$ -	\$ -

**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? <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">\$ -</div> Date the debt was authorized: <div style="border: 1px solid black; padding: 2px; width: 150px;"></div>	<input type="checkbox"/>	<input checked="" 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? <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">\$ -</div> Date of the most recent Service Plan: <div style="border: 1px solid black; padding: 2px; width: 150px;"></div>	<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? <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">\$ -</div>	<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? <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">\$ -</div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-9	Does the entity have any lease agreements? If yes: What is being leased? <div style="border: 1px solid black; padding: 2px; width: 150px;"></div> What is the original date of the lease? <div style="border: 1px solid black; padding: 2px; width: 150px;"></div> Number of years of lease? <div style="border: 1px solid black; padding: 2px; width: 150px;"></div> Is the lease subject to annual appropriation? <input type="checkbox"/> What are the annual lease payments? <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">\$ -</div>	<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	\$ -		
TOTAL CASH DEPOSITS			\$ -	
5-3	Investments (if investment is a mutual fund, please list underlying investments):			
	n/a	\$ -		
		\$ -		
		\$ -		
		\$ -		
TOTAL INVESTMENTS			\$ -	
TOTAL CASH AND INVESTMENTS			\$ -	
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?
<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 type="checkbox"/> | <input checked="" type="checkbox"/> |

n/a

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 <i>(Please enter a negative, or credit, balance)</i>	\$ -	\$ -	\$ -	\$ -
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	\$50,000.00

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

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

Yes No

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

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.

Yes No

- 10-1 **Is this application for a newly formed governmental entity?**

If yes: **Date of formation:**

- 10-2 **Has the entity changed its name in the past or current year?**

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

- 10-3 **Is the entity a metropolitan district?**

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

- 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:**

- 10-6 **Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9,3) and 32-1-104 (3), C.R.S.]**

If yes: **Date filed:**

- 10-7 **Does the entity have a certified mill levy?**

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

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.**

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?

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

Policy - Requirements

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

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

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

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

**Print or type the names of ALL members of current governing body below.
A MAJORITY of the members of the governing body must sign below.**

Board Member 1	Board Member's Name:	<p style="text-align: center;">William F. Herebic</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;"><i>William F. Herebic del</i></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 6, 2025</p>	<p>Signature _____</p> <p>Date: March 26, 2025</p>
Board Member 2	Board Member's Name:	<p style="text-align: center;">Douglas V. Plott</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;"><i>DVPlott</i></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 6, 2025</p>	<p>Signature _____</p> <p>Date: March 26, 2025</p>
Board Member 3	Board Member's Name:	<p style="text-align: center;">Edward H. Houle</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;"><i>Edward Houle</i></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 6, 2025</p>	<p>Signature _____</p> <p>Date: March 26, 2025</p>
Board Member 4	Board Member's Name:	<p style="text-align: center;">Thomas G. Leonard</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;"><i>TGL</i></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 6, 2025</p>	<p>Signature _____</p> <p>Date: March 26, 2025</p>
Board Member 5	Board Member's Name:	<p style="text-align: center;">Daniel D. Rivers</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;"><i>Daniel D. Rivers</i></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 6, 2025</p>	<p>Signature _____</p> <p>Date: March 26, 2025</p>
Board Member 6	Board Member's Name:	<p style="text-align: center;">_____</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
	<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	Board Member's Name:	<p style="text-align: center;">_____</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
	<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>

**RESOLUTION APPROVING THE EXEMPTION FROM AUDIT
FOR FISCAL YEAR 2024 FOR THE
CORVALLIS METROPOLITAN DISTRICT NOS. 1-4**

(Pursuant to Section 29-1-604, C.R.S. revenues or expenditures did not exceed \$100,000)

WHEREAS, the Boards of Directors (collectively, the “Board”) of the Corvallis Metropolitan District Nos. 1-4 (collectively, referred herein as the “District”) wish 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 provisions of Section 29-1-603, C.R.S.; and

WHEREAS, neither revenues nor expenditures for the District exceeded \$100,000 for fiscal year 2024; and

WHEREAS, an application for exemption from audit for the District has been prepared by a person skilled in 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 by the Board of Directors of the District that the application for exemption from audit for the District for the fiscal year ended December 31, 2024, has been personally reviewed and is hereby approved by a majority of the Board of Directors of the District; that those members of the Board 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 District for fiscal year ended December 31, 2024.

ADOPTED this 26th day of March, 2025.

CORVALLIS METROPOLITAN
DISTRICT NOS. 1-4

By: Daniel B. Rivers
President


ATTEST:

By: William F. Herebic del
Secretary

<u>Board Member Name</u>	<u>Term Expires</u>	<u>Signature</u>
Daniel Rivers	2025	Daniel B. Rivers
William Herebic II	2025	William F. Herebic del
Edward Houle	2025	Edward Houle

