APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

| NAME OF GOVERNMENT | Sky Ranch Metropolitan District No. 5 | For the |
|--------------------|---------------------------------------|----------|
| ADDRESS | 8390 E Crescent Parkway | 1 |
| | Suite 300 | or fisca |
| | Greenwood Village, CO 80111 | I |
| CONTACT PERSON | Gigi Pangindian | Ĩ |
| PHONE | 303-779-5710 | Ĩ |
| EMAIL | Gigi.Pangindian@claconnect.com | Î |
| | | |

For the Year Ended 12/31/22 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 | 3/6/2023 |
| | |

PREPARER (SIGNATURE REQUIRED)

SEE ATTACHED ACCOUNTANT'S COMPILATION REPORT

| Please indicate whether the following financial information is recorded | GOVERNMENTAL (MODIFIED ACCRUAL BASIS) | PROPRIETARY (CASH OR BUDGETARY BASIS) |
|---|---|---|
| using Governmental or Proprietary fund types | 7 | |

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: Property | (report mills levied in Question 10-6) | \$ 82,051 | space to provide |
| 2-2 | Specific owned | ership | \$ 5,180 | any necessary |
| 2-3 | Sales and use |) | \$ - | explanations |
| 2-4 | Other (specify | /): | \$ - | |
| 2-5 | Licenses and permits | | \$ - | |
| 2-6 | Intergovernmental: | Grants | \$ - | 1 |
| 2-7 | | Conservation Trust Funds (Lottery) | \$ - | |
| 2-8 | | Highway Users Tax Funds (HUTF) | \$ - | |
| 2-9 | | Other (specify): | \$ - | |
| 2-10 | Charges for services | | \$ - | 1 |
| 2-11 | Fines and forfeits | | \$ - | 1 |
| 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 asse | ts | \$ - | |
| 2-19 | Fire and police pension | | \$ - | |
| 2-20 | Donations | | \$ - | |
| 2-21 | Other (specify): | | \$ - | |
| 2-22 | Interest | | \$ - |] |
| 2-23 | | | \$ - |] |
| 2-24 | (add l | ines 2-1 through 2-23) TOTAL REVENUE | \$ 87,231 | |

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 | Please use this |
|-------|--|------------------------------|-------------------------|------------------|
| 3-1 | Administrative | | \$ - | space to provide |
| 3-2 | Salaries | | \$- | any necessary |
| 3-3 | Payroll taxes | | \$- | explanations |
| 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 | (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 | | \$ 1,23 | 1 |
| 3-25 | Transfers to the Sky Ranch Community Authority Boa | ard | \$ 86,00 | 0 |
| 3-26 | (add lines 3-1 through 3-24) TOTAL EXP | ENDITURES/EXPENSES | \$ 87,23 | 1 |
| | . REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line | | | |

form. Please use the "Application for Exemption from Audit - LONG FORM".

| | PART 4 - DEBT OUTSTANDING | G. ISSUED | . AND RE | TIRED | |
|---------|---|--------------------------------------|---|------------------------|----------------------------|
| | Please answer the following questions by marking the | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Yes | No |
| 4-1 | Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment S | | | V | |
| 4-2 | Is the debt repayment schedule attached? If no. MUST explai | | | | 7 |
| | The District has no outstanding debt. | | | | |
| 4-3 | Is the entity current in its debt service payments? If no, MUS | T explain: | | | \checkmark |
| | The District has no outstanding debt. | | | | |
| 4-4 | 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* | lssued during year | Retired during year | Outstanding at year-end |
| | General obligation bonds | \$- | \$- | \$- | \$- |
| | Revenue bonds | \$- | \$- | \$- | \$ - |
| | Notes/Loans | \$- | \$ - | \$- | \$ - |
| | Lease Liabilities | \$ - | \$ - | \$ - | \$ - |
| | Developer Advances | \$ - | \$ - | \$ - | \$ - |
| | Other (specify): | \$ - | \$ - | \$ - | \$ - |
| | TOTAL | \$ - | \$ - | \$ - | \$ - |
| | | *must tie to prior ye | ar ending balance | Ι Τ | • |
| | Please answer the following questions by marking the appropriate boxes | | | Yes | No |
| 4-5 | Does the entity have any authorized, but unissued, debt? | | | 4 | |
| If yes: | How much? | \$ 6,9 | 48,000,000.00 | | |
| | Date the debt was authorized: | 11/6/201 | 8 & 11/3/2020 | | |
| 4-6 | Does the entity intend to issue debt within the next calendar | year? | | | 7 |
| If yes: | How much? | \$ | - | | |
| 4-7 | Does the entity have debt that has been refinanced that it is s | still responsible | for? | | 7 |
| If yes: | What is the amount outstanding? | \$ | _ |] | |
| 4-8 | Does the entity have any lease agreements? | • | | | 7 |
| 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? | | | | |
| | What are the annual lease payments? | \$ | - | | |
| | Please use this space to provide any | explanations or | comments: | | |

