# **APPLICATION FOR EXEMPTION FROM AUDIT**

## SHORT FORM

NAME OF GOVERNMENT
ADDRESS

8390 East Crescent Parkway
Suite 300
Greenwood Village, CO 80111-2814

CONTACT PERSON

Timnath Lakes Metropolitan District No. 2
Sustermood Village, CO 80111-2814

For the Year Ended
12/31/23
or fiscal year ended:

 PHONE
 303-779-5710

 EMAIL
 jason.carroll@claconnect.com

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: Jason Carroll

TITLE Accountant for the District

FIRM NAME (if applicable) CliftonLarsonAllen LLP

ADDRESS 8390 East Crescent Parkway, Suite 300, Greenwood Village, CO 80111-2814

PHONE 303-779-5710

000 110 0110			
PREPARER (SIGNATURE REQUIRED)			ATE PREPARED
SEE ATTACHED ACCOUNTANT'S COMPILATION REPORT			3/20/2024
Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	GOVERNI (MODIFIED ACC		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	Please use this
2-1	Taxes: Proper	rty (report mills levied in Question 10-6)	\$ 	space to provide
2-2	Specif	ic ownership	\$ 146	any necessary
2-3	Sales a	and use	\$ -	explanations
2-4	Other (	(specify): TIF	\$ 1,803	
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		\$ 9	
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 receiv	red (should agree with line 4-4)	\$ -	
2-18	Proceeds from sale of capit	tal 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	\$ 2,140	

## **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	PI	lease use this
3-1	Administrative		\$		pace to provide
3-2	Salaries		\$ -		ny necessary
3-3	Payroll taxes		\$ -	ex	xplanations
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	Capital outlay		\$ -		
3-15	Utility operations		\$ -		
3-16	Culture and recreation		\$ -		
3-17	Debt service principal	should agree with Part 4)	\$ -		
3-18	Debt service interest		\$ -		
3-19	Repayment of Developer Advance Principal (st	nould 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	Intergovernmental		\$ 2,13	36	
3-25			\$ -		
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDIT	TURES/EXPENSES	\$ 2,14	40	

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

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

	PART 4 - DEBT OUTSTANDING	G, ISS	UED	, AND RI	ETIR	ED		
4.4	Please answer the following questions by marking the	appropriate	boxes.		Υ	es		No
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment S		J		✓			
4-2	Is the debt repayment schedule attached? If no. MUST explain below:							✓
	N/A							
4-3	Is the entity current in its debt service payments? If no, MUS	T explain	below:			]		✓
	N/A							
4-4	Please complete the following debt schedule, if applicable:	Outoton	ding of	leaned during	Potiros	d during	Outo	anding at
	(please only include principal amounts)(enter all amount as positive	Outstan end of pri		Issued during year		ear		ar-end
	numbers)		. , ,	, J.	,		,,,	
	General obligation bonds	\$	-	\$ -	\$	-	\$	-
	Revenue bonds	\$	-	\$ -	\$	-	\$	-
	Notes/Loans	\$	-	\$ -	\$	-	\$	-
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$	-	\$ -	\$	-	\$	-
	Developer Advances	\$	-	\$ -	\$	-	\$	-
	Other (specify):	\$	-	\$ -	\$	-	\$	-
	TOTAL	\$	-	\$ -	\$	-	\$	-
'Subscrip	tion Based Information Technology Arrangements		ee to prio	r year-end balance				N
4-5	Please answer the following questions by marking the appropriate boxes  Does the entity have any authorized, but unissued, debt?	<b>.</b>				es 7		No
If yes:	How much?	\$	30	67,000,000.00		_		
,	Date the debt was authorized:	·	5/2/2					
4-6	Does the entity intend to issue debt within the next calendar	vear?			· [			<b>J</b>
If yes:		\$		_				
4-7	Does the entity have debt that has been refinanced that it is s	still respo	nsible	for?	· [			<b>/</b>
If yes:		\$		-				
4-8	Does the entity have any lease agreements?							✓
If yes:	What is being leased?							
	What is the original date of the lease? Number of years of lease?							
	Is the lease subject to annual appropriation?				l			<b>✓</b>
	What are the annual lease payments?	\$			]			
	Part 4 - Please use this space to provide any explanations/comments or attach separate documentation, if needed							
	,					,		
	PART 5 - CASH AND	INVE	STM	IENTS				
	Please provide the entity's cash deposit and investment balances.		.0110		Λm	ount		Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts				\$	-		I Otal
5-2	Certificates of deposit				\$	_		
	Total Cash Deposits				Ψ		\$	-
	Investments (if investment is a mutual fund, please list underlying	investme	nts):				Ψ	
			,			011	ı	
	CSAFE				\$	311		
5-3					\$ \$	-		
					\$			
	Total Investments				. Ψ		\$	311
	Total Cash and Investments						\$	311
	Please answer the following questions by marking in the approp	riate <u>boxes</u>		Yes	1	No		N/A
5-4	Are the entity's Investments legal in accordance with Section							_
	seq., C.R.S.?		-	<b>✓</b>				
5-5	Are the entity's deposits in an eligible (Public Deposit Protec	tion Act)	public					
	depository (Section 11-10.5-101, et seq. C.R.S.)?	,	-					<b>✓</b>

