APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT

ADDRESS

Summerfield Metropolitan District No. 3 2500 Arapahoe Avenue, Suite 220

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

CONTACT PERSON

PHONE EMAIL Boulder, CO 80302

Steve Rane
303-442-4299
steve@cdacolorado.com

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

DATE PREPARED

Shelby Clymer

Accountant for the District CliftonLarsonAllen LLP

8390 E Crescent Parkway, Suite 300, Greenwood Village, CO 80111

303-779-5710 3/13/2023

PREPARER (SIGNATURE REQUIRED)

SEE ATTACHED ACCOUNTANT'S COMPILATION REPORT

| Please indicate whether the following financial information is recorded | GOVERNMENTAL (MODIFIED ACCRUAL BASIS) | PROPRIETARY (CASH OR BUDGETARY BASIS) |
|-------------------------------------------------------------------------|------------------------------------------|------------------------------------------|
| using Governmental or Proprietary fund types | v | |

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# | | De | scription | | Round to nearest Dollar | Please use this |
|-------|--------------------------|-----------------|----------------------------------------|------------|-------------------------|------------------|
| 2-1 | Taxes: P | roperty | (report mills levied in Question 10-6) | \$ | 4,903 | space to provide |
| 2-2 | S | pecific owners | ship | \$ | 290 | any necessary |
| 2-3 | S | ales and use | | \$ | - | explanations |
| 2-4 | 0 | ther (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 | | | \$ | 19 | |
| 2-14 | Charges for utility serv | /ices | | \$ | - | |
| 2-15 | Debt proceeds | | (should agree with line 4-4, column 2 |) \$ | - | |
| 2-16 | Lease proceeds | | | \$ | - | |
| 2-17 | Developer Advances re | eceived | (should agree with line 4-4 | ′ <u> </u> | - | |
| 2-18 | Proceeds from sale of | | ; | \$ | - | |
| 2-19 | Fire and police pensio | n | | \$ | - | |
| 2-20 | Donations | | | \$ | - | |
| 2-21 | Other (specify): | | | \$ | - | |
| 2-22 | | | | \$ | - | |
| 2-23 | | | | \$ | - | |
| 2-24 | | (add lin | es 2-1 through 2-23) TOTAL REVENUE | \$ | 5,212 | |

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

| | interest payments on long-term debt. Financial information will no | ot include fund equity inforr | | |
|-------|--------------------------------------------------------------------|-------------------------------|-------------------------|------------------|
| Line# | Description | | Round to nearest Dollar | Please use this |
| 3-1 | Administrative | | \$ 639 | space to provide |
| 3-2 | Salaries | | \$ - | any necessary |
| 3-3 | Payroll taxes | | \$ - | explanations |
| 3-4 | Contract services | | \$ - | |
| 3-5 | Employee benefits | | \$ - | |
| 3-6 | Insurance | | \$ 2,156 | |
| 3-7 | Accounting and legal fees | | \$ 4,101 | |
| 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 | | \$ - | 1 |
| 3-16 | Culture and recreation | | \$ - | 1 |
| 3-17 | Debt service principal | (should agree with Part 4) | \$ - | 1 |
| 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 | | \$ - | 1 |
| 3-21 | Contribution to pension plan | (should agree to line 7-2) | \$ - | 1 |
| 3-22 | Contribution to Fire & Police Pension Assoc. | (should agree to line 7-2) | | 1 |
| 3-23 | Other (specify): | | | 1 |
| 3-24 | Country Treasurer's Fees | | \$ 74 |] |
| 3-25 | Transfer to Summerfield Metropolitan District No. 1 | | \$ 6,079 | 1 |
| 3-26 | (add lines 3-1 through 3-24) TOTAL EXPE | NDITURES/EXPENSES | \$ 13,049 | |

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>".

