

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

NAME OF GOVERNMENT ADDRESS  CONTACT PERSON PHONE EMAIL	Percheron Park and Recreation District 121 S Tejon Street Suite 1100 Colorado Springs, CO 80903 Carrie Bartow 719-635-0330 carrie.bartow@claconnect.com	For the Year Ended 12/31/24 or fiscal year ended:
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## 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	Carrie Bartow Accountant for the District CliftonLarsonAllen LLP 121 S Tejon Street, Suite 1100, Colorado Springs, CO 80903 719-635-0330
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<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>3/11/2025</b>				
Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;"> <b>GOVERNMENTAL</b>  <small>(MODIFIED ACCRUAL BASIS)</small> </td> <td style="width: 50%; text-align: center; padding: 2px;"> <b>PROPRIETARY</b>  <small>(CASH OR BUDGETARY BASIS)</small> </td> </tr> <tr> <td style="text-align: center; padding: 2px;"> <input checked="" type="checkbox"/> </td> <td style="text-align: center; padding: 2px;"> <input type="checkbox"/> </td> </tr> </table>	<b>GOVERNMENTAL</b> <small>(MODIFIED ACCRUAL BASIS)</small>	<b>PROPRIETARY</b> <small>(CASH OR BUDGETARY BASIS)</small>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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	Please use this space to provide any necessary explanations
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) <b>TOTAL REVENUES</b>	\$ -	

## 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	Please use this space to provide any necessary explanations
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) <b>TOTAL EXPENDITURES/EXPENSES</b>	\$ -	

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?  
*(If 'No' is checked, skip to question 4-5)*  
*(If 'Yes' is checked, please attach a copy of the entity's debt repayment schedule)* Yes  No

4-2 Is the debt repayment schedule attached? If no, **MUST** explain below: Yes  No

4-3 Is the entity current in its debt service payments? If no, **MUST** explain below: Yes  No

Please complete the following debt schedule, if applicable: (please only include principal amounts) (enter all amounts as positive numbers)	Outstanding at end of prior year*	Issued during year	Retired during year	Outstanding at year-end
General obligation bonds	\$ -	\$ -	\$ -	\$ -
Revenue bonds	\$ -	\$ -	\$ -	\$ -
Notes/Loans	\$ -	\$ -	\$ -	\$ -
Lease & SBITA** Liabilities [GASB 87 & 96]	\$ -	\$ -	\$ -	\$ -
Developer Advances	\$ -	\$ -	\$ -	\$ -
Other (specify):	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

\*\*Subscription-Based Information Technology Arrangements

\*Must agree to prior year-end balance

Please answer the following questions by marking the appropriate boxes. Yes  No

4-5 Does the entity have any authorized but unissued debt as of its fiscal year-end? Yes  No   
 How much?   
 Date the debt was authorized:

**NEW** 4-6 Is the authorized but unissued debt further limited by the entity's most recent Service Plan? Yes  No   
 If yes: How much?   
 Date of the most recent Service Plan:

4-7 Does the entity intend to issue debt within the next calendar year? Yes  No   
 If yes: How much?

4-8 Does the entity have debt that has been refinanced that it is still responsible for? Yes  No   
 If yes: What is the amount outstanding?

4-9 Does the entity have any lease agreements? Yes  No   
 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? Yes  No   
 What are the annual lease payments?

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

## PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances. Amount  Total

5-1	YEAR-END Total of ALL Checking and Savings Accounts	\$ -	
5-2	Certificates of deposit	\$ -	
<b>TOTAL CASH DEPOSITS</b>			\$ -

5-3	Investments (if investment is a mutual fund, please list underlying investments):	\$ -	
		\$ -	
		\$ -	
		\$ -	
<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.? Yes  No  N/A

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.)? Yes  No  N/A

**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?  
*(If 'No' is checked, skip the rest of Part 6)* Yes  No
- 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: Yes  No

N/A - The District has no capital assets.

Complete the following capital & right-to-use assets table:	Balance - beginning of the year <sup>*</sup>	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>	\$ -	\$ -	\$ -	\$ -

<sup>\*</sup>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? Yes  No
- 7-2 Does the entity have a volunteer firefighters' pension plan? Yes  No

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.? Yes  No  N/A   
 If no, **MUST** explain:

District held the organization meeting on 1-29-2025

- 8-2 Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, **MUST** explain: Yes  No  N/A

District held the organization meeting on 1-29-2025

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

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

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

	Yes	No
<b>9-1 Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?</b> <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>	<input checked="" type="checkbox"/>	<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.

	Yes	No						
<b>10-1 Is this application for a newly formed governmental entity?</b> If yes: Date of formation: <input type="text" value="11/5/2024"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
<b>10-2 Has the entity changed its name in the past or current year?</b> If yes: Please list the NEW name: <input type="text"/> Please list the PRIOR name: <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
<b>10-3 Is the entity a metropolitan district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
<b>10-4 Please indicate what services the entity provides:</b> <input type="text" value="See notes section"/>								
<b>10-5 Does the entity have an agreement with another government to provide services?</b> If yes: List the name of the other governmental entity and the services provided: <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
<b>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.]</b> If yes: Date filed: <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
<b>10-7 Does the entity have a certified mill levy?</b> If yes: Please provide the following mills levied for the year reported (do not report \$ amounts): <table border="1" style="margin-left: auto; margin-right: auto;"> <tbody> <tr> <td>Bond redemption mills</td> <td align="right">-</td> </tr> <tr> <td>General/other mills</td> <td align="right">-</td> </tr> <tr> <td><b>Total mills</b></td> <td align="right">-</td> </tr> </tbody> </table>	Bond redemption mills	-	General/other mills	-	<b>Total mills</b>	-	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bond redemption mills	-							
General/other mills	-							
<b>Total mills</b>	-							
<b>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.</b> <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						

**Please use this space to provide any additional explanations or comments not previously included**

10-4: To provide for the planning, design, acquisition, construction, installation, relocation, redevelopment, maintenance, and financing of public improvements relating to parks and recreation services for the use and benefit of all anticipated inhabitants and taxpayers of the District as well as the surrounding region.

