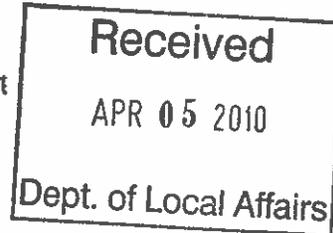


Livermore Fire Protection District
PO Box 28
Livermore, Colorado 80536



March 16, 2010

PUBLIC NOTICE

The Board of Directors, Livermore Fire Protection District holds a monthly public meeting on the third Tuesday of every month at 7:00 pm at the Livermore Fire Station #1, located at 311 W. County Road 74E (Red Feather Lakes Road) .1 mile north west of the intersection of Hwy 74E (Red Feather Lakes Road) and Hwy 287, Livermore, Colorado.

Board of Directors

**Diane M. Watkins, President & Recording Secretary, 2025 N.Greyrock Rd., Laporte, CO
80535
970 482-6508**

**William R. Moore, Treasurer, 2025 N.Greyrock Rd., Laporte, CO 80535
970 482-6508**

**Lori A. Klutke, P.O. Box 115, Livermore, CO 80536
970 221-0232**

**Byron R. McGough, 102 Bear Hollow Rd., Laporte, CO 80535
970 493-2244**

**Mary Packard, Grant Manager, 865 Three Corner Gate Rd., Livermore, CO 80536
970 566-3478**

0310/dmw

**CANCELLATION OF ELECTION and
DECLARATION DEEMING CANDIDATES ELECTED
RESOLUTION**

(If Board cancels election)

1-5-208(1.5),C.R.S.

Livermore Fire Protection DISTRICT,
Larimer COUNTY, COLORADO

WHEREAS, the Board of Directors of the District is authorized to cancel the election and declare candidates elected at the close of business on the sixty-third before the election to be conducted on on May 4th, 2010; and
(date of election)

WHEREAS, the Board of Directors has duly certified that there were not more candidates for director than offices to be filled, including candidates filing affidavits of intent to be write-in candidates,

Now, THEREFORE, pursuant to 1-5-208 (1.5), C.R.S., the Board HEREBY cancels the regular election to be conducted on the 4th day of May, 20 10 by formal resolution and

THE BOARD DECLARES THE FOLLOWING CANDIDATES ELECTED FOR THE FOLLOWING TERMS OF OFFICE:

<u>William R. Moore</u>	<u>2025 N. Greyrock Road, LaPorte, CO 80535</u>	<u>2 yrs</u>
(name)	(address)	(year term)
<u>Mary Packard</u>	<u>865 Three Corner Gate Rd. Livermore, CO 80536</u>	<u>4 yrs</u>
(name)	(address)	(year term)
_____	_____	_____
(name)	(address)	(year term)
_____	_____	_____
(name)	(address)	(year term)
_____	_____	_____
(name)	(address)	(year term)

Signed by: *Diane M. Watkins, Diane M. Watkins, Byron M. Stough*
(member or members of the board of directors of the district)

Contact Person for the District: Diane M. Watkins, Director/Recording Sec

Telephone Number of the District: 970 472-5592 (unstaffed) or 970 482-6508 (WATKIN)

Address of the District: PO Box 28, Livermore CO 80536

PROCEDURAL INSTRUCTIONS: Publish and post Notice of Cancellation in order to inform the electors of the District. Must post at all polling places, in the office of the Designated Election Official, County Clerk and Recorder, and file with the Division of Local Government.

ACORD TM **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
03/18/2010

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

INSURED
LIVERMORE FIRE PROTECTION DISTRICT
 PO BOX 28
 LIVERMORE CO 80536

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:	

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	TR-2052717-3	04/01/10	04/01/11	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)	\$ 10,000
						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					
		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				WC STATUTORY LIMITS	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	TR-2052717-3	04/01/10	04/01/11		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 Purpose is to show coverages under Commercial Crime: 4 Directors at \$10,000 each and 1 Treasurer at \$50,000. All with faithful performance.

CERTIFICATE HOLDER	CANCELLATION
DEPARTMENT OF LOCAL AFFAIRS	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, IT'S AGENTS OR REPRESENTATIVES.
Attention:	AUTHORIZED REPRESENTATIVE  Antonia T. Spence

IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.