

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

**NAME OF GOVERNMENT
ADDRESS**

| |
|--|
| Ledge Rock Center Residential Metropolitan District No. 2 |
| 8390 E Crescent Parkway |
| Suite 300 |
| Greenwood Village, CO 80111 |
| Carrie Bartow |
| 303-779-5710 |
| Carrie.Bartow@claconnect.com |

**For the Year Ended
12/31/22
or fiscal year ended:**

**CONTACT PERSON
PHONE
EMAIL**

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: | Carrie Bartow |
| TITLE | Accountant for the District |
| FIRM NAME (if applicable) | CliftonLarsonAllen LLP |
| ADDRESS | 8390 E Crescent Parkway, Suite 300, Greenwood Village, CO 80111 |
| PHONE | 303-779-5710 |
| DATE PREPARED | 2/28/2023 |

PREPARER (SIGNATURE REQUIRED)

SEE ACCOUNTANT'S COMPILATION REPORT

| | | |
|---|--|--|
| 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 - REVENUE

REVENUE: 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 nearest Dollar | Please use this space to provide any necessary explanations |
|-------|--|-------------------------|---|
| 2-1 | Taxes: Property (report mills levied in Question 10-6) | \$ - | |
| 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 with line 4-4, column 2) | \$ - | |
| 2-16 | Lease proceeds | \$ - | |
| 2-17 | Developer Advances received (should agree with line 4-4) | \$ 9,055 | |
| 2-18 | Proceeds from sale of capital assets | \$ - | |
| 2-19 | Fire and police pension | \$ - | |
| 2-20 | Donations | \$ - | |
| 2-21 | Other (specify): | \$ - | |
| 2-22 | Opening Bank Deposit | \$ 1 | |
| 2-23 | | \$ - | |
| 2-24 | (add lines 2-1 through 2-23) TOTAL REVENUE | \$ 9,056 | |

PART 3 - EXPENDITURES/EXPENSES

EXPENDITURES: 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 nearest Dollar | Please use this space to provide any necessary explanations |
|-------|---|-------------------------|---|
| 3-1 | Administrative | \$ 10,293 | |
| 3-2 | Salaries | \$ - | |
| 3-3 | Payroll taxes | \$ - | |
| 3-4 | Contract services | \$ - | |
| 3-5 | Employee benefits | \$ - | |
| 3-6 | Insurance | \$ 1,357 | |
| 3-7 | Accounting and legal fees | \$ 3,412 | |
| 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 with Part 4) | \$ - | |
| 3-18 | Debt service interest | \$ - | |
| 3-19 | Repayment of Developer Advance Principal (should agree with line 4-4) | \$ - | |
| 3-20 | Repayment of Developer Advance Interest | \$ - | |
| 3-21 | Contribution to pension plan (should agree to line 7-2) | \$ - | |
| 3-22 | Contribution to Fire & Police Pension Assoc. (should agree to line 7-2) | \$ - | |
| 3-23 | Other (specify): | \$ - | |
| 3-24 | | \$ - | |
| 3-25 | | \$ - | |
| 3-26 | (add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSES | \$ 15,062 | |

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) 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 Yes, please attach a copy of the entity's Debt Repayment Schedule. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| 4-2 | Is the debt repayment schedule attached? If no, MUST explain: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">The District's debt consists of developer advances, which are not general obligation debt. Developer advances do not have scheduled repayment terms.</div> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| 4-3 | Is the entity current in its debt service payments? If no, MUST explain: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">N/A</div> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| 4-4 | Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers) | | | | |
| | General obligation bonds | \$ - | \$ - | \$ - | \$ - |
| | Revenue bonds | \$ - | \$ - | \$ - | \$ - |
| | Notes/Loans | \$ - | \$ - | \$ - | \$ - |
| | Lease Liabilities | \$ - | \$ - | \$ - | \$ - |
| | Developer Advances | \$ - | \$ 9,055 | \$ - | \$ 9,055 |
| | Other (specify): | \$ - | \$ - | \$ - | \$ - |
| | TOTAL | \$ - | \$ 9,055 | \$ - | \$ 9,055 |

*must tie to prior year ending balance

Please answer the following questions by marking the appropriate boxes.