| | | | 01155 | | | | | | |
|---------|------------------------------------------------------------------------|-------------|----------------|--------|--------------|---------|--------|--------|----------|
| | PART 4 - DEBT OUTSTANDING | 3, IS | SUED | , A | ND RE | ETIRI | ED | | |
| | Please answer the following questions by marking the | appropr | iate boxes. | | | | es | | No |
| 4-1 | Does the entity have outstanding debt? | | | | | | | 1 | |
| 4.0 | If Yes, please attach a copy of the entity's Debt Repayment S | | e. | | | | | | |
| 4-2 | Is the debt repayment schedule attached? If no. MUST explain | n: | | | | , – | | 7 | |
| | N/A. The District has no debt. | | | | | | | | |
| | | | | | | _ | | _ | |
| 4-3 | Is the entity current in its debt service payments? If no, MUS | expla | in: | | | ı 🗆 | | ✓ | |
| | N/A. The District has no debt. | | | | | | | | |
| | | | | | | | | | |
| 4-4 | Please complete the following debt schedule, if applicable: | Outof | anding at | loou | ed durina | Botivod | durina | Outoto | nding at |
| | (please only include principal amounts)(enter all amount as positive | | prior year* | เรรน | year | | ar | | r-end |
| | numbers) | ena or | prior year | | year | ye | ai | yea | i-Giiu |
| | General obligation bonds | \$ | - | \$ | - | \$ | - | \$ | - |
| | Revenue bonds | \$ | - | \$ | - | \$ | - | \$ | - |
| | Notes/Loans | \$ | - | \$ | - | \$ | - | \$ | - |
| | Lease Liabilities | \$ | - | \$ | - | \$ | - | \$ | - |
| | Developer Advances | \$ | - | \$ | - | \$ | - | \$ | - |
| | Other (specify): | \$ | - | \$ | - | \$ | - | \$ | - |
| | TOTAL | \$ | - | \$ | - | \$ | - | \$ | - |
| | | *must 1 | ie to prior ye | ar end | ling balance | | | | |
| | Please answer the following questions by marking the appropriate boxes | | | | | Υ | es | 1 | No |
| 4-5 | Does the entity have any authorized, but unissued, debt? | | | | | _ Z |] | | |
| If yes: | How much? | \$ | 3 | 50,00 | 00,000.00 | | | | |
| | Date the debt was authorized: | | 11/5/2 | 2013 | | | | | |
| 4-6 | Does the entity intend to issue debt within the next calendar | year? | | | | | l | E | 7 |
| If yes: | How much? | \$ | | | - | | | | |
| 4-7 | Does the entity have debt that has been refinanced that it is s | till res | ponsible f | or? | | _ | l | | 2 |
| If yes: | What is the amount outstanding? | \$ | | | - | | | | |
| 4-8 | Does the entity have any lease agreements? | | | | | _ | l | E | 7 |
| If yes: | What is being leased? | | | | | | | | |
| | What is the original date of the lease? | | | | | | | | |
| | Number of years of lease? | | | | | _ | | _ | 7 |
| | Is the lease subject to annual appropriation? | | | | | | ı | | _ |
| | What are the annual lease payments? | \$ Overland | 4! | 0.000 | - | | | | |

| | PART 5 - CASH AND INVESTME | ENTS | | | |
|-----------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|-----------|
| | Please provide the entity's cash deposit and investment balances. | | ļ | 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 | | \$ | 204 | |
| 5-3 | | | \$ | - | |
| 5-5 | | | \$ | - | |
| | | | \$ | - | |
| | Total Investments | | | | \$ 204 |
| | Total Cash and Investments | | | | \$ 204 |
| | 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. | Image: section of the content of the | | | |
| | seq., C.R.S.? | _ | | _ | _ |
| 5-5 | Are the entity's deposits in an eligible (Public Deposit Protection Act) public | П | | П | ✓ |
| | depository (Section 11-10.5-101, et seq. C.R.S.)? | П | | | _ |
| If no, Ml | JST use this space to provide any explanations: | | | | |

