

Attorneys At Law

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June E. Anglin
Janglin@tnclaw.com

June 3, 2010

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FAXED
6-3-10
D.L.C.



**Via Fax (303)866-4819
and U.S. Mail**

Department of Local Affairs
Division of Local Government
Elections Division
1313 Sherman Street, Room 521
Denver, Colorado 80203

**Re: Jefferson-Como Fire Protection District - DLG ID #47009
May 4, 2010 Regular Special District Election**

To whom it may concern:

The 2010 Election Results documents, for the above referenced district, is as follows:

- 1) Copy of Board Resolution Appointing a DEO and Authorizing DEO to Cancel Election.
- 2) Copy of Certificate of Appointment & Oath of DEO
- 3) DEO Resolution Cancellation of Election and Declaration Deeming Candidates Elected
- 4) Notice of Cancellation
- 5) Oaths & Bonds of Newly Elected Directors Re: Elizabeth McKay, Colleen Dalrymple, and Charles D. Curtis
- 6) Oath and Bond of Newly Appointed Director Re: Ken Parma
- 7) Director's List & District Contact Data Update

Please contact me if you have any questions regarding this matter or if you need further information.

Sincerely,

Dana Retterer
DEO/Legal Assistant
dretterer@tnclaw.com

encl.

cc: JCFPD

303.674.0800 Tel

303.674.8492 Fax

tnclaw.com Web

32065 Castle Court

Suite 150

Centerpoint I Building

Evergreen, CO 80439

**JEFFERSON COMO FIRE PROTECTION DISTRICT
CERTIFICATE OF APPOINTMENT AND
OATH OF DESIGNATED ELECTION OFFICIAL**

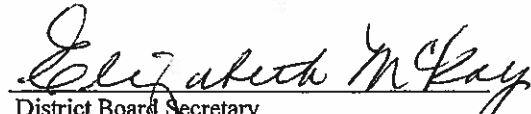
THIS IS TO CERTIFY, that on October 21, 2009 we have appointed, and do hereby appoint Dana Retterer as designated election official for the purposes of planning and implementing our Special District regular biennial election on May 4, 2010. The appointment includes the authority to act on behalf of the Board of Directors in planning and implementing the duties required in the success of an election. The Designated Election Official will, with integrity and transparency, and according to law, conduct an election for Jefferson Como Fire Protection District, County of Park, State of Colorado. The Designated Election Official has full power and authority to act in an official capacity prior to, during, and until the results of the May 4, 2010 regular biennial election results are certified, unless this appointment should be sooner extended or revoked by resolution.

WITNESS our hand this 20th day of January 2010.

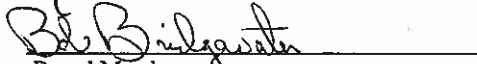
Jefferson Como Fire Protection District



District Board President



District Board Secretary



Board Member

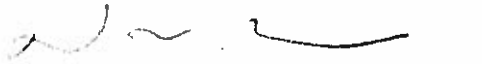
Board Member



Board Member

OATH

I, Dana Retterer, do solemnly swear of affirm, that I will support the Constitution of the United States and the Constitution of the State of Colorado, and that I will faithfully perform the duties of the office of Designated Election Official for election purposes and handling of ballots for the May 4, 2010 regular biennial election in and for the Jefferson Como Fire Protection District , Park County, State of Colorado, to the best of my skill and ability.

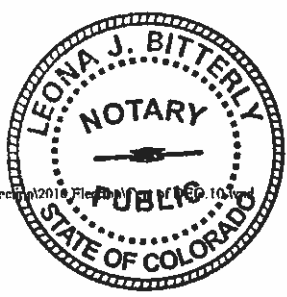


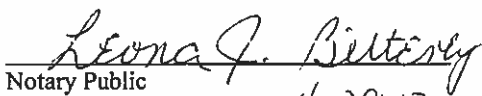
Designated Election Official's Signature

STATE OF COLORADO)
) ss.
COUNTY OF JEFFERSON)

Subscribed and sworn to before me this 2nd day of February, 2010.

Witness my hand and official seal.