| | PART 5 - CASH AND INVESTM | ENTS | | |
|-------|---|------|--------|-------|
| | 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): | | | - |
| | | | \$- | |
| 5-3 | | | \$ - | |
| 5-3 | | | \$ - | |
| | | | \$ - | |
| | 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.? | | _ | _ |
| 5-5 | Are the entity's deposits in an eligible (Public Deposit Protection Act) public | | | ۲ |
| | depository (Section 11-10.5-101, et seq. C.R.S.)? | | | |
| no, M | UST use this space to provide any explanations: | | | |
| | trict has no checking or savings account | | | |

6-3

| | PART 6 - CAPITAL AND RIGHT-TO-USE ASSE | TS | |
|-----|---|-----|----|
| | Please answer the following questions by marking in the appropriate boxes. | Yes | No |
| 6-1 | Does the entity have capital assets? | | |
| 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: | | |
| | | | |

| Complete the following capital & right-to-use assets table: | | llance - ning of the | | ons (Must cluded in | | Deletions | ′ear-End Balance |
|---|----|-------------------------|----------|------------------------|----|-----------|---------------------|
| | | year* | P | art 3) | | | Salarice |
| Land | \$ | - | \$ | - | \$ | - | \$ - |
| Buildings | \$ | - | \$ | - | \$ | - | \$ - |
| Machinery and equipment | \$ | - | \$ | - | \$ | - | \$ - |
| Furniture and fixtures | \$ | - | \$ | - | \$ | - | \$ - |
| Infrastructure | \$ | - | \$ | - | \$ | - | \$ - |
| Construction In Progress (CIP) | \$ | 90,005 | \$ | - | \$ | - | \$ 90,005 |
| Leased Right-to-Use Assets | \$ | - | \$ | - | \$ | - | \$ - |
| Other (explain): | \$ | - | \$ | - | \$ | - | \$ - |
| Accumulated Depreciation/Amortization | ŕ | | <u>م</u> | | ¢ | | |
| (Please enter a negative, or credit, balance) | • | - | \$ | - | \$ | - | \$ - |
| TOTAL | \$ | 90,005 | \$ | - | \$ | - | \$ 90,005 |

Please use this space to provide any explanations or comments:

| | Please answer the following questions by marking in the appropriate boxes. | | Yes | No |
|---------|---|---------|-----|----|
| 7-1 | Does the entity have an "old hire" firefighters' pension plan? | | | 7 |
| 7-2 | Does the entity have a volunteer firefighters' pension plan? | | | 1 |
| 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 1? | \$ - | | |

| | PART 8 - BUDGET INFORMA | ΓΙΟΝ | | |
|-----|--|------|----|-----|
| | 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.? | IJ | | |
| 8-2 | Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain: | V | | |

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

| Governmental/Proprietary Fund Name | Total Appropriations By Fund |
|------------------------------------|------------------------------|
| General Fund | \$ 51,419 |
| Regional Improvements Fund | \$ 46,376 |
| | |
| | |

| | PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB | | |
|-----------|---|---------|----|
| | 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. | | |
| lf no, Ml | JST 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? | | |
| 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: | | |
| 10-3 | Is the entity a metropolitan district? | | |
| 10-5 | Please indicate what services the entity provides: | | |
| | See below | 1 | |
| 10-4 | Does the entity have an agreement with another government to provide services? | 7 | |
| If yes: | List the name of the other governmental entity and the services provided: | | |
| | See below | 1 | |
| 10-5 | Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during | | 7 |
| If yes: | Date Filed: | 1 | |
| | | | |
| 10-6 | Does the entity have a certified Mill Levy? | | |
| If yes: | Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts): | | |
| | Bond Redemption mills | | |
| | | | - |

| Bond Redemption mills | - | | | |
|--|---------|--|--|--|
| General/Other mills | 126.336 | | | |
| Total mills | 126.336 | | | |
| Please use this space to provide any explanations or comments: | | | | |

10-3: The District was established to provide financing for the design, planning, acquisition, construction, relocation, installation, completion, operation, maintenance, and repair or replacement of public improvements, including streets, park and recreation, water, sanitary and storm sewer, public transportation, mosquito control, traffic and safety controls, television relay and translation, security and fire protection. 10-4: The District operates in conjunction with Sky Ranch Metropolitan District No. 1, Sky Ranch Metropolitan District No. 3, Sky Ranch Metropolitan District No. 6, Sky Ranch Metropolitan District No. 7, Sky Ranch Metropolitan District No. 8 and Sky Ranch Community Authority Board (CAB). District Nos. 1, 3, 5-8 are the Taxing Districts and CAB is the Operating Authority.

| | PART 11 - GOVERNING BODY APPROVAL | | |
|------|--|-----|----|
| | Please answer the following question by marking in the appropriate box | YES | NO |
| 40.4 | If you plan to submit this form electronically, have you read the new Electronic Signature | J | |

If you plan to submit this form electronically, have you read the new Electronic Signature 12-1 Policy?

