

**APPLICATION FOR EXEMPTION FROM AUDIT**

**SHORT FORM**

NAME OF GOVERNMENT ADDRESS	Solandt Memorial Hosptial District
	PO Box 10
	Hayden, CO 81639
CONTACT PERSON	Kathy Reck
PHONE	970-276-3051
EMAIL	kathy.r@bresnan.net

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:	Christopher J. Catterson, CPA
TITLE	Principal
FIRM NAME (if applicable)	Catterson & Company, PC
ADDRESS	3825 Whistler Rd, Steamboat Springs, CO 80487
PHONE	970-846-4794

<b>PREPARER (SIGNATURE REQUIRED)</b>	<b>DATE PREPARED</b> (No exemption shall be granted prior to the close of said fiscal year)
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DocuSigned by:  4CF351C5AF8F4E8...	2/13/2025
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Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	<b>GOVERNMENTAL</b> (MODIFIED ACCRUAL BASIS)	<b>PROPRIETARY</b> (CASH OR BUDGETARY BASIS)
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## PART 2 - REVENUES

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

Line #	Description	Round to the nearest dollar	
2-1	Taxes: Property (report mills levied in question 10-7)	\$ 55,282	Please use this space to provide any necessary explanations
2-2	Specific ownership	\$ 3,219	
2-3	Sales and use	\$ -	
2-4	Other (specify): Mineral lease	\$ 205	
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	\$ 42	
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	\$ 4,259	
2-21	Other (specify): Miscellaneous	\$ 1,501	
2-22	Rental income	\$ 27,980	
2-23		\$ -	
2-24		\$ -	
2-25		\$ -	
2-26	(add lines 2-1 through 2-25) <b>TOTAL REVENUES</b>	\$ 92,488	

## 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	\$ 494	Please use this space to provide any necessary explanations
3-2	Salaries	\$ 3,660	
3-3	Payroll taxes	\$ 369	
3-4	Contract services	\$ -	
3-5	Employee benefits	\$ -	
3-6	Insurance	\$ 8,157	
3-7	Accounting and legal fees	\$ 1,300	
3-8	Repair and maintenance	\$ 36,784	
3-9	Supplies	\$ 4,667	
3-10	Utilities and telephone	\$ 9,285	
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): Treasurer fees	\$ 1,676	
3-24		\$ -	
3-25		\$ -	
3-26		\$ -	
3-27		\$ -	
3-28	(add lines 3-1 through 3-27) <b>TOTAL EXPENDITURES/EXPENSES</b>	\$ 66,392	

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, <b>MUST</b> explain below: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
4-3	Is the entity current in its debt service payments? If no, <b>MUST</b> explain below: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
4-4	Please complete the following debt schedule, if applicable: <small>(please only include principal amounts) (enter all amounts as positive numbers)</small>		
	<b>General obligation bonds</b>	\$ -	\$ -
	<b>Revenue bonds</b>	\$ -	\$ -
	<b>Notes/Loans</b>	\$ -	\$ -
	<b>Lease &amp; SBITA** Liabilities [GASB 87 &amp; 96]</b>	\$ -	\$ -
	<b>Developer Advances</b>	\$ -	\$ -
	<b>Other (specify):</b>	\$ -	\$ -
	<b>TOTAL</b>	\$ -	\$ -