| | DADT C CARITAL AND DI | OUT TO | <u> </u> | OF A | 005 | -то | | | |
|---------|-------------------------------------------------------------------------------------------------------|----------------------|-----------------|-------------------|--------|------------|----|----------|---------------|
| | Please answer the following questions by marking in the appropriate box | | J-U | SE A | 55E | TIS Yes | | | lo |
| 6-1 | Does the entity have capital assets? | 001 | | | | | | | |
| 6-2 | Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain: | s in accord | ance | with Sec | tion | | | Z | 1 |
| | N/A. The District has no capital assets. | | | | | | | | |
| 6-3 | | Balance | - | Additions | (Must | | | Vas | . Food |
| | Complete the following capital & right-to-use assets table: | beginning o year* | of the | be includ Part | led in | Deletio | ns | Bala | r-End ance |
| | Land | \$ | - | \$ | - | \$ | - | \$ | - |
| | Buildings Machinery and equipment | \$ | - | \$ | - | \$ | - | \$ \$ | |
| | Furniture and fixtures | \$ | - | \$ | - | \$ | - | \$ | |
| | Infrastructure | \$ | - | \$ | | \$ | | \$ | |
| | Construction In Progress (CIP) | \$ | _ | \$ | _ | \$ | _ | \$ | |
| | Leased Right-to-Use Assets | \$ | _ | \$ | _ | \$ | _ | \$ | |
| | Other (explain): | \$ | _ | \$ | _ | \$ | _ | \$ | _ |
| | Accumulated Depreciation/Amortization | | | | | · | | <u> </u> | |
| | (Please enter a negative, or credit, balance) | \$ | - | \$ | - | \$ | - | \$ | _ |
| | TOTAL | \$ | - | \$ | - | \$ | - | \$ | - |
| | Please use this space to provide any | explanation | ns or (| commen | ts: | | | | |
| | | | | | | | | | |
| | PART 7 - PENSION | INFOR | MA [*] | TION | | | | | |
| | Please answer the following questions by marking in the appropriate box | | | | | Yes | | N | lo |
| 7-1 | Does the entity have an "old hire" firefighters' pension plan? | | | | | | | 7 | |
| 7-2 | Does the entity have a volunteer firefighters' pension plan? | | | | | | | 7 | |
| If yes: | Who administers the plan? | | | | | | | | |
| | Indicate the contributions from: | | | | | | | | |
| | Tax (property, SO, sales, etc.): | | Γ | \$ | _ | | | | |
| | State contribution amount: | | ŀ | \$ | _ | | | | |
| | Other (gifts, donations, etc.): | | | \$ | - | | | | |
| | TOTAL | | | \$ | - | | | | |
| | What is the monthly benefit paid for 20 years of service per re | etiree as of | Jan | \$ | | | | | |
| | 1? | | | • | | | | | |
| | Please use this space to provide any | explanation | ns or | commen | ts: | | | | |
| | | | | | | | | | |
| | | NIEGO | | | | | | | |
| | PART 8 - BUDGET I | INFORI | MAT | ION | | | | | |
| | Please answer the following questions by marking in the appropriate box | | | Yes | ; | No | | N | /A |
| 8-1 | Did the entity file a budget with the Department of Local Affai | rs for the | | v | | | | | |
| | current year in accordance with Section 29-1-113 C.R.S.? | | | | | | | | |
| | | | | | | | | | |
| 8-2 | Did the entity pass an appropriations resolution, in accordance | ce with Sec | tion | 4 | | | | | |
| | 29-1-108 C.R.S.? If no, MUST explain: | | | _ | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| If yes: | Please indicate the amount budgeted for each fund for the ye | ar reported | l: | | | | | | |
| | Governmental/Proprietary Fund Name | Total App | ropriat | ions <u>By F</u> | und | | | | |
| | General Fund (Amended) | \$ | | | 19,969 | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | 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)]? | | |
| | 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. | <u> </u> | |

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? | | Ø |
| If yes: | Date of formation: |] | |
| 10-2 | Has the entity changed its name in the past or current year? | | v |
| | | | |
| If yes: | Please list the NEW name & PRIOR name: | | |
| , 00. | Trouble for the Principle of Prior Hame. | 1 | |
| 10-3 | Is the entity a metropolitan district? | | |
| | Please indicate what services the entity provides: | | |
| | See below. | 1 | |
| 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: | | |
| | See below. | j | |
| 10-5 | Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during | | 7 |
| If yes: | Date Filed: | | |
| 10-6 | Does the entity have a certified Mill Levy? |] | |
| If yes: | | | |
| • | Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts): | | |
| | Bond Redemption mills | | - |
| | General/Other mills | | 55.663 |
| | Total mills | | 55.663 |
| | Please use this space to provide any explanations or comments: | | |

