APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Summerfield Metropolitan District N	o. 2	For the Year Ended
ADDRESS	2500 Arapahoe Avenue, Suite 220		12/31/21
	Boulder, CO 80302		or fiscal year ended:
CONTACT PERSON	Steve Rane		
PHONE	303-442-4299		-
EMAIL			-
FAX	steve@cdgcolorado.com 303-442-1241		-
FAX		N OF DREDABED	
	PART 1 - CERTIFICATION		
my knowledge.	rernmental accounting and that the inform	nation in the application is comple	ete and accurate, to the best of
NAME:	Shelby Clymer		
TITLE	Independent Accountant		
FIRM NAME (if applicable)	CliftonLarsonAllen LLP		
ADDRESS	8390 E Crescent Parkway, Suite 300	Greenwood Village, CO 80111	
PHONE	303-779-5710	, e.eeeeaage, ee ee	
DATE PREPARED	7-Mar-22		
PREPARER (SIGNATU	RE REQUIRED)		
	SEE ATTACHED ACCOUNTANT'S	COMPILATION REPORT	
		GOVERNMENTAL	PROPRIETARY
	owing financial information is recorded	(MODIFIED ACCRUAL BASIS)	(CASH OR BUDGETARY BASIS)
using Governmental or Propriet	ary tuna types		

1

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		und to nearest Dollar	Please use this
2-1	Taxes: Prope	rty (report mills levied i	1 Question 10-6)	\$ 57,193	space to provide
2-2	Speci	ic ownership		\$ 2,841	any necessary
2-3	Sales	and use		\$ -	explanations
2-4	Other	(specify):		\$ -	
2-5	Licenses and permits			\$ -	
2-6	Intergovernmental:	Grants		\$ -	
2-7		Conservation T	rust 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			\$ 163	
2-14	Charges for utility services			\$ -	
2-15	Debt proceeds	(sho	ıld agree with line 4-4, column 2)	\$ -	
2-16	Lease proceeds			\$ -	
2-17	Developer Advances receive		(should agree with line 4-4)	\$ -	
2-18	Proceeds from sale of capi	tal assets		\$ -	
2-19	Fire and police pension			\$ -	
2-20	Donations			\$ -	
2-21	Other (specify):			\$ -	
2-22				\$ -	
2-23				\$ -	
2-24		(add lines 2-1 through 2-	23) TOTAL REVENUE	\$ 60,197	

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	ot morade rand equity innon	liutic	Round to nearest Dollar	Please use this
3-1	Administrative		\$	981	space to provide
3-2	Salaries		\$	-	any necessary
3-3	Payroll taxes		\$	-	explanations
3-4	Contract services		\$	-	
3-5	Employee benefits		\$	-	
3-6	Insurance		\$	1,906	
3-7	Accounting and legal fees		\$	4,002	
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	County Treasurer's fees		\$	859	
3-25	Transfer to Summerfield Metropolitan District No. 1		\$	32,360	
3-26	(add lines 3-1 through 3-24) TOTAL EXPE	NDITURES/EXPENSES	\$	40,108	

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - <u>STOP</u>. You may not use this form. Please use the "Application for Exemption from Audit -<u>LONG FORM</u>".