| | | Yes | No | | | | |
|---------|---|---|-------------------------------------|----|---------------|--|-----------|
| 4-5 | Does the entity have any authorized, but unissued, debt? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | |
| If yes: | How much? Date the debt was authorized: | <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: right;">\$</td> <td style="width: 85%; text-align: center;">58,500,000.00</td> </tr> <tr> <td></td> <td style="text-align: center;">11/2/2021</td> </tr> </table> | | \$ | 58,500,000.00 | | 11/2/2021 |
| \$ | 58,500,000.00 | | | | | | |
| | 11/2/2021 | | | | | | |
| 4-6 | Does the entity intend to issue debt within the next calendar year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| If yes: | How much? | <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: right;">\$</td> <td style="width: 85%; text-align: center;">-</td> </tr> </table> | | \$ | - | | |
| \$ | - | | | | | | |
| 4-7 | Does the entity have debt that has been refinanced that it is still responsible for? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| If yes: | What is the amount outstanding? | <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: right;">\$</td> <td style="width: 85%; text-align: center;">-</td> </tr> </table> | | \$ | - | | |
| \$ | - | | | | | | |
| 4-8 | Does the entity have any lease agreements? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| If yes: | What is being leased? What is the original date of the lease? Number of years of lease? | <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr><td style="width: 80%; height: 15px;"></td></tr> <tr><td style="width: 80%; height: 15px;"></td></tr> <tr><td style="width: 80%; height: 15px;"></td></tr> </table> | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Is the lease subject to annual appropriation? | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | What are the annual lease payments? | <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: right;">\$</td> <td style="width: 85%; text-align: center;">-</td> </tr> </table> | | \$ | - | | |
| \$ | - | | | | | | |

Please use this space to provide any explanations or comments:

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 | \$ 352 | |
| 5-2 | Certificates of deposit | \$ - | |
| Total Cash Deposits | | | \$ 352 |
| | Investments (if investment is a mutual fund, please list underlying investments): | | |
| | | \$ - | |
| | | \$ - | |
| 5-3 | | \$ - | |
| | | \$ - | |
| Total Investments | | | \$ - |
| Total Cash and Investments | | | \$ 352 |

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"/> |

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? 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

NA

| Complete the following capital & right-to-use assets table: | Balance - beginning of the year* | Additions (Must be included in Part 3) | Deletions | Year-End Balance |
|--|----------------------------------|--|-------------|------------------|
| Land | \$ - | \$ - | \$ - | \$ - |
| Buildings | \$ - | \$ - | \$ - | \$ - |
| Machinery and equipment | \$ - | \$ - | \$ - | \$ - |
| Furniture and fixtures | \$ - | \$ - | \$ - | \$ - |
| Infrastructure | \$ - | \$ - | \$ - | \$ - |
| Construction In Progress (CIP) | \$ - | \$ - | \$ - | \$ - |
| Leased Right-to-Use Assets | \$ - | \$ - | \$ - | \$ - |
| Other (explain): | \$ - | \$ - | \$ - | \$ - |
| Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance) | \$ - | \$ - | \$ - | \$ - |
| TOTAL | \$ - | \$ - | \$ - | \$ - |

Please use this space to provide any explanations or comments:

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.): | \$ - |
| TOTAL | \$ - |
| What is the monthly benefit paid for 20 years of service per retiree as of Jan 1? | \$ - |

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

- 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

If yes: Please indicate the amount budgeted for each fund for the year reported:

| Governmental/Proprietary Fund Name | Total Appropriations By Fund |
|------------------------------------|------------------------------|
| General Fund | \$ 50,000 |
| Capital Projects Fund | \$ 15,000,000 |
| | |
| | |

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)]? <small>Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.</small> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If no, MUST explain:

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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | Date of formation: <input style="width: 450px; height: 15px;" type="text"/> | | |
| 10-2 | Has the entity changed its name in the past or current year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | Please list the NEW name & PRIOR name: <input style="width: 600px; height: 15px;" type="text"/> | | |
| 10-3 | Is the entity a metropolitan district? Please indicate what services the entity provides: <input style="width: 600px; height: 15px;" type="text"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10-4 | Does the entity have an agreement with another government to provide services? List the name of the other governmental entity and the services provided: <input style="width: 600px; height: 15px;" type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes: | <input style="width: 600px; height: 15px;" type="text"/> | | |
| 10-5 | Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during Date Filed: <input style="width: 450px; height: 15px;" type="text"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | <input style="width: 450px; height: 15px;" type="text"/> | | |
| 10-6 | Does the entity have a certified Mill Levy? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts): | | |
| | Bond Redemption mills | | - |
| | General/Other mills | | - |
| | Total mills | | - |