	PART 6 - CAPITAL AND RI Please answer the following questions by marking in the appropriate box		r-TO-L	JSE	ASSE	ETS Ye:	s		No
6-1	Does the entity have capital assets?								<b>V</b>
6-2	29-1-506, C.R.S.,? If no, MUST explain:								✓
	N/A								
6-3	Balance - Additions (Must Complete the following capital & right-to-use assets table: beginning of the be included in year Part 3)					Deleti	ions		ar-End alance
	Land	\$	-	\$	-	\$	-	\$	-
	Buildings	\$	-	\$	-	\$	-	\$	-
	Machinery and equipment	\$	-	\$	-	\$	-	\$	-
	Furniture and fixtures Infrastructure	\$	-	\$		\$ \$	-	\$ \$	-
	Construction In Progress (CIP)	\$	<u> </u>	\$		\$		\$	-
	Leased & SBITA Right-to-Use Assets	\$	<u>-</u>	\$		\$		\$	
	Other (explain):	\$	_	\$	_	\$	_	\$	
	Accumulated Depreciation/Amortization							ΙΨ	
	(Please enter a negative, or credit, balance)	\$	-	\$	-	\$	-	\$	-
	TOTAL	\$	-	\$	-	\$	-	\$	-
	5 (6 5)		tie to prior ye						
	Part 6 - Please use this space to provide any explanations	s/comr	nents or a	ttach c	locumer	itation, if	neede	ed:	
	PART 7 - PENSION	INF	ORMA		N				
	Please answer the following questions by marking in the appropriate box	œs.				Ye	s		No
7 4	Does the entity have an "old hire" firefighters' pension plan?								
7-1									<b>V</b>
7-2	Does the entity have a volunteer fire fighters' pension plan?	•							✓ ✓
	Does the entity have a volunteer firefighters' pension plan? Who administers the plan?	•							
7-2	Does the entity have a volunteer fire fighters' pension plan?								
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from:  Tax (property, SO, sales, etc.):	•		\$	-				
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from:  Tax (property, SO, sales, etc.): State contribution amount:			\$	<u>-</u>				
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from:  Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.):			\$					
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from:  Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.): TOTAL			\$	-				
7-2	Does the entity have a volunteer firefighters' pension plan?  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 reconstructions.		as of Jan	\$	-				
7-2	Does the entity have a volunteer firefighters' pension plan?  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 reference.	etiree a		\$ \$ \$	- - -				
7-2	Does the entity have a volunteer firefighters' pension plan?  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 reconstructions.	etiree a		\$ \$ \$	- - -	:			
7-2	Does the entity have a volunteer firefighters' pension plan?  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 reference.	etiree a		\$ \$ \$	- - -				
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7-2	Does the entity have a volunteer firefighters' pension plan?  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 rot?  Part 7 - Please use this space to provide	etiree a	planation	\$ \$ \$ Sorco	- - - - mments				V
7-2 If yes:	Does the entity have a volunteer firefighters' pension plan?  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 rows: Part 7 - Please use this space to provide  PART 8 - BUDGET  Please answer the following questions by marking in the appropriate box	etiree a any ex INF(	oplanation	\$ \$ \$ s or co	- - - mments	. No			N/A
7-2	Does the entity have a volunteer firefighters' pension plan?  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 rot?  Part 7 - Please use this space to provide  PART 8 - BUDGET  Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affairs for	etiree a any ex INF(	oplanation	\$ \$ \$ s or co	- - - - mments				V
7-2 If yes:	Does the entity have a volunteer firefighters' pension plan?  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 rows: Part 7 - Please use this space to provide  PART 8 - BUDGET  Please answer the following questions by marking in the appropriate box	etiree a any ex INF(	oplanation	\$ \$ \$ s or co	- - - mments	No			N/A
7-2 If yes:	Does the entity have a volunteer firefighters' pension plan?  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 rot?  Part 7 - Please use this space to provide  PART 8 - BUDGET  Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affairs for	etiree a any ex INF(	oplanation	\$ \$ \$ s or co	- - - mments	No			N/A
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7-2 If yes:	Does the entity have a volunteer firefighters' pension plan?  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 rows:  Part 7 - Please use this space to provide  PART 8 - BUDGET  Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	etiree a any ex INF( ces.	ORMA	\$ \$ \$ S or co	- - - mments V	No.			N/A
7-2 If yes:	Does the entity have a volunteer firefighters' pension plan?  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 row 1?  Part 7 - Please use this space to provide  PART 8 - BUDGET  Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:  Did the entity pass an appropriations resolution, in accordance	etiree a any ex INF( ces.	ORMA	\$ \$ \$ S or co	- - - mments V	No.			N/A
7-2 If yes: 8-1 8-2	Does the entity have a volunteer firefighters' pension plan?  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 row 1?  Part 7 - Please use this space to provide  PART 8 - BUDGET  Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:  Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain:	etiree a any ex	ORMA rrent year h Section	\$ \$ \$ S or co	- - - mments V	No.			N/A
7-2 If yes: 8-1 8-2	Does the entity have a volunteer firefighters' pension plan?  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 row 1?  Part 7 - Please use this space to provide  PART 8 - BUDGET  Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:  Did the entity pass an appropriations resolution, in accordance	etiree a any ex	ORMA rrent year h Section	\$ \$ \$ S or co	- - - mments V	No.			N/A
7-2 If yes: 8-1 8-2	Does the entity have a volunteer firefighters' pension plan?  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 row 1?  Part 7 - Please use this space to provide  PART 8 - BUDGET  Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:  Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain:	etiree a any ex INF( ess. r the cu	ORMA rrent year h Section	\$ \$ \$ S or co	- - - mments V (es	No.			N/A

