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**CANVASS BOARD'S
CERTIFICATE OF OFFICIAL ABSTRACT OF VOTES CAST
(CERTIFICATE OF RESULTS)**

**FOR THE REGULAR ELECTION HELD ON MAY 4, 2010
PLATTE VALLEY FIRE PROTECTION DISTRICT
WELD COUNTY, COLORADO**

1-10-203, 1-11-103, and 32-1-104(1), CRS

East of the undersigned members of the Board of Canvassers of the PLATTE VALLEY FIRE PROTECTION DISTRICT certifies that the following is a true and correct statement of the results of the Regular Election for the above-named District, at which time the eligible electors of the District voted as indicated on the attached Judges' Certificate of Election Returns, and as a result of which the eligible electors elected to office the following Directors:

<u>Name</u>	<u>Address</u>	<u>4 Year Term</u>
Arthur Guttersen	17506 CR 57, Kersey, CO 80644	2010-2014
Daniel Buderus	19712 CR 50.5, La Salle, CO 80645	2010-2014
Barry Wells	1909 74 th Ave., Greeley, CO 80634	2010-2014

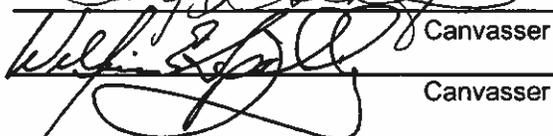
Arthur Guttersen Number of votes for: 31
 Daniel Buderus Number of votes for: 35
 Barry Wells Number of votes for: 30

The votes cast for and against each ballot issue and ballot question submitted were as follows:

CERTIFIED this 5th day of May, 2010.



 Designated Election Official


 Canvasser


 Canvasser

Contact Person for the District:
Business Address of the District:

Barry Schaefer
PO Box 448
Kersey, CO 80644

Telephone Number:

(970) 353-3890

PROCEDURAL INSTRUCTIONS: The canvassers meet to survey the returns and certify the results. They do not recount the ballots, unless there is a formal recount. No later than seven days after the election, the canvass board shall certify the official abstract of votes cast which the DEO uses to certify the election (results). This form must be filed with the Division of Local Government within 30 days after the election and must be posted in the office of the DEO. The DEO shall notify the candidates of their election; after the oath and bond are filed, the DEO shall make and deliver a formal certificate to the elected directors.

JUDGES' UNOFFICIAL ABSTRACT OF THE COUNT OF VOTES

1-7-602, C.R.S.

For the regular election held for Platte Valley Fire Protection District on Tuesday, May 4, 2010.

Total number of provisional ballots cast, unverified and not counted: 0 (1-8.5-110(3) C.R.S.)

Ballots counted for the following candidates for Special District Director:

Candidates for 4-Year Term	Votes Counted for This Candidate:
<u>W. Jeffrey Gardner</u>	<u>8</u>
<u>Arthur Gutteresen</u>	<u>31</u>
<u>Daniel Buderms</u>	<u>35</u>
<u>BARRY Wells</u>	<u>30</u>

Dated this 4th of May, 2010.

E. Johann Werner Election Judge
Leslie N Werner Election Judge
_____ Election Judge

PROCEDURAL INSTRUCTIONS: Immediately upon completion of the counting, the polling place judge posts the abstract in a conspicuous place (which can be seen from the outside of the polling place). The Abstract may be removed after 48 hours following the election. Use for polling place and mail ballot elections.

ACORD
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/13/2010

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
PLATTE VALLEY FIRE PROTECTION DISTRICT
P.O. BOX 448
KERSEY CO 80644

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 type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input 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-2060851-2	12/15/09	12/15/10	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000					
	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					
		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 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				WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE-EA EMPLOYEE	\$
						E.L. DISEASE-POLICY LIMIT	\$
A		OTHER: CRIME COVERAGE	TR-2060851-2	12/15/09	12/15/10		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
Purpose is to show coverages under Crime Coverage for 4 Directors each at \$1,000 and 1 Treasurer at \$100,000. All with Faithful Performance.

CERTIFICATE HOLDER

DIVISION OF LOCAL AFFAIRS

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

Antonia I. Spence
Antonia I. Spence

Attention:

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.