Please use this space to provide any explanations or comments:

10-3: The District was organized to provide for the planning, design, acquisition, construction installation relocation, redevelopment, financing, repair, replacement and operations and maintenance of the Public Improvements from the proceeds of Debt that may be issued by the District and to provide for the ownership, operation or maintenance by the Town or District where appropriate.

PART 11 - GOVERNING BODY APPROVAL

| | Please answer the following question by marking in the appropriate box | YES | NO |
|------|--|-------------------------------------|--------------------------|
| 12-1 | If you plan to submit this form electronically, have you read the new Electronic Signature Policy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Office of the State Auditor — Local Government Division - Exemption Form Electronic Signatures 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 three 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 the names of ALL members of current governing body below. Print Board Member's Name | | A MAJORITY of the members of the governing body must complete and sign in the column below. |
|--|---------------|--|
| Board Member 1 | Amy Carroll | I <u>Amy Carroll</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u></u> Date: <u>3/27/2023</u> My term Expires: <u>May 2023</u> |
| Board Member 2 | John Schlup | I <u>John Schlup</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u></u> Date: <u>3/27/2023</u> My term Expires: <u>May 2023</u> |
| Board Member 3 | Lucas Schlup | I <u>Lucas Schlup</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u></u> Date: <u>3/27/2023</u> My term Expires: <u>May 2023</u> |
| Board Member 4 | Michel Schlup | I <u>Michel Schlup</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u></u> Date: <u>3/27/2023</u> My term Expires: <u>May 2025</u> |
| Board Member 5 | James Shipton | I <u>James Shipton</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u></u> Date: <u>3/27/2023</u> My term Expires: <u>May 2025</u> |
| Board Member 6 | | I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____ |
| Board Member 7 | | I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____ |



CliftonLarsonAllen LLP
8390 East Crescent Pkwy., Suite 300
Greenwood Village, CO 80111

phone 303-779-5710 fax 303-779-0348
CLAconnect.com

Accountant's Compilation Report

Board of Directors
Ledge Rock Center Residential Metropolitan District No. 2
Weld, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Ledge Rock Center Residential Metropolitan District No. 2 as of and for the year ended December 31, 2022, 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 Ledge Rock Center Residential Metropolitan District No. 2.

A handwritten signature in cursive script that reads "CliftonLarsonAllen LLP".

Greenwood Village, Colorado
February 28, 2023

Certificate Of Completion

| | |
|--|--------------------------------|
| Envelope Id: 0B4141F8FDE64533889ED2ED701F7FAB | Status: Completed |
| Subject: Complete with DocuSign: Ledge Rock Center Residential MD No. 2 - 2022 Audit Exemption.pdf | |
| Client Name: Ledge Rock Center Residential Metropolitan District No. 2 | |
| Client Number: A107086 | |
| Source Envelope: | |
| Document Pages: 8 | Signatures: 5 |
| Certificate Pages: 5 | Initials: 0 |
| AutoNav: Enabled | Envelope Originator: |
| Enveloped Stamping: Enabled | Spencer Johnson |
| Time Zone: (UTC-06:00) Central Time (US & Canada) | 220 S 6th St Ste 300 |
| | Minneapolis, MN 55402-1418 |
| | spencer.johnson@claconnect.com |
| | IP Address: 50.169.146.162 |

Record Tracking

| | | |
|----------------------|--------------------------------|--------------------|
| Status: Original | Holder: Spencer Johnson | Location: DocuSign |
| 3/27/2023 2:36:11 PM | spencer.johnson@claconnect.com | |

Signer Events

AMY CARROLL
 amycarroll@corbinparkop.com
 president
 Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

 B656E9EC1C64A0...
 Signature Adoption: Pre-selected Style
 Using IP Address: 70.115.26.85