	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.	V			
If no, M	UST 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?		<b>√</b>
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		<b>V</b>
If yes:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?	<b>✓</b>	
	Please indicate what services the entity provides:  See below		
10-4	Does the entity have an agreement with another government to provide services?	<b>V</b>	
If yes:	List the name of the other governmental entity and the services provided:  See below		
<b>10-5</b> If yes:	Has the district filed a <i>Title 32</i> , <i>Article 1 Special District Notice of Inactive Status</i> during Date Filed:		✓
,			
<b>10-6</b> If yes:	Does the entity have a certified Mill Levy?	<b>✓</b>	
,	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills General/Other mills		25.300
	Total mills	N	25.300
	NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has	No 🗌	N/A
10-7	the entity filed its preceding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.		

Please use this space to provide any additional explanations or comments not previously included:

10-3: District provides for the design, acquisition, construction, installation and financing of street, park, water, sanitation, mosquito control and safety protection.

10-4: The District operations in connection with Timnath Lakes Metro District No. 1, 3, 4, 5 and 6. Districts 1 through 5 are the financing Districts and District 6 is the operating District.

	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?	<b>√</b>				

# 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 th	e names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must sign below.
Board	Print Board Member's Name	ITheodore Antenucci, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Member 1	Theodore Antenucci	exemption from audit. Signed Date:May 2027
Board	Print Board Member's Name	IRobert Bol, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Member 2	Robert Bol	exemption from audit. Signed Full Foll Date: FCESTRECKAGGAT3.3/23/2024 My term Expires:May 2025
Board	Print Board Member's Name	IJanis Emmanuel, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Member 3	Janis Emanuel	exemption from audit. Signed Signed 3/25/2024 Date: My term Expires:May 2027
	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
Board Member 4		exemption from audit. Signed Date: My term Expires:
Board	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
Member 5		exemption from audit. Signed Date: My term Expires:
Board	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
Member 6		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 LLP 8390 East Crescent Parkway, Suite 300 Greenwood Village, CO 80111 phone 303-779-5710 fax 303-779-0348 claconnect.com

## **Accountant's Compilation Report**

Board of Directors Timnath Lakes Metropolitan District No. 2 Larimer County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Timnath Lakes Metropolitan District No. 2 as of and for the year ended December 31, 2023, 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 Timnath Lakes Metropolitan District No. 2.

Greenwood Village, Colorado

Clifton Larson allen LLF

March 20, 2024

# **DocuSign**

## **Certificate Of Completion**

Envelope Id: 172BBA2364CE455A810EE7D264B5CAC4

Subject: Complete with DocuSign: Timnath Lakes MD No. 2 - 2023 Audit Exemption.pdf

Client Name: Timnath Lakes Metropolitan District No. 2

Client Number: A510393

Source Envelope:

Document Pages: 8 Signatures: 2
Certificate Pages: 5 Initials: 0

AutoNav: Enabled

Envelopeld Stamping: Enabled

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

Porter Tirrill

Status: Completed

**Envelope Originator:** 

220 S 6th St Ste 300

220 S 6th St Ste 300

Minneapolis, MN 55402-1418 Porter.Tirrill@claconnect.com IP Address: 98.50.80.160

## **Record Tracking**

Status: Original

3/22/2024 2:39:37 PM

Holder: Porter Tirrill

Porter.Tirrill@claconnect.com

Location: DocuSign

# Signer Events

Janis Emanuel

jemanuel@catellus.com

President Catellus

Security Level: Email, Account Authentication

(None)

Signature

DocuSigned by:

Janis Emanul -61D8FED1170C4AO...

Signature Adoption: Pre-selected Style Using IP Address: 173.8.249.62

## Timestamp

Sent: 3/22/2024 2:43:07 PM Viewed: 3/25/2024 8:17:12 AM Signed: 3/25/2024 8:17:17 AM

## Electronic Record and Signature Disclosure:

Accepted: 11/18/2021 3:05:12 PM

ID: e44cc491-726b-41d5-a960-93622b1ef791

Robert Bol

robbolus@yahoo.com

Security Level: Email, Account Authentication

(None)

DocuSigned by:

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