	PART 4 - DEBT OUTSTANDING	G, ISS	UED	, A	ND RE	ETIRE	ED		
	Please answer the following questions by marking the					Υe		1	No
4-1	Does the entity have outstanding debt?	· · · ·						J]
	If Yes, please attach a copy of the entity's Debt Repayment So					_		_	_
4-2	Is the debt repayment schedule attached? If no, MUST explain	n:				, \square		~	'∐
	N/A. The District has no debt.								
						_		_	_
4-3	Is the entity current in its debt service payments? If no, MUST	Γ explain	:			, Ц		7	1
	N/A. The District has no debt.								
4-4	Please complete the following debt schedule, if applicable:								
	(please only include principal amounts)(enter all amount as positive	Outstan		Issu	ed during	Retired			nding at
	numbers)	end of pr	or year		year	ye	аг	yea	r-end
	General obligation bonds	\$	_	\$	_	\$	_	\$	_
	Revenue bonds	\$	-	\$	-	\$	-	\$	-
	Notes/Loans	\$	-	\$	-	\$	-	\$	-
	Leases	\$	-	\$	-	\$	-	\$	-
	Developer Advances	\$	-	\$	-	\$	-	\$	-
	Other (specify):	\$	-	\$	-	\$	-	\$	-
	TOTAL	\$	-	\$	-	\$	-	\$	-
		*must tie 1	o prior ye	ar end	ing balance				
	Please answer the following questions by marking the appropriate boxes.					Υe	es	1	No
4-5	Does the entity have any authorized, but unissued, debt?					_]		
If yes:	How much?	\$			0,000.00				
	Date the debt was authorized:		11/5/2	2013					
4-6	Does the entity intend to issue debt within the next calendar	year?]	[J
If yes:	How much?	\$			-				
4-7	Does the entity have debt that has been refinanced that it is s	till respo	nsible	for?]	[J
If yes:	What is the amount outstanding?	\$			-				
4-8	Does the entity have any lease agreements?]	[1
If yes:	What is being leased?								
	What is the original date of the lease?								
	Number of years of lease?						1	г	7
	Is the lease subject to annual appropriation?	•					1	L	_
	What are the annual lease payments? Please use this space to provide any	Φ ovnlanat	ions or	comi	nonts:				
	Flease use this space to provide any	expianal	ions or	COIIII	nems.				

	PART 5 - CASH AND INVESTME	ENTS		
	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			\$ -
	Investments (if investment is a mutual fund, please list underlying investments):			
	CSAFE		\$ 187,736	
5-3			\$ -	
5-5			\$ -	
			\$ -	
	Total Investments			\$ 187,736
	Total Cash and Investments			\$ 187,736
	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.	J	П	
	seq., C.R.S.?	_	_	
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public	П	П	7
	depository (Section 11-10.5-101, et seq. C.R.S.)?		ш	<u> </u>
If no, ML	JST use this space to provide any explanations:			