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 <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below. |
|----------------------|--|--|
| Board Member 1 | Print Board Member's Name | I, Mark Harding 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 HARDE HARDEN 3/28/2023 Date:B453909D8D64434 3/28/2023 My term Expires: May 2023 |
| Board Member 2 | Print Board Member's Name Paul Knopinski | I, Paul Knopinski, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signedfaulknopinski Date:797B9FDF5EB34AD3/28/2023 My term Expires: May 2025 |
| Board Member 3 | Print Board Member's Name Dirk Lashnits | I, Dirk Lashnits, 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 2025 |
| Board Member 4 | Print Board Member's Name Scott Lehman | I, Scott Lehman, 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 Suff Wuman. Date: |
| Board Member 5 | Print Board Member's Name Kevin McNeill | I, Kevin McNeill, attest I am a duly elected or appointed board member, and that I have personally revealed and approve this application for exemption from audit. Signed |
| Board Member 6 | Print Board Member's Name | I |
| 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 Pkwy., Suite 300 Greenwood Village, CO 80111

phone 303-779-5710 fax 303-779-0348 **CLAconnect.com**

Accountant's Compilation Report

Board of Directors Sky Ranch Metropolitan District No. 5 Arapahoe County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Sky Ranch Metropolitan District No. 5 as of and for the year ended December 31, 2022, 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 Sky Ranch Metropolitan District No. 5.

liftonLarsonAllen LLP

Greenwood Village, Colorado March 6, 2023

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Certificate Of Completion

Envelope Id: 27F606CB2A724A0A800A8E0C475B6BE3 Subject: Complete with DocuSign: Sky Ranch MD No. 5 - Audit Exemption.pdf Client Name: Sky Ranch MD 5 Client Number: A206014 Source Envelope: Document Pages: 8 Signatures: 4 Initials: 0 Certificate Pages: 5 AutoNav: Enabled Envelopeld Stamping: Enabled Time Zone: (UTC-06:00) Central Time (US & Canada)

Record Tracking

Status: Original 3/28/2023 12:55:36 PM

Signer Events

Kevin McNeill kmcneill@purecyclewater.com

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Accepted: 3/28/2023 1:27:19 PM

ID: e74e5f43-31e8-414f-a006-ad52f31d430e

MARK HARDING

mharding@purecyclewater.com

President

Sky Ranch CAB

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Accepted: 3/28/2023 1:46:22 PM ID: 05e8db38-73e8-4506-bfca-2863671a43ee

Paul Knopinski

joek@landanddistricts.com

President

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Accepted: 3/8/2019 1:36:17 PM ID: 9db6a331-51f6-40a9-9667-1c5ec5d322ab

Scott Lehman slehman@purecyclewater.com Secretary Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Holder: Peter Maleski Peter.Maleski@claconnect.com

Signature

DocuSigned by: kenin McMill EA299BFB781D4ED..

Signature Adoption: Pre-selected Style Using IP Address: 204.134.145.82

DocuSigned by: MARK HARDING

Signature Adoption: Pre-selected Style Using IP Address: 204.134.145.82

Signature Adoption: Pre-selected Style

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Peter Maleski

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| Signer Events | Signature | Timestamp |
|--|--|--|
| Accepted: 3/28/2023 1:54:21 PM ID: ff03da49-89de-45ad-ab04-b74a18753efb | | |
| 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 Summary Events Envelope Sent | Status Hashed/Encrypted | Timestamps 3/28/2023 1:03:50 PM |
| • • | | • |
| Envelope Sent | Hashed/Encrypted | 3/28/2023 1:03:50 PM |
| Envelope Sent Envelope Updated | Hashed/Encrypted Security Checked | 3/28/2023 1:03:50 PM 3/30/2023 1:24:43 PM 3/28/2023 1:54:21 PM 3/28/2023 1:54:40 PM |
| Envelope Sent Envelope Updated Certified Delivered | Hashed/Encrypted Security Checked Security Checked | 3/28/2023 1:03:50 PM 3/30/2023 1:24:43 PM 3/28/2023 1:54:21 PM |
| Envelope Sent Envelope Updated Certified Delivered Signing Complete | Hashed/Encrypted Security Checked Security Checked Security Checked | 3/28/2023 1:03:50 PM 3/30/2023 1:24:43 PM 3/28/2023 1:54:21 PM 3/28/2023 1:54:40 PM |

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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

at Business Technology@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.

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Required hardware and software

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

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