## 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 <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:	Christopher Jenkins
	I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature _____
	My term expires: May 2025	Date _____
Board Member 2	Board Member's Name:	Delroy Johnson
	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 <u>Delroy Johnson</u> <small>57373E398D824FG...</small>
	My term expires: May 2027	Date <u>3/21/2025</u>
Board Member 3	Board Member's Name:	David Jenkins
	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 <u>David Jenkins</u> <small>5B54775D758F4FF...</small>
	My term expires: May 2027	Date <u>3/20/2025</u>
Board Member 4	Board Member's Name:	Jeffrey Finn
	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 <u>Jeffrey Finn</u> <small>4E4527493E9B42D...</small>
	My term expires: May 2027	Date <u>3/20/2025</u>
Board Member 5	Board Member's Name:	Timothy Seibert
	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 <u>Timothy Seibert</u> <small>E9387EC0B99E48F...</small>
	My term expires: May 2025	Date <u>3/20/2025</u>
Board Member 6	Board Member's Name:	_____
	I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature _____
	My term expires: _____	Date _____
Board Member 7	Board Member's Name:	_____
	I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature _____
	My term expires: _____	Date _____



CliftonLarsonAllen LLP  
claconnect.com

## Accountant's Compilation Report

Board of Directors  
Percheron Park and Recreation District  
El Paso County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Percheron Park and Recreation District 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 Percheron Park and Recreation District.

*CliftonLarsonAllen LLP*

Colorado Springs, Colorado  
March 11, 2025

## Certificate Of Completion

Envelope Id: 36FF8872-5FDA-4CE5-98BD-A87832785FDC  
Subject: Complete with Docusign: Percheron P&RD - 2024 Audit Exemption.pdf  
Client Name: Percheron Park and Recreation District  
Client Number: B130665  
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  
3/20/2025 4:27:27 PM  
Holder: Ling Chen  
Ling.Chen@claconnect.com  
Location: DocuSign

## Signer Events

David Jenkins  
djenkins@norwood.dev  
v.p.Norwood Ltd manage  
Security Level: Email, Account Authentication  
(None)

## Signature

Signed by:  
  
5B54775D758F4FF...  
Signature Adoption: Pre-selected Style  
Using IP Address: 38.75.248.16

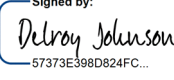
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Signed: 3/20/2025 5:16:03 PM

### Electronic Record and Signature Disclosure:

Accepted: 3/20/2025 5:15:47 PM  
ID: b87a52c0-c30b-4275-b92d-7ba137054327

Delroy Johnson  
djohnson@norwood.dev  
Director  
Various Districts  
Security Level: Email, Account Authentication  
(None)


Signed by:  
  
57373E398D824FC...  
Signature Adoption: Pre-selected Style  
Using IP Address: 38.75.248.16

Sent: 3/20/2025 4:30:52 PM  
Viewed: 3/21/2025 8:24:38 AM  
Signed: 3/21/2025 8:24:51 AM

### Electronic Record and Signature Disclosure:

Accepted: 3/21/2025 8:24:38 AM  
ID: 32f3c8e8-5018-4f90-a774-fafb379673c3

Jeffrey Finn  
jfinn@norwood.dev  
Security Level: Email, Account Authentication  
(None)

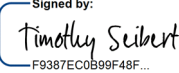
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Using IP Address: 174.234.217.55  
Signed using mobile

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Viewed: 3/20/2025 7:59:34 PM  
Signed: 3/20/2025 7:59:43 PM

### Electronic Record and Signature Disclosure:

Accepted: 3/20/2025 7:59:34 PM  
ID: f7c4f483-6521-419b-a05e-4f3c9a1f5154

Timothy Seibert  
tseibert@norwood.dev  
President  
Security Level: Email, Account Authentication  
(None)

Signed by:  
  
F9387EC0B99F48F...  
Signature Adoption: Pre-selected Style  
Using IP Address: 38.75.248.16

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Signed: 3/20/2025 7:08:39 PM

### Electronic Record and Signature Disclosure:

<b>Signer Events</b>	<b>Signature</b>	<b>Timestamp</b>
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<b>In Person Signer Events</b>	<b>Signature</b>	<b>Timestamp</b>
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<b>Editor Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
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<b>Agent Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
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<b>Intermediary Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
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<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 Updated	Security Checked	3/21/2025 10:20:50 AM
Certified Delivered	Security Checked	3/20/2025 7:08:29 PM
Signing Complete	Security Checked	3/20/2025 7:08:39 PM
Completed	Security Checked	3/21/2025 10:20:50 AM

<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**

From time to time, CliftonLarsonAllen LLP (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 the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **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. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents 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. Further, you will no longer be able to use the DocuSign system 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**

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You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [BusinessTechnology@CLAconnect.com](mailto:BusinessTechnology@CLAconnect.com)

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To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [BusinessTechnology@CLAconnect.com](mailto:BusinessTechnology@CLAconnect.com) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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