

APPLICATION FOR EXEMPTION FROM AUDIT**SHORT FORM**NAME OF GOVERNMENT
ADDRESS

Trails at Crowfoot Metropolitan District No. 2

8390 E Crescent Parkway

Suite 300

Greenwood Village, CO 80111

CONTACT PERSON

Gigi Pangindian

PHONE

303-779-5710

EMAIL

Gigi.Pangindian@claconnect.com

FAX

303-779-0348

For the Year Ended
12/31/19
or fiscal year ended:**PART 1 - CERTIFICATION OF PREPARER**

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME:

Gigi Pangindian

TITLE

Accountant for the District

FIRM NAME (if applicable)

CliftonLarsonAllen LLP

ADDRESS

8390 E Crescent Parkway, Suite 300, Greenwood Village, CO 80111

PHONE

303-779-5710

DATE PREPARED

3/9/2020

PREPARER (SIGNATURE REQUIRED)

SEE ATTACHED ACCOUNTANT'S COMPILATION REPORT

Please indicate whether the following financial information is recorded
using Governmental or Proprietary fund types**GOVERNMENTAL**
(MODIFIED ACCRUAL BASIS)**PROPRIETARY**
(CASH OR BUDGETARY BASIS)

PART 2 - REVENUE

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

| Line# | Description | Round to nearest Dollar | |
|-------|--|-------------------------|---|
| 2-1 | Taxes: Property (report mills levied in Question 10-6) | \$ | 3 |
| 2-2 | Specific ownership | \$ | - |
| 2-3 | Sales and use | \$ | - |
| 2-4 | Other (specify): | \$ | - |
| 2-5 | Licenses and permits | \$ | - |
| 2-6 | Intergovernmental: Grants | \$ | - |
| 2-7 | Conservation Trust Funds (Lottery) | \$ | - |
| 2-8 | Highway Users Tax Funds (HUTF) | \$ | - |
| 2-9 | Other (specify): | \$ | - |
| 2-10 | Charges for services | \$ | - |
| 2-11 | Fines and forfeits | \$ | - |
| 2-12 | Special assessments | \$ | - |
| 2-13 | Investment income | \$ | - |
| 2-14 | Charges for utility services | \$ | - |
| 2-15 | Debt proceeds (should agree with line 4-4, column 2) | \$ | - |
| 2-16 | Lease proceeds | \$ | - |
| 2-17 | Developer Advances received (should agree with line 4-4) | \$ | - |
| 2-18 | Proceeds from sale of capital assets | \$ | - |
| 2-19 | Fire and police pension | \$ | - |
| 2-20 | Donations | \$ | - |
| 2-21 | Other (specify): | \$ | - |
| 2-22 | | \$ | - |
| 2-23 | | \$ | - |
| 2-24 | (add lines 2-1 through 2-23) TOTAL REVENUE | \$ | 3 |

Please use this space to provide any necessary explanations

PART 3 - EXPENDITURES/EXPENSES

EXPENDITURES: All expenditures for all funds must be reflected in this section, including the purchase of capital assets and principal and interest payments on long-term debt. Financial information will not include fund equity information.