Please use this space to provide any explanations or comments: 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 2. The Districts will collectively finance the public improvements of the Summerfield development. District covenants with the Town of Erie.

| | 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? | V | |

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 Jon 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 Date: 3/29/2023 My term Expires: May 2023 |
| 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 Date: 3/29/2023 My term Expires: May 2025 |
| 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 Date: 3/29/2023 My term Expires: May 2025 |
| 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. 3 Weld County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Summerfield Metropolitan District No. 3 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.

Greenwood Village, Colorado

Clifton Larson allen LLG

March 13, 2023

DocuSign[®]

Certificate Of Completion

Envelope Id: D40F7C908A9848B787240B8607256052

Subject: Complete with DocuSign: Summerfield Metropolitan District No. 3 -2022 Audit Exemption.pdf

Client Name: Summerfield Metropolitan District No. 3

Client Number: A361379

Source Envelope:

Document Pages: 8 Signatures: 3
Certificate Pages: 5 Initials: 0

AutoNav: Enabled

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

Status: Completed

Envelope Originator:

Shelby Johnson

220 S 6th St Ste 300

Minneapolis, MN 55402-1418 shelby.johnson@claconnect.com IP Address: 50.169.146.162

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Status: Original

3/29/2023 1:09:04 PM

Holder: Shelby Johnson

shelby.johnson@claconnect.com

Location: DocuSign

Signer Events

Jon R. Lee

jonrlee@cdgcolorado.com Authorized representative

Security Level: Email, Account Authentication

(None)

Signature

DocuSigned by:

D56E84E07B04E7..

Signature Adoption: Uploaded Signature Image

Using IP Address: 65.155.157.50

Timestamp

Sent: 3/29/2023 1:10:56 PM Viewed: 3/29/2023 1:49:39 PM Signed: 3/29/2023 1:49:49 PM

Electronic Record and Signature Disclosure:

Accepted: 3/29/2023 1:49:39 PM ID: ee3c9f06-e6ca-4bd3-a2f0-3acecc3adff6

Jessica Brothers

jessica@cdgcolorado.com

Security Level: Email, Account Authentication

(None)

— DocuSigned by:

Jimia Bakur

-- 5E2846592AEA4E9..

Sent: 3/29/2023 1:49:51 PM Viewed: 3/29/2023 1:53:59 PM Signed: 3/29/2023 1:54:36 PM

Signature Adoption: Uploaded Signature Image

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Electronic Record and Signature Disclosure:

Accepted: 3/29/2023 1:53:59 PM

ID: 3392cc75-d935-4931-a7bd-3eb807edf2dc

Steve Rane

steve@cdgcolorado.com Secretary/Treasurer

Security Level: Email, Account Authentication

(None)

Docusigned by:
Stew Kane
C20B7EDF6DA34ED...

Sent: 3/29/2023 1:54:38 PM Viewed: 3/29/2023 2:11:25 PM Signed: 3/29/2023 2:11:27 PM

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

Electronic Record and Signature Disclosure:

Accepted: 3/29/2023 2:11:25 PM

ID: c60129ed-cd99-4a47-8eba-071f1e5ff706

| 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 3/29/2023 1:10:57 PM |
| • | | • |
| Envelope Sent | Hashed/Encrypted | 3/29/2023 1:10:57 PM |
| Envelope Sent Certified Delivered | Hashed/Encrypted Security Checked | 3/29/2023 1:10:57 PM 3/29/2023 2:11:25 PM |
| Envelope Sent Certified Delivered Signing Complete | Hashed/Encrypted Security Checked Security Checked | 3/29/2023 1:10:57 PM 3/29/2023 2:11:25 PM 3/29/2023 2:11:27 PM |

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

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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 CliftonLarsonAllen LLP:

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

To advise CliftonLarsonAllen LLP of your new email address

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 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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