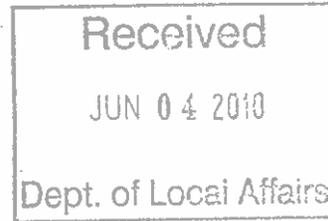


65391

Cornerstone Metropolitan District No.2

May 25, 2010

Division of Local Government
District Election Specialist
1313 Sherman St., Room 521
Denver, CO 80203



Montrose County Clerk & Recorder
PO Box 1289
Montrose, CO 81401

Ouray County Clerk & Recorder
PO Box C
Ouray, CO 81427

Re: Cornerstone Metropolitan District No.2

Dear Sir or Madam:

Attached for your files are copies of the Notice of Cancellation, Oaths of Office, Directors position bond/insurance and an updated Contact Information List.

If you have any questions or require any additional information please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Debbie Braucht".

Debbie Braucht, Asst District Admin

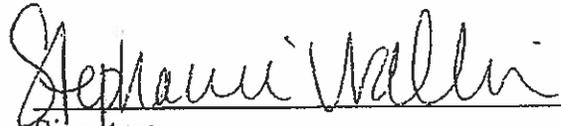
cc: White, Bear and Ankele, PC

Enclosures

DISTRICT COURT COUNTY OF OURAY, COLORADO Court Address: 541 4 th Street Ouray, Colorado 81427 Telephone No.: (970) 325-4405	
Petitioner: CORNERSTONE METROPOLITAN DISTRICT NO. 2 OURAY COUNTY, COLORADO AND MONTROSE COUNTY, COLORADO	▲ COURT USE ONLY ▲
Attorneys for Petitioner: Attorney: Gary R. White Clint C. Waldron Address: WHITE, BEAR AND ANKELE Professional Corporation 1805 Shea Center Drive, Suite 100 Highlands Ranch, CO 80129 Phone Number: (303) 858-1800 Fax Number: (303) 858-1801 Atty. Reg. #: 13522; Email: gwhite@wbapc.com 36689; Email: cwaldron@wbapc.com	Case No: 2004 CV 30 Div: 2
OATH OF OFFICE – STEPHANIE WALLIN CORNERSTONE METROPOLITAN DISTRICT NO. 2	

STATE OF COLORADO)
) ss.
 COUNTY OF OURAY)

I, Stephanie Wallin, will faithfully support the Constitutions of the United States and c the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the dutie of the office of Director of Cornerstone Metropolitan District No. 2 upon which I am about t enter.



 Signature

DISTRICT COURT COUNTY OF OURAY, COLORADO Court Address: 541 4 th Street Ouray, Colorado 81427 Telephone No.: (970) 325-4405	
Petitioner: CORNERSTONE METROPOLITAN DISTRICT NO. 2 OURAY COUNTY, COLORADO AND MONTROSE COUNTY, COLORADO	▲ COURT USE ONLY ▲
Attorneys for Petitioner: Attorney: Gary R. White Clint C. Waldron Address: WHITE, BEAR AND ANKELE Professional Corporation 1805 Shea Center Drive, Suite 100 Highlands Ranch, CO 80129 Phone Number: (303) 858-1800 Fax Number: (303) 858-1801 Atty. Reg. #: 13522; Email: gwhite@wbapc.com 36689; Email: cwaldron@wbapc.com	Case No: 2004 CV 30 Div: 2
OATH OF OFFICE – TOM J. HUESGEN CORNERSTONE METROPOLITAN DISTRICT NO. 2	

STATE OF COLORADO)
)
 COUNTY OF OURAY)

ss.

I, Tom J. Huesgen, will faithfully support the Constitutions 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 Cornerstone Metropolitan District No. 2 upon which I am about to enter.



 Signature

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/28/2009

PRODUCER (303)368-5757 FAX (303)368-5863
T. Charles Wilson Insurance Services
2260 So. Xanadu Way # 280
Aurora, CO 80014

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.

INSURED Cornerstone Metropolitan District #2
DBA: c/o Robertson & Marchetti
28 2nd St Suite 213
Edwards, CO 81632

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Western Surety	0022
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	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Each occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$								
		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 (Each 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 AUTO ONLY: EA ACC \$ 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"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTH-ER</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	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
A		OTHER Position Schedule Bond	15366795	09/28/2009	09/28/2012	5 Directors @ \$1,000 Each 1 Treasurer @ \$5,000								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Cornerstone Metropolitan District #2
c/o Robertson & Marchetti
28 2nd Street #213
Edwards, CO 81632

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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Janet Whoric/JANET

Janet Whoric