| Line# | Description | Round to nearest Dollar | |
|-------|---|-------------------------|---|
| 3-1 | Administrative | \$ | - |
| 3-2 | Salaries | \$ | - |
| 3-3 | Payroll taxes | \$ | - |
| 3-4 | Contract services | \$ | - |
| 3-5 | Employee benefits | \$ | - |
| 3-6 | Insurance | \$ | - |
| 3-7 | Accounting and legal fees | \$ | - |
| 3-8 | Repair and maintenance | \$ | - |
| 3-9 | Supplies | \$ | - |
| 3-10 | Utilities and telephone | \$ | - |
| 3-11 | Fire/Police | \$ | - |
| 3-12 | Streets and highways | \$ | - |
| 3-13 | Public health | \$ | - |
| 3-14 | Culture and recreation | \$ | - |
| 3-15 | Utility operations | \$ | - |
| 3-16 | Capital outlay | \$ | - |
| 3-17 | Debt service principal (should agree with Part 4) | \$ | - |
| 3-18 | Debt service interest | \$ | - |
| 3-19 | Repayment of Developer Advance Principal (should agree with line 4-4) | \$ | - |
| 3-20 | Repayment of Developer Advance Interest | \$ | - |
| 3-21 | Contribution to pension plan (should agree to line 7-2) | \$ | - |
| 3-22 | Contribution to Fire & Police Pension Assoc. (should agree to line 7-2) | \$ | - |
| 3-23 | Other (specify): | \$ | - |
| 3-24 | County Treasurer's Fees | \$ | - |
| 3-25 | Transfer to Trails at Crowfoot Metropolitan District No. 3 | \$ | 3 |
| 3-26 | (add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSES | \$ | 3 |

Please use this space to provide any necessary explanations

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - **STOP**. You may not use this form. Please use the "Application for Exemption from Audit - LONG FORM".

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes.

- | | Yes | No |
|---|--------------------------|-------------------------------------|
| 4-1 Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment Schedule. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-2 Is the debt repayment schedule attached? If no, MUST explain: N/A | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-3 Is the entity current in its debt service payments? If no, MUST explain: N/A | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers) | Outstanding at end of prior year* | Issued during year | Retired during year | Outstanding at year-end |
|--|-----------------------------------|--------------------|---------------------|-------------------------|
| General obligation bonds | \$ - | \$ - | \$ - | \$ - |
| Revenue bonds | \$ - | \$ - | \$ - | \$ - |
| Notes/Loans | \$ - | \$ - | \$ - | \$ - |
| Leases | \$ - | \$ - | \$ - | \$ - |
| Developer Advances | \$ - | \$ - | \$ - | \$ - |
| Other (specify): | \$ - | \$ - | \$ - | \$ - |
| TOTAL | \$ - | \$ - | \$ - | \$ - |

*must tie to prior year ending balance

Please answer the following questions by marking the appropriate boxes.

- | | Yes | No | | | | |
|---|---|-------------------------------------|---------------------|--|-----------|--|
| 4-5 Does the entity have any authorized, but unissued, debt? If yes: How much? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | |
| Date the debt was authorized: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: right;">\$ 1,589,380,000.00</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: right;">11/3/2015</td> <td></td> </tr> </table> | | \$ 1,589,380,000.00 | | 11/3/2015 | |
| \$ 1,589,380,000.00 | | | | | | |
| 11/3/2015 | | | | | | |
| 4-6 Does the entity intend to issue debt within the next calendar year? If yes: How much? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| What is the amount outstanding? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: right;">\$ -</td> <td style="width: 50%;"></td> </tr> </table> | | \$ - | | | |
| \$ - | | | | | | |
| 4-7 Does the entity have debt that has been refinanced that it is still responsible for? If yes: What is the amount outstanding? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| What is the amount outstanding? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: right;">\$ -</td> <td style="width: 50%;"></td> </tr> </table> | | \$ - | | | |
| \$ - | | | | | | |
| 4-8 Does the entity have any lease agreements? If yes: What is being leased? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| What is the original date of the lease? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table> | | | | | |
| | | | | | | |
| Number of years of lease? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table> | | | | | |
| | | | | | | |
| Is the lease subject to annual appropriation? | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| What are the annual lease payments? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: right;">\$ -</td> <td style="width: 50%;"></td> </tr> </table> | | \$ - | | | |
| \$ - | | | | | | |

Please use this space to provide any explanations or comments:

PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances.

| | Amount | Total |
|---|--------|-------|
| 5-1 YEAR-END Total of ALL Checking and Savings Accounts | \$ - | |
| 5-2 Certificates of deposit | \$ - | |
| Total Cash Deposits | | |
| Investments (if investment is a mutual fund, please list underlying investments): | | \$ - |
| | \$ - | |
| | \$ - | |
| | \$ - | |
| | \$ - | |
| Total Investments | | \$ - |
| Total Cash and Investments | | \$ - |

Please answer the following questions by marking in the appropriate boxes

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|-------------------------------------|
| 5-4 Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5-5 Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If no, MUST use this space to provide any explanations:

PART 6 - CAPITAL ASSETS

Please answer the following questions by marking in the appropriate boxes.