Douglas Plott	2025	DVPlott
Thomas Leonard	2025	TL

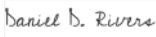

SIGNATURE CERTIFICATE


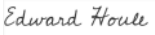

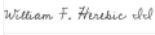


REFERENCE NUMBER
89743564-860B-4982-B921-8C81525A9811

TRANSACTION DETAILS	DOCUMENT DETAILS
<p>Reference Number 89743564-860B-4982-B921-8C81525A9811</p> <p>Transaction Type Signature Request</p> <p>Sent At 03/26/2025 11:50 EDT</p> <p>Executed At 04/01/2025 12:03 EDT</p> <p>Identity Method email</p> <p>Distribution Method email</p> <p>Signed Checksum f53160963c92d09932ecf3f3f92f44aa503a714c851e1adf44eca730efebde3e</p> <p>Signer Sequencing Disabled</p> <p>Document Passcode Disabled</p>	<p>Document Name CMD1-4 - Short Form Audit Exemptions - 2024 9890432 1</p> <p>Filename CMD1-4_-_Short_Form_Audit_Exemptions_-_2024_9890432_1_.pdf</p> <p>Pages 36 pages</p> <p>Content Type application/pdf</p> <p>File Size 476 KB</p> <p>Original Checksum 8423b37858779eab57c3561c70f6670b742c4169205f2903e03bdd1424cf3901</p>

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
<p>Name Daniel D. Rivers</p> <p>Email danrivers314@gmail.com</p> <p>Components 12</p>	<p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum 7a1e1e59f94a32242f8220aaffb54da7e1e3e0bdc76b00a75be46de6ea66baa5</p> <p>Device Mobile Safari</p> <p>Typed Signature </p> <p>Signature Reference ID AE4D39E0</p>	<p>Viewed At 03/26/2025 12:13 EDT</p> <p>Identity Authenticated At 03/26/2025 12:17 EDT</p> <p>Signed At 03/26/2025 12:17 EDT</p>
<p>Name Nicole Peykov</p> <p>Email npeykov@spencerfane.com</p> <p>Components 4</p>	<p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum cf3f006753f3c121b27f65b25611cd73426e11c21025742bf227b4f7d825e6d6</p> <p>Device Chrome Windows</p> <p>Typed Signature </p> <p>Signature Reference ID 1FFDA3B4</p>	<p>Viewed At 04/01/2025 11:25 EDT</p> <p>Identity Authenticated At 04/01/2025 11:30 EDT</p> <p>Signed At 04/01/2025 11:30 EDT</p>

SIGNER	E-SIGNATURE	EVENTS
Name Thomas G. Leonard Email greg.leonard2@gmail.com Components 8	Status signed Multi-factor Digital Fingerprint Checksum 44075b55f42db55e0dcf2c2eaf8bdc2268ebf8f67ff93580c93f4543f7d4117f Device Mobile Safari Drawn Signature  Signature Reference ID 38792235 Signature Biometric Count 5	Viewed At 03/26/2025 11:55 EDT Identity Authenticated At 03/26/2025 12:02 EDT Signed At 03/26/2025 12:02 EDT
Name Edward H. Houle Email ehoule52@msn.com Components 8	Status signed Multi-factor Digital Fingerprint Checksum 7fa9c51de54815e1fd838a8ad985b2521224ac7e5df994831ef8fa0929fef94 Device Chrome Windows Typed Signature  Signature Reference ID 93B77014	Viewed At 03/28/2025 7:26 EDT Identity Authenticated At 03/28/2025 7:33 EDT Signed At 03/28/2025 7:33 EDT
Name Douglas V. Plott Email Doug.plott@gmail.com Components 8	Status signed Multi-factor Digital Fingerprint Checksum 82bf1c114c6f50c690623db9a76a68a19bccaa520357a0d04458774d32d4a997 Device Mobile Safari Typed Signature  Signature Reference ID D3BDD8B9	Viewed At 03/27/2025 2:52 EDT Identity Authenticated At 03/27/2025 2:57 EDT Signed At 03/27/2025 2:57 EDT
Name William F. Herebic Email Herebic5@msn.com Components 12	Status signed Multi-factor Digital Fingerprint Checksum 26057403513910c533cdb28a1cf83edc42d0ab6fa220fba42289650614dcb9fa Device Mobile Chrome Typed Signature  Signature Reference ID 63C37DD0	Viewed At 03/30/2025 9:12 EDT Identity Authenticated At 03/30/2025 9:16 EDT Signed At 03/30/2025 9:16 EDT

AUDITS

TIMESTAMP	AUDIT
03/26/2025 11:50 EDT	Katie Stahl (kstahl@spencerfane.com) created document 'CMD1-4_-_Short_Form_Audit_Exemptions_-_2024_9890432_1_.pdf' on Chrom via Windows
03/26/2025 11:50 EDT	William F. Herebic (Herebic5@msn.com) was emailed a link to sign.
03/26/2025 11:50 EDT	Thomas G. Leonard (greg.leonard2@gmail.com) was emailed a link to sign.
03/26/2025 11:50 EDT	Edward H. Houle (ehoule52@msn.com) was emailed a link to sign.
03/26/2025 11:50 EDT	Douglas V. Plott (Doug.plott@gmail.com) was emailed a link to sign.
03/26/2025 11:50 EDT	Nicole Peykov (npeykov@spencerfane.com) was emailed a link to sign.
03/26/2025 11:50 EDT	Daniel D. Rivers (danrivers314@gmail.com) was emailed a link to sign.

TIMESTAMP	AUDIT
03/26/2025 11:55 EDT	Thomas G. Leonard (greg.leonard2@gmail.com) viewed the document on mobile Safari via iOS
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