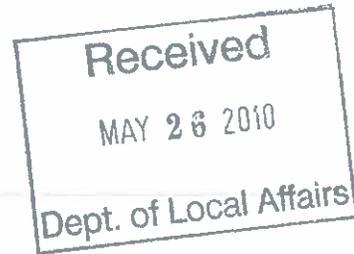


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26021

## Reserve Metropolitan District No.2

May 25, 2010

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



Gunnison County Clerk & Recorder  
221 N. Wisconsin, Ste C  
Gunnison, CO 81230

Re: Reserve Metropolitan District No.2

Dear Sir or Madam:

Attached for your files are copies of the Canvass Board Certificate of Election Results, 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 blue ink that reads "Debbie Braucht".

Debbie Braucht, Asst District Admin

cc: White, Bear and Ankele, PC

Enclosures

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

**FOR THE REGULAR ELECTION HELD ON MAY 4, 2010  
RESERVE METROPOLITAN DISTRICT NO.2  
GUNNISON COUNTY, COLORADO**

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

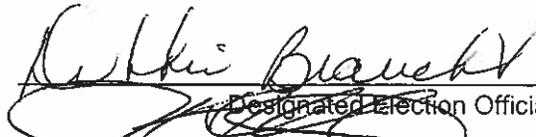
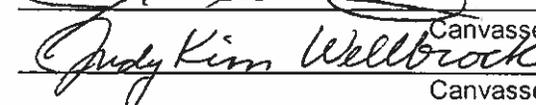
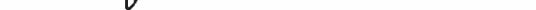
Each of the undersigned members of the Canvass Board of the Reserve Metropolitan District No.2 certifies that the following is a true and correct abstract of the votes cast at the regular election Of the Reserve Metropolitan District No.2, at which time the eligible electors of the Reserve Metropolitan District No.2 voted as indicated on the attached Judges' Certificate of Election Returns, and as a result of which the eligible electors elected to the office the following Directors:

<u>Michael Kraatz</u> Name	PO Box 5700 Crested Butte, CO 81225	4 - Year Term
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<u>J Kendall Stone</u> Name	PO Box 5700 Crested Butte, CO 81225	4 - Year Term
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<u>Erica Mueller</u> Name	PO Box 5700 Crested Butte, CO 81225	2- Year Term
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CERTIFIED this 5<sup>th</sup> day of May, 2010.

 _____ Designated Election Official
 _____ Canvasser
 _____ Canvasser

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

Debbie Braucht  
28 Second Street, Ste 213  
Edwards, CO 81632  
(970) 926-6060 ext 5

Telephone Number:

**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.

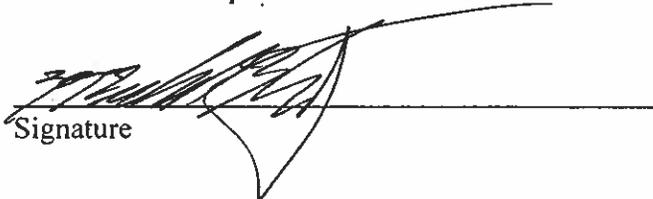




DISTRICT COURT COUNTY OF GUNNISON, COLORADO Court Address: 200 East Virginia Avenue Gunnison, Colorado 81230 Telephone No.: (970) 641-3500	
Petitioner:  <b>IN THE MATTER OF RESERVE METROPOLITAN          DISTRICT NO. 2, GUNNISON COUNTY, COLORADO</b>	▲ COURT USE ONLY ▲
Attorneys for Petitioner: Attorney: Gary R. White, Esq. Clint C. Waldron, Esq. Address: WHITE, BEAR & 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: <a href="mailto:gwhite@wbapc.com">gwhite@wbapc.com</a> 36689 <a href="mailto:cwaldron@wbapc.com">cwaldron@wbapc.com</a>	Case No: 00 CV 94  Div:                      Ctrm:
<b>OATH OF OFFICE – MICHAEL KRAATZ          RESERVE METROPOLITAN DISTRICT NO. 2</b>	

STATE OF COLORADO            )  
   )  
 COUNTY OF ARAPAHOE        )      ss.

I, Michael Kraatz, 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 Reserve Metropolitan District No. 2 upon which I am about to enter.

  
 \_\_\_\_\_  
 Signature



DISTRICT COURT COUNTY OF GUNNISON, COLORADO Court Address: 200 East Virginia Avenue Gunnison, Colorado 81230 Telephone No.: (970) 641-3500	
Petitioner:  <b>IN THE MATTER OF RESERVE METROPOLITAN          DISTRICT NO. 2, GUNNISON COUNTY, COLORADO</b>	▲ COURT USE ONLY ▲
Attorneys for Petitioner: Attorney: Gary R. White, Esq. Clint C. Waldron, Esq. Address: WHITE, BEAR & 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: <a href="mailto:gwhite@wbapc.com">gwhite@wbapc.com</a> 36689 <a href="mailto:cwaldron@wbapc.com">cwaldron@wbapc.com</a>	Case No: 00 CV 94  Div:                      Ctrm:
<b>OATH OF OFFICE – J. KENDALL STONE          RESERVE METROPOLITAN DISTRICT NO. 2</b>	

STATE OF COLORADO            )  
   )  
 COUNTY OF ARAPAHOE        )            ss.

I, J. Kendall Stone, 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 Reserve Metropolitan District No. 2 upon which I am about to enter.

  
 \_\_\_\_\_  
 Signature



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/22/2009

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 Reserve Metropolitan District No. 2  
DBA: c/o Robertson & Marchetti, P.C.  
28 Second Street, 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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		<b>GENERAL LIABILITY</b> <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	\$
		<b>AUTOMOBILE LIABILITY</b> <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)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				BODILY INJURY (Per accident)	\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				PROPERTY DAMAGE (Per accident)	\$
A		<b>OTHER</b> <b>Position Schedule Bond</b>	16064513	01/01/2010	01/01/2013	AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
						EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
						WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
						<b>5 Directors @ \$1,000 Each</b> <b>1 Treasurer @ \$5,000</b>	

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

## CERTIFICATE HOLDER

Reserve Metropolitan District #2  
c/o Robertson Marchetti, PC  
28 Second Street Suite 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*