Yes No

- 6-1 Does the entity have capital assets? Yes No
- 6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.,? If no, MUST explain: The District currently has no capital assets. Yes No

6-3 Complete the following capital assets table:

| | Balance - beginning of the year* | Additions (Must be included in Part 3) | Deletions | Year-End Balance |
|--------------------------------|----------------------------------|--|-------------|------------------|
| Land | \$ - | \$ - | \$ - | \$ - |
| Buildings | \$ - | \$ - | \$ - | \$ - |
| Machinery and equipment | \$ - | \$ - | \$ - | \$ - |
| Furniture and fixtures | \$ - | \$ - | \$ - | \$ - |
| Infrastructure | \$ - | \$ - | \$ - | \$ - |
| Construction In Progress (CIP) | \$ - | \$ - | \$ - | \$ - |
| Other (explain): | \$ - | \$ - | \$ - | \$ - |
| Accumulated Depreciation | \$ - | \$ - | \$ - | \$ - |
| TOTAL | \$ - | \$ - | \$ - | \$ - |

Please use this space to provide any explanations or comments:

PART 7 - PENSION INFORMATION

Please answer the following questions by marking in the appropriate boxes.

Yes No

- 7-1 Does the entity have an "old hire" firemen's pension plan? Yes No
- 7-2 Does the entity have a volunteer firemen's pension plan? Yes No
- If yes: Who administers the plan?

Indicate the contributions from:

| | |
|----------------------------------|-------------|
| Tax (property, SO, sales, etc.): | \$ - |
| State contribution amount: | \$ - |
| Other (gifts, donations, etc.): | \$ - |
| TOTAL | \$ - |

What is the monthly benefit paid for 20 years of service per retiree as of Jan \$ -

Please use this space to provide any explanations or comments:

PART 8 - BUDGET INFORMATION

Please answer the following questions by marking in the appropriate boxes.

Yes No N/A

- 8-1 Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.? Yes No N/A
-
- 8-2 Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain: Yes No N/A

If yes: Please indicate the amount budgeted for each fund for the year reported:

| Fund Name | Budgeted Expenditures/Expenses |
|--------------|--------------------------------|
| General Fund | \$ 50,000 |
| | |
| | |
| | |

PART 9 - TAXPAYER'S BILL OF RIGHTS (TABOR)

Please answer the following question by marking in the appropriate box

Yes

No

9-1 Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?

Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.

If no, MUST explain:

PART 10 - GENERAL INFORMATION

Please answer the following questions by marking in the appropriate boxes.

Yes

No

10-1 Is this application for a newly formed governmental entity?

10-1

If yes: Date of formation:

10-2 Has the entity changed its name in the past or current year?

If yes: Please list the NEW name & PRIOR name:

See Below

10-3 Is the entity a metropolitan district?

Please indicate what services the entity provides:

See Below

10-4 Does the entity have an agreement with another government to provide services?

If yes: List the name of the other governmental entity and the services provided:

See Below

10-5 Has the district filed a *Title 32, Article 1 Special District Notice of Inactive Status* during

If yes: Date Filed:

10-6 Does the entity have a certified Mill Levy?

If yes:

Please provide the following mills levied for the year reported (do not report \$ amounts):

| | |
|-----------------------|---------------|
| Bond Redemption mills | - |
| General/Other mills | 35.000 |
| Total mills | 35.000 |

| | |
|-----------------------|---------------|
| Bond Redemption mills | - |
| General/Other mills | 35.000 |
| Total mills | 35.000 |

Please use this space to provide any explanations or comments:

10-2: The new District name is Trails at Crowfoot Metropolitan District No. 2. The prior District name was Hess Ranch Metropolitan District No. 2.