\*\*Subscription-Based Information Technology Arrangements

\*Must agree to prior year-end balance

Please answer the following questions by marking the appropriate boxes.		Yes	No
4-5	Does the entity have any authorized but unissued debt as of its fiscal year-end? How much? <span style="float: right; border: 1px solid black; padding: 2px 10px;">\$ -</span> Date the debt was authorized: <span style="float: right; border: 1px solid black; padding: 2px 10px;"></span>	<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? <span style="float: right; border: 1px solid black; padding: 2px 10px;">\$ -</span> Date of the most recent Service Plan: <span style="float: right; border: 1px solid black; padding: 2px 10px;"></span>	<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? <span style="float: right; border: 1px solid black; padding: 2px 10px;">\$ -</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 10px;">\$ -</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-9	Does the entity have any lease agreements? If yes: What is being leased? <span style="float: right; border: 1px solid black; padding: 2px 10px;"></span> What is the original date of the lease? <span style="float: right; border: 1px solid black; padding: 2px 10px;"></span> Number of years of lease? <span style="float: right; border: 1px solid black; padding: 2px 10px;"></span> Is the lease subject to annual appropriation? What are the annual lease payments? <span style="float: right; border: 1px solid black; padding: 2px 10px;">\$ -</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	\$ 76,457	
5-2	Certificates of deposit	\$ -	
<b>TOTAL CASH DEPOSITS</b>			\$ 76,457
5-3	Investments (if investment is a mutual fund, please list underlying investments):		
	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	\$ -	
	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	\$ -	
	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	\$ -	
	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	\$ -	
<b>TOTAL INVESTMENTS</b>			\$ -
<b>TOTAL CASH AND INVESTMENTS</b>			\$ 76,457

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 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 checked="" type="checkbox"/> | <input 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>A</sup>	Deletions	Year-End Balance
Land	\$ 300	\$ -	\$ -	\$ 300
Buildings	\$ 1,054,332	\$ -	\$ -	\$ 1,054,332
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ 47,977	\$ -	\$ -	\$ 47,977
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>	\$ (522,717)	\$ (31,375)	\$ -	\$ (554,092)
<b>TOTAL</b>	<b>\$ 579,892</b>	<b>\$ (31,375)</b>	<b>\$ -</b>	<b>\$ 548,517</b>

\*Must agree to prior year-end balance  
<sup>A</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>	<b>\$ -</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"/> |
|   |                                     |                          |                          |
| 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	\$40,178.00

## 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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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*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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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If yes: Date of formation:

<b>10-2</b>	Has the entity changed its name in the past or current year?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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If yes: Please list the NEW name:   
Please list the PRIOR name:

<b>10-3</b>	Is the entity a metropolitan district?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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**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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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If yes: List the name of the other governmental entity and the services provided:

<b>10-6</b>	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.]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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If yes: Date filed:

<b>10-7</b>	Does the entity have a certified mill levy?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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If yes: Please provide the following mills levied for the year reported (do not report \$ amounts):

Bond redemption mills	-
General/other mills	0.354
<b>Total mills</b>	<b>0.354</b>

		Yes	No	N/A
<b>10-8</b>	Is 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 type="checkbox"/>	<input type="checkbox"/>	<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?

### 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:	Debbie Doolin
	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. My term expires: _____ 2025 _____	Signature _____ Date _____
Board Member 2	Board Member's Name:	Kristin S Miller
	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. My term expires: _____ 2024 _____	Signed by: Signature <u>Kristin S Miller</u> Date <u>2/11/2025</u>
Board Member 3	Board Member's Name:	Cindy Leck
	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. My term expires: _____ 2024 _____	Signature _____ Date _____
Board Member 4	Board Member's Name:	Bradley Parrott
	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. My term expires: _____ 2025 _____	Signed by: Signature <u>Bradley Parrott</u> Date <u>2/12/2025</u>
Board Member 5	Board Member's Name:	Ken Gibbon
	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. My term expires: _____ 2025 _____	Signed by: Signature <u>[Signature]</u> Date <u>2/11/2025</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. My term expires: _____	Signature _____ 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. My term expires: _____	Signature _____ Date _____

## Certificate Of Completion

Envelope Id: 8B7BD89B-5C5F-4B83-9756-8EF2D381D1D4  
 Subject: Solandt Memorial Hospital District - Exemption From Audit - Complete with Docusign  
 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:  
 Christopher Catterson  
 PO Box 883243  
 Steamboat Springs, CO 80488-3243  
 chris@cattersoncpa.com  
 IP Address: 73.95.179.254

