

NOTICE OF CANCELLATION

1-5-208(1.5), 32-1-104, C.R.S.

NOTICE IS HEREBY GIVEN by the Woodmen Valley Fire Protection District, El Paso 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 4th, 2010 is hereby canceled pursuant to section 1-5-208(1.5), C.R.S.

The following candidates are hereby declared elected:

Christopher Tarpley _____ 4 until May, 20 14
(name) (2 or 4 year term)

Kathleen Walker _____ 4 until May, 20 14
(name) (2 or 4 year term)

_____ until May, 20 ____
(name) (2 or 4 year term)

_____ until May, 20 ____
(name) (2 or 4 year term)


(Signature of the Designated Election Official)

Steven E. Black
(DEO's Printed Name)

Contact Person for the District: Steven E. Black
Telephone Number of the District: 719-598-2303
Address of the District: 1150 West Woodman Road, Colorado Springs, CO 80919
District Facsimile Number: 719-522-9666
District Email: steven.black@usafa.edu

PROCEDURAL INSTRUCTIONS: Publish (CRS 1-1-104(34) publication defined) 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 faithful performance 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 board or 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.



Woodmen Valley Fire Protection District

1150 West Woodmen Road, Colorado Springs, CO 80919

Phone/FAX 719-522-9666

Designated Election Official

Steven E. Black

Copy

March 3, 2010

Colorado Secretary of State
1700 Broadway, Suite 200
Denver, CO 80290
Phone 303-894-2200
FAX 303-869-4861
elections@sos.state.co.us

Rgdg: 2010 Election Cancellation and Mail Ballot Plan Extension

Dear SOS,

Woodmen Valley Fire Protection District (WVFPD) planned a May 2010 mail ballot election to elect two directors for its Board of Directors. On February 23, 2010 I requested an extension for the District's mail ballot plan. You granted that extension the following day.

As of March 3, 2010 we have only received two nominations for the two open positions. As a result, I have canceled the election and will not need a mail ballot.

For your reference, I've attached my Notice of Cancellation and Election Certification document. I have notified the newly elected directors and will send in their oaths of office and proof of insurance after they are sworn in at our next regularly scheduled Board of Directors meeting on April 8, 2010.

If you have any questions, please feel free to contact me during the day at 719-598-2303, by fax at 719-522-9666, or by email at steven.black@usafa.edu.

Thank you for your assistance,

Steven E. Black
Designated Election Official
Woodmen Valley Fire Protection District

ACORD TM. **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
12/15/2009

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

INSURED
WOODMEN VALLEY FIRE PROTECTION DISTRICT
 1150 WEST WOODMEN ROAD
 COLORADO SPRINGS CO 80919

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" 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	TR2054368-2	06/15/09	06/15/10	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 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				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">WC STATUTORY LIMITS</th> <th style="width: 40%;">OTHER</th> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE-EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE-POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE-EA EMPLOYEE	\$	E.L. DISEASE-POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE-EA EMPLOYEE	\$													
E.L. DISEASE-POLICY LIMIT	\$													
A		OTHER: Commercial Crime Coverage	TR2054368-2	06/15/09	06/15/10									

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 The purpose is to show coverage under Commerical Crime, 5 Directors at \$5,000 each and 1 Treasurer at \$50,000. All with Faithful Performance.

CERTIFICATE HOLDER COLORADO DIVISION OF LOCAL GOVERNMENT DEPARTMENT OF LOCAL AFFAIRS Attention:	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 <div style="text-align: right; margin-top: 10px;"> Antonia T. Spence </div>
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