10-3: Street improvements, parks and recreation, water, sanitation, public transportation, mosquito control, traffic and safety control, fire protection, television relay and translation, and security.

10-4: Under the Amended and Restated District Operating Agreement, the District operates in conjunction with Trails at Crowfoot Metropolitan District Nos. 1 and 3 whereby District No. 3 will act as the Operating District and the District and District No. 1 will operate as the Pledge Districts and will pay District No. 3 for Capital Costs and for Service Costs on an annual basis.

PART 11 - GOVERNING BODY APPROVAL

| Please answer the following question by marking in the appropriate box | | YES | NO |
|--|--|-------------------------------------|--------------------------|
| 12-1 | If you plan to submit this form electronically, have you read the new Electronic Signature Policy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Office of the State Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and Procedure

Policy - Requirements

The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as DocuSign or Echosign. Required elements and safeguards are as follows:

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
- Office of the State Auditor staff will not coordinate obtaining signatures.

The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following three methods:

- 1) Submit the application in hard copy via the US Mail including original signatures.
- 2) Submit the application electronically via email and either,
 - a. Include a copy of an adopted resolution that documents formal approval by the Board, **or**
 - b. Include electronic signatures obtained through a software program such as DocuSign or Echosign in accordance with the requirements noted above.

| Print the names of ALL members of current governing body below. | | A MAJORITY of the members of the governing body must complete and sign in the column below. |
|---|---|---|
| Board Member 1 | Print Board Member's Name Christopher Elliott | I, Christopher Elliott, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed  Date: <u>3/23/2020</u> My term expires: May 2022 |
| Board Member 2 | Print Board Member's Name Corey Elliott | I, Corey Elliott, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed  Date: <u>3/23/2020</u> My term expires: May 2020 |
| Board Member 3 | Print Board Member's Name Christian Matt Janke | I, Christian Matt Janke, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term expires: May 2022 |
| Board Member 4 | Print Board Member's Name Sarah Hunsche | I, Sarah Hunsche, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed  Date: <u>3/23/2020</u> My term expires: May 2020 |
| Board Member 5 | Print Board Member's Name | I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____ |
| Board Member 6 | Print Board Member's Name | I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____ |
| Board Member 7 | Print Board Member's Name | I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____ |



CliftonLarsonAllen

CliftonLarsonAllen LLP
www.CLACONnect.com

Accountant's Compilation Report

Board of Directors
Trails at Crowfoot Metropolitan District No. 2
Douglas County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Trails at Crowfoot Metropolitan District No. 2 as of and for the year ended December 31, 2019, included in the accompanying prescribed form. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statements included in the accompanying prescribed form nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statements included in the accompanying prescribed form.

The Application for Exemption from Audit is presented in accordance with the requirements of the Colorado Office of the State Auditor, which differ from accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the Colorado Office of the State Auditor and is not intended to be and should not be used by anyone other than this specified party.

We are not independent with respect to Trails at Crowfoot Metropolitan District No. 2.

CliftonLarsonAllen LLP

Greenwood Village, Colorado
March 9, 2020

Certificate Of Completion

Envelope Id: 9CA627AC4004461096D032CA75ED5BAD

Status: Completed

Subject: Please DocuSign: TrailsatCrowfootMDNo.2_AuditExemption_2019.pdf

Client Name: Trails at Crowfoot Metropolitan District No. 2

Client Number: 011-045920-00

Source Envelope:

Document Pages: 8

Signatures: 3

Envelope Originator:

Certificate Pages: 5

Initials: 0

Alonso DuranRodriguez

AutoNav: Enabled

220 South 6th Street

Envelopeld Stamping: Enabled

Suite 300

Time Zone: (UTC-06:00) Central Time (US & Canada)

Minneapolis, MN 55402

Alonso.DuranRodriguez@claconnect.com

IP Address: 65.59.88.254

Record Tracking

Status: Original

Holder: Alonso DuranRodriguez

Location: DocuSign

3/23/2020 1:23:01 PM

Alonso.DuranRodriguez@claconnect.com

Signer Events

Christopher Elliott

cellriott@e5xmanagement.com

Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:
Christopher Elliott
FC7E3388A75D435...

