





**BOARD OF DIRECTOR  
OATH OF OFFICE**

§32-1-901, C.R.S., and  
Colorado Constitution Article 12, §9

STATE OF COLORADO

LARIMER COUNTY

**RED FEATHER LAKES FIRE PROTECTION DISTRICT**

I, Teresa S. Valenta, 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 the Red Feather Lakes Fire Protection District, upon which I am about to enter.

Teresa S. Valenta  
(Signature of oath taker)

Subscribed and sworn to before me this 31 day of May, 2010.

By: Jim J. Mander  
(Person authorized to administer oaths, i.e. County Clerk and Recorder, Clerk of the Court, Chairman of the Board of Directors, or any other person authorized to administer oaths)

Chairman of Board

**IF SWORN OR AFFIRMED BEFORE A NOTARY THE FOLLOWING SHOULD BE COMPLETED.**

STATE OF COLORADO )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(notary commission expiration)

\_\_\_\_\_  
(notary signature)

SEAL

**PROCEDURAL INSTRUCTIONS:** The oath must be taken within 30 days after the election or appointment to fill a vacancy. A copy of the executed oath must be filed with the Clerk of the Court, the Clerk and Recorder of every county in which the district extends and with the Division of Local Government. If this is the oath of an appointed director, inform the Division which director was replaced. The oaths and proof of current surety bond must be electronically filed with the District Court.

BOARD OF DIRECTOR  
OATH OF OFFICE

§32-1-901, C.R.S., and  
Colorado Constitution Article 12, §9

STATE OF COLORADO

LARIMER COUNTY

RED FEATHER LAKES FIRE PROTECTION DISTRICT

I, JAMES I. MICHTALKA, 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 the Red Feather Lakes Fire Protection District, upon which I am about to enter.

[Signature]  
(Signature of oath taker)

Subscribed and sworn to before me this \_\_\_\_\_ day of May, 2010.

By: \_\_\_\_\_  
(Person authorized to administer oaths, i.e. County Clerk and Recorder, Clerk of the Court, Chairman of the Board of Directors, or any other person authorized to administer oaths)

IF SWORN OR AFFIRMED BEFORE A NOTARY THE FOLLOWING SHOULD BE COMPLETED.

STATE OF COLORADO )  
COUNTY OF Larimer ) ss.

Subscribed and sworn to before me this 28<sup>th</sup> day of May, 2010.

8/24/13  
(notary commission expiration)



Desiree Smith  
(notary signature)

SEAL

PROCEDURAL INSTRUCTIONS: Oath must be taken within 30 days after the election or appointment to fill a vacancy. A copy of the executed oath must be filed with the Clerk of the Court, the Clerk and Recorder of every county in which the district extends and with the Division of Local Government. The appointed director, inform the Division which director was replaced. The oaths and proof of current surety bond must be electronically filed with the District Court.

**NOTICE OF CANCELLATION  
CERTIFICATE OF ELECTION RESULTS**

§1-5-208(1.5), 32-1-104, C.R.S.

**NOTICE IS HEREBY GIVEN** by the RED FEATHER LAKES FIRE PROTECTION District, LARIMER County, Colorado, that at the close of business on the sixty-third day before the election, there were not more candidates for director than offices to be filled, including candidates filing affidavits of intent to be write-in candidates; therefore, the election to be held on May 4, 2010 is hereby canceled pursuant to § 1-5-208(1.5), C.R.S.

The following candidates are hereby deemed elected by acclamation:

<u>JIM MICHALKA</u> (name)	<u>4 YEAR</u> (4 year term)	until May 2014
<u>TERRI VALENTA</u> (name)	<u>4 YEAR</u> (4 year term)	until May 2014
<u>DON SAILORS</u> (name)	<u>4 YEAR</u> (4 year term)	until May 2014
<u>DEAN VANBUSKIRK</u> (name)	<u>2 YEAR</u> (2 year term)	until May 2012

**CERTIFIED** this 3<sup>rd</sup> day of March, 2010.

*Connie S Robinson*  
(Signature of the Designated Election Official)

CONNIE ROBINSON 970-881-2024  
(DEO's Printed Name and Telephone Number)

Contact Person for the District: CONNIE ROBINSON  
Telephone Number of the District: 970-881-2024  
District Facsimile Number:  
Address of the District: 44 FIREHOUSE LANE

District Email:

**PROCEDURAL INSTRUCTIONS:** Publish and post at all polling places, in the office of the Designated Election Official, and in the office of the County Clerk and Recorder. File a copy of this notice with the resolution canceling the election, oaths of office, and a current surety bond for each director with the Division of Local Government, 1313 Sherman St., Rm., 521, Denver, CO 80203 no later than 30 days after the date of the regular election. The DEO shall notify all candidates that the election was cancelled and that they have been elected by acclamation. The original notice is to be kept on file with the special district as part of the official election records.

<b>ACORD</b> <small>TM.</small> <b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 06/02/2010
PRODUCER Phone: (970) 888-7120 Fax: (970) 898-7131 <b>EARL MCFARLAND INSURANCE AGENCY INC.</b> 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 <b>RED FEATHER LAKES FIRE PROTECTION DISTRICT</b> PO BOX 87 RED FEATHER LAKES CO 8064S		INSURER A: <b>American Alternative Insurance Company</b> 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.						
INBR LTR	ADDL INBRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" 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-2052337-3	04/01/10	04/01/11	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 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				IWC STATU-TORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
A		OTHER: Commercial Crime	TR-2052337-3	04/01/10	04/01/11	

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS**  
 The purpose is to show coverages under Commercial Crime for PEBB at \$10,000, 4 Directors each at \$10,000 and 1 Treasurer at \$10,000; all with Faithful Performance.

<b>CERTIFICATE HOLDER</b> DEPARTMENT OF LOCAL AFFAIRS DIVISION OF LOCAL GOVERNMENT	<b>CANCELLATION</b> 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.
Attention:	AUTHORIZED REPRESENTATIVE <i>Antonia T. Spence</i> 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.