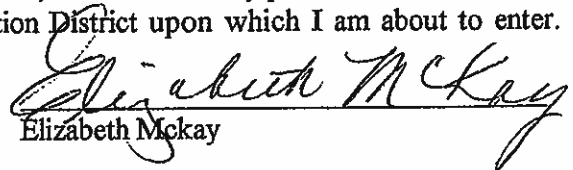




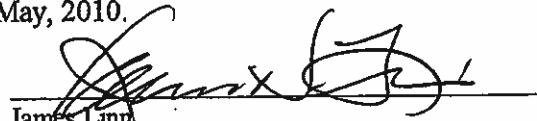
Notary Public
My Commission Expires: 4-28-12

DISTRICT COURT, PARK COUNTY, COLORADO 300 4th Street Fairplay, CO 80440	FILED IN COMBINED COURT MAY 26 2010
IN THE MATTER OF: JEFFERSON COMO FIRE PROTECTION DISTRICT	PARK COUNTY, COLORADO ▲ COURT USE ONLY ▲
Richard W. Toussaint Toussaint, Nemer & Coaty, P.C. 32065 Castle Court, Suite 150 Evergreen, Colorado 80439 Telephone Number: (303) 674-0800 Fax Number: (303) 674-8492 E-mail: rtoussaint@tnclaw.com Atty. Reg. #: 9217	Case Number: 3535 Div.: Ctrm.:
OATH OF DIRECTOR	

I, Elizabeth McKay, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of Jefferson Como Fire Protection District upon which I am about to enter.


 Elizabeth McKay

Subscribed and sworn to before me this 19th day of May, 2010.


 James Linn
 President of the Board of Directors

ACORD TM. **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
02/04/2010

PRODUCER Phone: (970) 686-7120 Fax: (970) 686-7131
EARL MCFARLAND INSURANCE AGENCY INC.
 128 6TH STREET SUITE C
 WINDSOR CO 80550

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: American Alternative Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
JEFFERSON COMO FIRE PROTECTION DISTRICT
 P.O. BOX 380
 COMO CO 80432

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

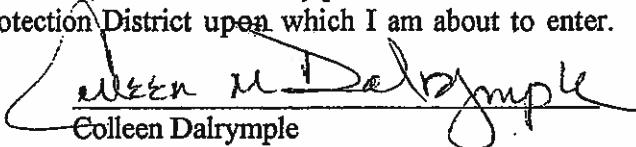
INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A		<input type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	TR-2057368-2	08/20/09	08/20/10	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED. EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS-COMP/OP AGG. \$ 3,000,000								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATUTORY LIMITS</td> <td style="width: 50%;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE-EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE-POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE-EA EMPLOYEE	\$	E.L. DISEASE-POLICY LIMIT	\$
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E.L. DISEASE-EA EMPLOYEE	\$													
E.L. DISEASE-POLICY LIMIT	\$													
A		OTHER: Commercial Crime	TR2057368-2	08/20/09	08/20/10									

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 The purpose is to show coverages under Commercial Crime, 4 Directors at \$1,000 each and 1 Treasurer at \$5,000. All with Faithful Performance.

<p>CERTIFICATE HOLDER DIVISION OF LOCAL AFFAIRS DEPARTMENT OF LOCAL GOVERNMENT</p> <p>Attention:</p>	<p>CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: right;"><i>Antonia I. Spence</i> Antonia I. Spence</p>
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DISTRICT COURT, PARK COUNTY, COLORADO 300 4th Street Fairplay, CO 80440	FILED IN COMBINED COURT MAY 26 2010 PARK COUNTY, COLORADO
IN THE MATTER OF: JEFFERSON COMO FIRE PROTECTION DISTRICT	▲ COURT USE ONLY ▲
Richard W. Toussaint Toussaint, Nemer & Coaty, P.C. 32065 Castle Court, Suite 150 Evergreen, Colorado 80439 Telephone Number: (303) 674-0800 Fax Number: (303) 674-8492 E-mail: rtoussaint@tnclaw.com Atty. Reg. #: 9217	Case Number: 3535 Div.: Ctrm.:
OATH OF DIRECTOR	

I, Colleen Dalrymple, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of Jefferson Como Fire Protection District upon which I am about to enter.


 Colleen Dalrymple

Subscribed and sworn to before me this 19th day of May, 2010.