6-1	PART 6 - CAPIT	$\Delta \mathbf{I}$							
6-1	Please answer the following questions by marking in the appropriate box		. ASSE I	5			Yes		No
0-1	Does the entity have capital assets?						7		
6-2				:41.0	4.	·	_		_
0-2	Has the entity performed an annual inventory of capital asse 29-1-506, C.R.S.,? If no, MUST explain:	ts in	accordance	with Sec	ction	İ	1		
]			
6-3			Balance -	Additions	· (Must				
6-3	Complete the following capital assets table:	be	ginning of the	be inclu	ded in		letions		ear-End Balance
	Land	\$	year* 75,000	\$ Part	3)	\$	_	\$	75,000
	Buildings	\$	-	\$	-	\$	-	\$	-
	Machinery and equipment	\$	-	\$	-	\$	-	\$	-
	Furniture and fixtures	\$	-	\$	-	\$	-	\$	-
	Infrastructure	\$	-	\$	-	\$	-	\$	-
	Construction In Progress (CIP)	\$	-	\$	-	\$	-	\$	-
	Other (explain): Accumulated Depreciation	\$	-	\$	-	\$	<u>-</u>	\$	-
	TOTAL	\$	75,000	\$	-	\$	<u> </u>	\$	75,000
	Please use this space to provide any				nts:	, ,		1	. 0,000
	PART 7 - PENSION	IN	FORMA	TION					
	Please answer the following questions by marking in the appropriate box						Yes		No
7-1	Does the entity have an "old hire" firefighters' pension plan?					[7
7-2	Does the entity have a volunteer fire fighters' pension plan?					_ [J
If yes:	Who administers the plan?								
	Indicate the contributions from:								
	Tax (property, SO, sales, etc.):					_			
	rux (proporty, co, curco, cto.).			\$	-]			
	State contribution amount:			\$	-				
	State contribution amount: Other (gifts, donations, etc.):			\$ \$	- - -				
	State contribution amount: Other (gifts, donations, etc.): TOTAL	otivo	o oo of lon	\$	-				
	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per r	etire	e as of Jan	\$ \$	-				
	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per r 1?			\$ \$ \$	-				
	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per r			\$ \$ \$	-				
_	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per r 1?			\$ \$ \$	-				_
	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per r 1? Please use this space to provide any	'exp	lanations or	\$ \$ \$ commer	-				
	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per r 1? Please use this space to provide any PART 8 - BUDGET	exp	lanations or	\$ \$ \$ commer	- - nts:		No		N/A
8-1	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per r 1? Please use this space to provide any	exp	lanations or	\$ \$ \$ commer	- - nts:				_
8-1	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per r Please use this space to provide any PART 8 - BUDGET Please answer the following questions by marking in the appropriate box	exp	lanations or	\$ \$ \$ commer	- - nts:		No		N/A
	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per r 1? Please use this space to provide any PART 8 - BUDGET Please answer the following questions by marking in the appropriate both Did the entity file a budget with the Department of Local Affa	exp	lanations or	\$ \$ \$ commer	- - nts:				_
8-1	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per r 1? Please use this space to provide any PART 8 - BUDGET Please answer the following questions by marking in the appropriate both Did the entity file a budget with the Department of Local Affa	INI ces. irs f	FORMA	\$ \$ \$ commer	- - nts:	_			
	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per r ? Please use this space to provide any PART 8 - BUDGET Please answer the following questions by marking in the appropriate both Did the entity file a budget with the Department of Local Affacurrent year in accordance with Section 29-1-113 C.R.S.?	INI ces. irs f	FORMA	\$ \$ \$ commer	- - nts:	_			_
	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per r 1? Please use this space to provide any Please answer the following questions by marking in the appropriate both Did the entity file a budget with the Department of Local Affacurrent year in accordance with Section 29-1-113 C.R.S.? Did the entity pass an appropriations resolution, in accordance	INI ces. irs f	FORMA	\$ \$ \$ commer	- - nts:	_			
8-2	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per rows: Please use this space to provide any Please use this space to provide any Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affacurrent year in accordance with Section 29-1-113 C.R.S.? Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain:	INI (es. irs f	FORMA or the	\$ \$ \$ commer	- - nts:	_			
	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per r 1? Please use this space to provide any PART 8 - BUDGET Please answer the following questions by marking in the appropriate both Did the entity file a budget with the Department of Local Affacurrent year in accordance with Section 29-1-113 C.R.S.? Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain:	INI (es. irs f	FORMA or the	\$ \$ \$ commer	- - nts:	_			
8-2	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per rows 1? Please use this space to provide any Please answer the following questions by marking in the appropriate both Did the entity file a budget with the Department of Local Affacurrent year in accordance with Section 29-1-113 C.R.S.? Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the year in accordance with Section 29-1-108 C.R.S.?	INI (es. irs f	FORMA or the	\$ \$ \$ Commer	- - - nts:	_			
8-2	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per rows: Please use this space to provide any Please use this space to provide any Please answer the following questions by marking in the appropriate both Did the entity file a budget with the Department of Local Affacurrent year in accordance with Section 29-1-113 C.R.S.? Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years.	INI (es. irs f	FORMA or the with Section	\$ \$ \$ commer	- - - nts:	_			
8-2	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per rows 1? Please use this space to provide any Please answer the following questions by marking in the appropriate both Did the entity file a budget with the Department of Local Affacurrent year in accordance with Section 29-1-113 C.R.S.? Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the year in accordance with Section 29-1-108 C.R.S.?	INI (es. irs f	FORMA or the with Section	\$ \$ \$ commer	- - - nts:	_			
8-2	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per rows 1? Please use this space to provide any Please answer the following questions by marking in the appropriate both Did the entity file a budget with the Department of Local Affacurrent year in accordance with Section 29-1-113 C.R.S.? Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the year in accordance with Section 29-1-108 C.R.S.?	INI (es. irs f	FORMA or the with Section	\$ \$ \$ commer	- - - nts:	_			

If yes:

10-6

If yes:

Date Filed:

Does the entity have a certified Mill Levy?

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	
	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)]?		П
	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.	Ľ	
f no, Ml	JST 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?		7
If yes:	Date of formation:	1	
10-2	Has the entity changed its name in the past or current year?		V
If yes:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?	 	
	Please indicate what services the entity provides:	_	<u> </u>
		I	
10-4	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:		
10-5	Has the district filed a Title 32 Article 1 Special District Notice of Inactive Status during		[J]

Bond Redemption mills General/Other mills Total mills 55.663 55.663

4

Please use this space to provide any explanations or comments:

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

^{10-3:} Water, streets, parks and recreation, sanitary and storm sewer, transportation, mosquito control, safety protection, fire protection, television relay and translation, and security.

^{10-4:} Summerfield Metropolitan District Nos. 1 and 3. The District will collectively finance the public improvements of the Summerfield development. District covenants with the Town of Erie.