Signature Adoption: Pre-selected Style

Using IP Address: 96.66.86.133

Timestamp

Sent: 3/23/2020 1:25:25 PM

Viewed: 3/23/2020 1:50:34 PM

Signed: 3/23/2020 1:50:44 PM

Electronic Record and Signature Disclosure:

Accepted: 3/23/2020 1:50:34 PM

ID: 32392bce-a7d3-4cd5-9c2f-1a4c76816d76

Corey Elliott

coreye@e5xmanagement.com

Security Level: Email, Account Authentication (None)

DocuSigned by:
Corey Elliott
6E573B3FDB0E43E...

Signature Adoption: Pre-selected Style

Using IP Address: 73.203.3.216

Sent: 3/23/2020 1:25:25 PM

Viewed: 3/23/2020 2:39:30 PM

Signed: 3/23/2020 2:39:50 PM

Electronic Record and Signature Disclosure:

Accepted: 3/23/2020 2:39:30 PM

ID: bfebdfb2-8e71-4c89-adc9-0c8e92d580c5

Sarah Hunsche

shunsche@e5xmanagement.com

Security Level: Email, Account Authentication (None)

DocuSigned by:
Sarah Hunsche
B2805CDB7C7D4B2...

Signature Adoption: Pre-selected Style

Using IP Address: 24.9.140.58

Sent: 3/23/2020 1:25:25 PM

Viewed: 3/23/2020 2:02:03 PM

Signed: 3/23/2020 2:19:53 PM

Electronic Record and Signature Disclosure:

Accepted: 3/23/2020 2:02:03 PM

ID: 8abab058-169f-4f64-8374-5adae29e2348

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

| | | |
|-------------------------------------|---------------|------------------|
| Intermediary Delivery Events | Status | Timestamp |
|-------------------------------------|---------------|------------------|

| | | |
|----------------------------------|---------------|------------------|
| Certified Delivery Events | Status | Timestamp |
|----------------------------------|---------------|------------------|

| | | |
|---------------------------|---------------|------------------|
| Carbon Copy Events | Status | Timestamp |
|---------------------------|---------------|------------------|

| | | |
|-----------------------|------------------|------------------|
| Witness Events | Signature | Timestamp |
|-----------------------|------------------|------------------|

| | | |
|----------------------|------------------|------------------|
| Notary Events | Signature | Timestamp |
|----------------------|------------------|------------------|

| | | |
|--------------------------------|---------------|-------------------|
| Envelope Summary Events | Status | Timestamps |
|--------------------------------|---------------|-------------------|

| | | |
|---------------------|------------------|----------------------|
| Envelope Sent | Hashed/Encrypted | 3/23/2020 1:25:25 PM |
| Certified Delivered | Security Checked | 3/24/2020 8:26:38 AM |
| Signing Complete | Security Checked | 3/24/2020 8:26:38 AM |
| Completed | Security Checked | 3/24/2020 8:26:38 AM |

| | | |
|-----------------------|---------------|-------------------|
| Payment Events | Status | Timestamps |
|-----------------------|---------------|-------------------|

| |
|---|
| Electronic Record and Signature Disclosure |
|---|

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, CliftonLarsonAllen LLP (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact CliftonLarsonAllen LLP:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: BusinessTechnology@CLAconnect.com

To advise CliftonLarsonAllen LLP of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at BusinessTechnology@CLAconnect.com and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to BusinessTechnology@CLAconnect.com and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with CliftonLarsonAllen LLP

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to BusinessTechnology@CLAconnect.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

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