 James Linn
 President of the Board of Directors


ACORD TM.	CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YYYY) 02/04/2010
PRODUCER Phone: (970) 686-7120 Fax: (970) 686-7131 EARL MCFARLAND INSURANCE AGENCY INC. 128 6TH STREET SUITE C WINDSOR CO 80550	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED JEFFERSON COMO FIRE PROTECTION DISTRICT P.O. BOX 380 COMO CO 80432	INSURER A: American Alternative Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	TR-2057368-2	08/20/09	08/20/10	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) MED. EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS-COMP/OP AGG.				\$ 1,000,000 \$ 5,000 \$ 1,000,000 \$ 3,000,000 \$ 3,000,000	
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____				AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC AUTO ONLY: AGG	\$ \$ \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ DEDUCTIBLE RETENTION \$				EACH OCCURRENCE AGGREGATE	\$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	\$ \$ \$
A		OTHER: Commercial Crime	TR2057368-2	08/20/09	08/20/10		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
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CERTIFICATE HOLDER DIVISION OF LOCAL AFFAIRS DEPARTMENT OF LOCAL GOVERNMENT Attention:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <div style="text-align: right; margin-top: 10px;">  Antonia T. Spence </div>
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DISTRICT COURT, PARK COUNTY, COLORADO 300 4th Street Fairplay, CO 80440	FILED IN COMBINED COURT MAY 26 2010 PARK COUNTY, COLORADO
IN THE MATTER OF: JEFFERSON COMO FIRE PROTECTION DISTRICT	▲ COURT USE ONLY ▲
Richard W. Toussaint Toussaint, Nemer & Coaty, P.C. 32065 Castle Court, Suite 150 Evergreen, Colorado 80439 Telephone Number: (303) 674-0800 Fax Number: (303) 674-8492 E-mail: rtoussaint@tnclaw.com Atty. Reg. #: 9217	Case Number: 3535 Div.: Ctrm.:
OATH OF DIRECTOR	

I, Charles D. Curtis, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of Jefferson Como Fire Protection District upon which I am about to enter.


 Charles D. Curtis

Subscribed and sworn to before me this 19th day of May, 2010.


 James Linn
 President of the Board of Directors

ACORD TM. **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
02/04/2010

PRODUCER Phone: (970) 686-7120 Fax: (970) 686-7131
EARL MCFARLAND INSURANCE AGENCY INC.
 128 6TH STREET SUITE C
 WINDSOR CO 80550

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INSURERS AFFORDING COVERAGE	NAIC #

INSURED
JEFFERSON COMO FIRE PROTECTION DISTRICT
 P.O. BOX 380
 COMO CO 80432

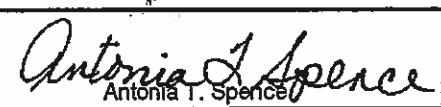
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INSURER B:
INSURER C:
INSURER D:
INSURER E:

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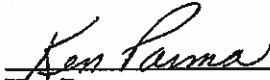
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A		GENERAL LIABILITY	TR-2057368-2	08/20/09	08/20/10	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
		<input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED. EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS-COMP/OP AGG. \$ 3,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/> HIRED AUTOS						
<input type="checkbox"/> NON-OWNED AUTOS						
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
						AGG \$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE \$
						E.L. DISEASE-POLICY LIMIT \$
A		OTHER: Commercial Crime	TR2057368-2	08/20/09	08/20/10	

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CERTIFICATE HOLDER	CANCELLATION
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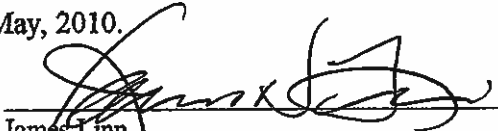
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OATH OF DIRECTOR	

I, Ken Parma, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of Jefferson Como Fire Protection District upon which I am about to enter.



 Ken Parma

Subscribed and sworn to before me this 19th day of May, 2010.



 James Linn
 President of the Board of Directors

ACORD TM. **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
02/04/2010

PRODUCER Phone: (970) 686-7120 Fax: (970) 686-7131
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INSURERS AFFORDING COVERAGE	NAIC #

INSURED
JEFFERSON COMO FIRE PROTECTION DISTRICT
 P.O. BOX 380
 COMO CO 80432


INSURER A: American Alternative Insurance Company
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INSURER C:
INSURER D:
INSURER E:

COVERAGES

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		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
<input type="checkbox"/> NON-OWNED AUTOS						
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
						\$
						\$
						\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE \$
						E.L. DISEASE-POLICY LIMIT \$
A		OTHER: Commercial Crime	TR2057368-2	08/20/09	08/20/10	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 The purpose is to show coverages under Commercial Crime, 4 Directors at \$1,000 each and 1 Treasurer at \$5,000. All with Faithful Performance.

CERTIFICATE HOLDER	CANCELLATION
DIVISION OF LOCAL AFFAIRS DEPARTMENT OF LOCAL GOVERNMENT Attention:	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE  Antonia I. Spence