Erie Corporate Center Metropolitan District No. 2. Both Districts will share in the costs of extinguishing certain surface rights associated with oil and gas sites and the acquisition of those site for public recreational use via a revenue pledge agreement.

	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?	J	

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.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
Board Member 1	Print Board Member's Name Jon R. Lee	I John R. Lee, 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
Board Member 2	Print Board Member's Name Jessica Brothers	I Jessica Brothers, 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 June 2022 Date:3/30/2022 My term Expires: May 2022
Board Member 3	Print Board Member's Name Steve Rane	I Steve Rane, 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 Structure Date: 3/30/2022 My term Expires: May 2022
Board Member 4	Print Board Member's Name	I
Board Member 5	Print Board Member's Name	I
Board Member 6	Print Board Member's Name	I
Board Member 7	Print Board Member's Name	I



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 Summerfield Metropolitan District No. 2 Weld County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Summerfield Metropolitan District No. 2 as of and for the year ended December 31, 2021, 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.

Greenwood Village, Colorado

Clifton Larson allen LLG

March 7, 2022



Certificate Of Completion

Envelope Id: 1B5FAC1979D749838BDCD6FB10006E14

Subject: Please DocuSign: SFMD #2 - Audit Exemption 2021 pdf.pdf

Client Name: Summerfield MD No 2

Client Number: 0 Source Envelope:

Document Pages: 8 Signatures: 3 **Envelope Originator:** Initials: 0 Certificate Pages: 5 Ashley Heidt AutoNav: Enabled 220 South 6th Street

Envelopeld Stamping: Enabled

Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

Suite 300

Minneapolis, MN 55402

Ashley.Heidt@claconnect.com IP Address: 165.225.10.178

Record Tracking

Status: Original

3/30/2022 1:06:01 PM

Holder: Ashley Heidt

Ashley.Heidt@claconnect.com

Location: DocuSign

Signer Events

Jessica Brothers

jessica@cdgcolorado.com

Security Level: Email, Account Authentication

(None)

Signature DocuSigned by

sua Brother

-5E2846592AEA4E9...

Signature Adoption: Uploaded Signature Image

Using IP Address: 65.155.157.50

Timestamp

Sent: 3/30/2022 1:08:03 PM Viewed: 3/30/2022 2:30:37 PM Signed: 3/30/2022 2:31:49 PM

Electronic Record and Signature Disclosure:

Accepted: 3/30/2022 2:30:37 PM

ID: d57e372f-22eb-4594-8538-1debd39e7751

Jon R. Lee

jonrlee@cdgcolorado.com

Security Level: Email, Account Authentication

(None)

0D56E84E07B04E7

Signature Adoption: Uploaded Signature Image

Using IP Address: 65.155.157.50

Sent: 3/30/2022 1:08:04 PM Viewed: 3/30/2022 1:18:26 PM

Signed: 3/30/2022 1:18:33 PM

Electronic Record and Signature Disclosure:

Accepted: 3/30/2022 1:18:26 PM

ID: ab559e40-0274-4380-8085-ee376bc98eb3

Steve Rane

Steve@cdgcolorado.com Secretary/Treasurer

Security Level: Email, Account Authentication

(None)

DocuSigned by: Steve Rane C20B7EDF6DA34ED..

Signature Adoption: Pre-selected Style Using IP Address: 65.155.157.50

Sent: 3/30/2022 1:08:04 PM Viewed: 3/30/2022 3:23:26 PM Signed: 3/30/2022 3:23:30 PM

Electronic Record and Signature Disclosure:

Accepted: 3/29/2022 5:30:29 PM

ID: 6db5d46a-cdf7-4c77-9dee-15cd70b0e82f

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 Summary Events Envelope Sent	Status Hashed/Encrypted	Timestamps 3/30/2022 1:08:04 PM
		•
Envelope Sent	Hashed/Encrypted	3/30/2022 1:08:04 PM
Envelope Sent Certified Delivered	Hashed/Encrypted Security Checked	3/30/2022 1:08:04 PM 3/30/2022 3:23:26 PM
Envelope Sent Certified Delivered Signing Complete	Hashed/Encrypted Security Checked Security Checked	3/30/2022 1:08:04 PM 3/30/2022 3:23:26 PM 3/30/2022 3:23:30 PM

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

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