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PINNACLE
CONSULTING GROUP, INC.

Received
JUN 02 2010
Dept. of Local Affairs

May 28, 2010

Casey Laycock
Department of Local Affairs
Division of Local Government
1313 Sherman Street, Room 521
Denver, CO 80203

Dear Ms. Laycock:

Enclosed please find the Notice of Cancellation, Oaths of Office, and Bond information for Sable Altura Fire Protection District as per your email request.

Should you have any questions, please contact me at 970-669-361.

Sincerely,

Kammy Tinney
Pinnacle Consulting Group, Inc.

5110 Granite Street • Suite C • Loveland, CO 80538
Phone 970.669.3611 • Fax 970.669.3612
www.pinnacleconsultinggroupinc.com

DISTRICT COURT, COUNTY OF ADAMS, COLORADO 1100 Justice Center Drive Brighton, CO 80601	
IN RE THE MATTER OF THE SABLE-ALTURA FIRE PROTECTION DISTRICT, ADAMS COUNTY AND ARAPAHOE COUNTY, COLORADO	▲COURT USE ONLY▲
Dino A. Ross, Esq. Ireland, Stapleton, Pryor & Pasco, P.C. 1675 Broadway, Suite 2600 Denver, CO 80202 Phone: 303-623-2700 Fax: 303-3722 Email: dross@irelandstapleton.com	Case No. CV22061 Div.: Ctrm.:

OATH OF OFFICE

I, Dale Barnes, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and faithfully perform the duties of the office of Director of Sable-Altura Fire Protection District upon which I am about to enter.

Signed: Dale Barnes
Dale Barnes

Subscribed and sworn to before me this 6th day of May, 2010.

By: Kammy K Tinnon
Signature of Person Administering Oath

Kammy K Tinnon, Notary
*Title of Person Administering Oath

* Persons authorized to administer oaths: County Clerk and Recorder, Clerk of the Court, Notary Public or Chairman of the Board of Directors

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

STATE OF COLORADO)
) ss.
ADAMS COUNTY AND ARAPAHOE COUNTY
OF COLORADO)

Subscribed and sworn to before me this 6th day of May, 2010.

My commission expires: 10.10.2012

{NOTARY SEAL}

KAMMY K TINNEY
NOTARY PUBLIC
STATE OF COLORADO

Notary Public

POLICY NUMBER: MEPK05899605

IL DS 00 09 08

COMMON POLICY DECLARATIONS

Arch Insurance Company 3100 Broadway Kansas City, MO 64111 Phone: 800-821-5546	McNeil & Company Inc. PO Box 5670 20 Church Street Cortland, NY 13045

NAMED INSURED: Sable-Altura Fire Protection District

MAILING ADDRESS: 26900 East Colfax Ave Space 52
Aurora, CO 80018

POLICY PERIOD: FROM 01/01/2010 TO 01/01/2011 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION	Fire District

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART	$
COMMERCIAL AUTOMOBILE COVERAGE PART	$ Incl.
COMMERCIAL GENERAL LIABILITY COVERAGE PART	$ Incl.
COMMERCIAL INLAND MARINE COVERAGE PART	$
COMMERCIAL LIABILITY UMBRELLA	$
COMMERCIAL PROPERTY COVERAGE PART	$ Incl.
CRIME AND FIDELITY COVERAGE PART	$ Incl.
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART	$
EQUIPMENT BREAKDOWN COVERAGE PART	$
FARM COVERAGE PART	$
LIQUOR LIABILITY COVERAGE PART	$
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART	$
POLLUTION LIABILITY COVERAGE PART	$
	$
TOTAL:	$ 18,875

Premium shown is payable: $_____ at inception. $ _____

Commercial Property	TRIA	$94.00
General Liability	TRIA	$8.00

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FORMS APPLICABLE TO ALL COVERAGE PARTS (SHOW NUMBERS):
See GU 207

Countersigned: 01/28/2010	By:
(Date)	(Authorized Representative)

McNeil & Company, Inc.

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

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CRIME AND FIDELITY COVERAGE PART DECLARATIONS (COMMERCIAL ENTITIES)

The Crime And Fidelity Coverage Part (Commercial Entities) consists of this Declarations Form and the Commercial Crime Coverage Form.

Coverage Is Written:

X **Primary** **Excess** **Coindemnity** **Concurrent**

Employee Benefit Plan(s) Included As Insureds:

Insuring Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft	$ $10,000	$ NA
2. Forgery Or Alteration	Not Covered	
3. Inside The Premises -- Theft Of Money And Securities	Not Covered	
4. Inside The Premises -- Robbery Or Safe Burglary Of Other Property	Not Covered	
5. Outside The Premises	Not Covered	
6. Computer Fraud	Not Covered	
7. Funds Transfer Fraud	Not Covered	
8. Money Orders And Counterfeit Money	Not Covered	

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

If Added By Endorsement:

Insuring Agreement(s)	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
Employee Theft Schedule	$ See Schedule	$N/A

Endorsements Forming Part Of This Coverage Part When Issued: See attached form GU207

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Cancellation Of Prior Insurance Issued By Us:
By acceptance of this Coverage Part you give us notice cancelling prior policy Nos. ; the cancellation to be effective at the time this Coverage Part becomes effective.

Countersignature Of Authorized Representative
Name: McNeil & Company, Inc.
Title: President
Signature:
Date: 01/28/2010

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