Timestamp

Sent: 3/27/2023 2:40:19 PM
 Viewed: 3/27/2023 2:52:29 PM
 Signed: 3/27/2023 2:52:33 PM

Electronic Record and Signature Disclosure:
 Accepted: 3/27/2023 2:52:29 PM
 ID: a7b7849d-10bc-44e0-b95a-b5e6283e02b0

James Shipton
 jshipton@pnt-llc.com
 Partner
 Point Consulting, LLC
 Security Level: Email, Account Authentication (None)

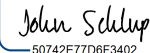
DocuSigned by:

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 Signature Adoption: Pre-selected Style
 Using IP Address: 96.81.41.201

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 Signed: 3/27/2023 2:45:42 PM

Electronic Record and Signature Disclosure:
 Accepted: 3/27/2023 2:45:26 PM
 ID: 0d787a8b-4bdf-483c-bbe8-409eb73dd78f


John Schlup
 johnschlup@corbinparkop.com
 Secretary/Treasurer
 Security Level: Email, Account Authentication (None)

DocuSigned by:

 50742E77D6F3402...
 Signature Adoption: Pre-selected Style
 Using IP Address: 70.115.26.85

Sent: 3/27/2023 2:40:20 PM
 Viewed: 3/27/2023 2:41:56 PM
 Signed: 3/27/2023 2:42:10 PM

Electronic Record and Signature Disclosure:
 Accepted: 3/27/2023 2:41:56 PM
 ID: 3af8adf2-ee4f-4579-a83b-c3da7238f762

Lucas Schlup
 lukeschlup@corbinparkop.com
 Security Level: Email, Account Authentication (None)

DocuSigned by:

 2333BE3EB62947D...
 Signature Adoption: Pre-selected Style
 Using IP Address: 70.115.26.85

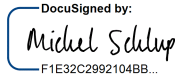
Sent: 3/27/2023 2:40:20 PM
 Viewed: 3/27/2023 3:10:35 PM
 Signed: 3/27/2023 3:10:45 PM

Electronic Record and Signature Disclosure:

| Signer Events | Signature | Timestamp |
|---------------|-----------|-----------|
|---------------|-----------|-----------|

Accepted: 3/27/2023 3:10:35 PM
ID: d5b8ee56-5595-46eb-b48e-5f649eab41a9

Michel Schlup
mschlup@corbinparkop.com
President



Sent: 3/27/2023 2:40:20 PM
Viewed: 3/27/2023 2:53:14 PM
Signed: 3/27/2023 2:53:19 PM

Security Level: Email, Account Authentication
(None)

Signature Adoption: Pre-selected Style
Using IP Address: 70.115.26.85

Electronic Record and Signature Disclosure:
Accepted: 3/27/2023 2:52:55 PM
ID: 5a68f49a-1ad2-4e96-af27-81b98d2ca740

| In Person Signer Events | Signature | Timestamp |
|-------------------------|-----------|-----------|
|-------------------------|-----------|-----------|

| Editor Delivery Events | Status | Timestamp |
|------------------------|--------|-----------|
|------------------------|--------|-----------|

| Agent Delivery Events | Status | Timestamp |
|-----------------------|--------|-----------|
|-----------------------|--------|-----------|

| Intermediary Delivery Events | Status | Timestamp |
|------------------------------|--------|-----------|
|------------------------------|--------|-----------|

| Certified Delivery Events | Status | Timestamp |
|---------------------------|--------|-----------|
|---------------------------|--------|-----------|

| Carbon Copy Events | Status | Timestamp |
|--------------------|--------|-----------|
|--------------------|--------|-----------|

| Witness Events | Signature | Timestamp |
|----------------|-----------|-----------|
|----------------|-----------|-----------|

| Notary Events | Signature | Timestamp |
|---------------|-----------|-----------|
|---------------|-----------|-----------|

| Envelope Summary Events | Status | Timestamps |
|-------------------------|--------|------------|
|-------------------------|--------|------------|

| | | |
|---------------------|------------------|----------------------|
| Envelope Sent | Hashed/Encrypted | 3/27/2023 2:40:21 PM |
| Certified Delivered | Security Checked | 3/27/2023 2:53:14 PM |
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| Completed | Security Checked | 3/27/2023 3:10:45 PM |

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