## Record Tracking

Status: Original  
 2/11/2025 9:06:33 AM  
 Holder: Christopher Catterson  
 chris@cattersoncpa.com  
 Location: DocuSign

## Signer Events

Bradley Parrott  
 Parrottb08@gmail.com  
 Security Level: Email, Account Authentication  
 (None)

## Signature

Signed by:  
  
 C471197AE3C48B...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 63.151.67.231

## Timestamp

Sent: 2/11/2025 9:14:09 AM  
 Viewed: 2/12/2025 2:34:47 PM  
 Signed: 2/12/2025 2:36:02 PM

**Electronic Record and Signature Disclosure:**  
 Not Offered via Docusign

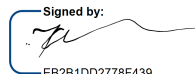
Christopher Catterson  
 chris@cattersoncpa.com  
 Catterson & Company, PC  
 Security Level: Email, Account Authentication  
 (None)

DocuSigned by:  
  
 4CF351C5AF8F4E8...  
 Signature Adoption: Drawn on Device  
 Using IP Address: 73.95.179.254

Sent: 2/11/2025 9:14:11 AM  
 Viewed: 2/13/2025 1:35:57 PM  
 Signed: 2/13/2025 1:36:24 PM

**Electronic Record and Signature Disclosure:**  
 Not Offered via Docusign


Ken Gibbon  
 Ken.gibbon@gmail.com  
 Security Level: Email, Account Authentication  
 (None)

Signed by:  
  
 EB2B1DD2778F439...  
 Signature Adoption: Drawn on Device  
 Using IP Address: 148.170.48.138  
 Signed using mobile

Sent: 2/11/2025 9:14:12 AM  
 Viewed: 2/11/2025 11:46:33 AM  
 Signed: 2/11/2025 11:49:21 AM

**Electronic Record and Signature Disclosure:**  
 Not Offered via Docusign

Kristen S Miller  
 Kristenmiller276@gmail.com  
 Security Level: Email, Account Authentication  
 (None)

Signed by:  
  
 FFB00699A94A460...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 216.147.126.137  
 Signed using mobile

Sent: 2/11/2025 9:14:10 AM  
 Viewed: 2/11/2025 4:14:47 PM  
 Signed: 2/11/2025 4:15:23 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 3/7/2022 10:55:11 AM  
 ID: fceb4a2c-af3b-491b-83a6-fb191e68553c

## In Person Signer Events

## Signature

## Timestamp

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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Cindy Leck dcgbleck@hotmail.com Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Accepted: 3/9/2022 5:11:04 PM ID: 2bd8989d-451f-45d1-b927-7aa6c7cc0c63	<b>COPIED</b>	Sent: 2/11/2025 9:14:09 AM Resent: 2/13/2025 1:37:48 PM
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Debbie Doolin doolin@zirkel.us Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Accepted: 3/1/2022 6:06:44 PM ID: 0a5d9ea2-3f93-458f-841c-fe8eefc76b3a	<b>COPIED</b>	Sent: 2/11/2025 9:14:11 AM Resent: 2/13/2025 1:37:49 PM Viewed: 2/11/2025 5:47:04 PM
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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	2/11/2025 9:14:12 AM
Envelope Updated	Security Checked	2/13/2025 1:37:48 PM
Envelope Updated	Security Checked	2/13/2025 1:37:48 PM
Envelope Updated	Security Checked	2/13/2025 1:37:48 PM
Envelope Updated	Security Checked	2/13/2025 1:37:48 PM
Certified Delivered	Security Checked	2/11/2025 4:14:47 PM
Signing Complete	Security Checked	2/11/2025 4:15:23 PM
Completed	Security Checked	2/13/2025 1:37:50 PM

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

From time to time, Catterson & Company, PC (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**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system 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 Catterson & Company, PC:**

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