APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT Sweetgrass Metropolitan District No. 3

ADDRESS 2500 Arapahoe Avenue

Suite 220

Boulder CO 80302

CONTACT PERSON Steve Rane PHONE 303-442-2299

EMAIL steve@cdgcolorado.com

FAX

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: Shelby Clymer

TITLE Independent Accountant
FIRM NAME (if applicable) CliftonLarsonAllen LLP

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

 PHONE
 303-779-5710

 DATE PREPARED
 March 11, 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)

(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# | | Des | scription | | Round to nearest Dollar | Please use this |
|-------|---------------------------|----------------|-------------------------------|-----------------------------|-------------------------|------------------|
| 2-1 | Taxes: Pro | perty | (report mills levied in Quest | ion 10-6) | \$.0,00= | space to provide |
| 2-2 | Spo | ecific owners | hip | | \$ 3,013 | any necessary |
| 2-3 | Sal | es and use | | | \$ - | explanations |
| 2-4 | Oth | ner (specify): | TIF | | \$ 969 | |
| 2-5 | Licenses and permits | | | | \$ - | |
| 2-6 | Intergovernmental: | | Grants | | \$ - | |
| 2-7 | | | Conservation Trust F | Funds (Lottery) | \$ - | |
| 2-8 | | | Highway Users Tax F | 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 servi | ces | | | \$ - | |
| 2-15 | Debt proceeds | | (should agr | ee with line 4-4, column 2) | \$ - | |
| 2-16 | Lease proceeds | | | | \$ - | |
| 2-17 | Developer Advances red | ceived | (: | should agree with line 4-4) | \$ - | |
| 2-18 | Proceeds from sale of c | • | | | \$ - | |
| 2-19 | Fire and police pension | | | | \$ - | |
| 2-20 | Donations | | | | \$ - | |
| 2-21 | Other (specify): | | | | \$ - | |
| 2-22 | Transfer from Sweetgra | ss Metro Dis | trict No. 1 | | \$ 13,460 | |
| 2-23 | | | | | \$ - | |
| 2-24 | | (add line | es 2-1 through 2-23) | TOTAL REVENUE | \$ 61,074 | |

PART 3 - EXPENDITURES

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 | Γ | \$ 276 | space to provide |
| 3-2 | Salaries | Γ | \$ - | any necessary |
| 3-3 | Payroll taxes | Γ | \$ - | explanations |
| 3-4 | Contract services | | \$ - | |
| 3-5 | Employee benefits | Γ | \$ - | |
| 3-6 | Insurance | Γ | \$ 1,904 | |
| 3-7 | Accounting and legal fees | | \$ 11,646 | |
| 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 | L | \$ - | |
| 3-14 | Culture and recreation | L | \$ - | |
| 3-15 | Utility operations | L | \$ - | |
| 3-16 | Capital outlay | | \$ - | |
| 3-17 | Debt service principal (should agree | e with Part 4) | \$ - | |
| 3-18 | Debt service interest | L | \$ - | |
| 3-19 | Repayment of Developer Advance Principal (should agree | with line 4-4) | \$ - | |
| 3-20 | Repayment of Developer Advance Interest | L | \$ - | |
| 3-21 | Contribution to pension plan (should agree | ee to line 7-2) | \$ - | |
| 3-22 | Contribution to Fire & Police Pension Assoc. (should agree | ee to line 7-2) | \$ - | |
| 3-23 | Other (specify): | | |] |
| 3-24 | Treasurer's Fees | | \$ 654 | |
| 3-25 | TIF Expense | | \$ - | |
| 3-26 | (add lines 3-1 through 3-24) TOTAL EXPEN | IDITURES | \$ 14,480 | |

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>".

| | PART 4 - DEBT OUTSTANDING | G, ISSUED | , AND RE | ETIRED | |
|---------|--|-----------------------|-------------------|----------------|----------------|
| | 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 | | | | ✓ |
| 4-2 | Is the debt repayment schedule attached? If no, MUST explai | | | | V |
| | N/A. The District has no debt. | | |] _ | |
| | The Platfiel Had the door. | | | | |
| 4-3 | Is the entity current in its debt service payments? If no, MUS | Γ evnlain· | | , \square | |
| 40 | N/A. The District has no debt. | г схрішіг. | |] | |
| | THE DISTRICT HAS THE GENT. | | | | |
| 4-4 | | | | | |
| 7-7 | Please complete the following debt schedule, if applicable: | Outstanding at | Issued during | Retired during | Outstanding at |
| | (please only include principal amounts)(enter all amount as positive | end of prior year* | year | year | year-end |
| | numbers) | | | | |
| | General obligation bonds | \$ - | \$ - | \$ - | \$ - |
| | Revenue bonds | \$ - | \$ - | \$ - | \$ - |
| | Notes/Loans | \$ - | \$ - | \$ - | \$ - |
| | Leases | \$ - | \$ - | \$ - | \$ - |
| | Developer Advances | \$ - | \$ - | \$ - | \$ - |
| | Other (specify): | \$ - | \$ - | \$ - | \$ - |
| | TOTAL | \$ - | \$ - | \$ - | \$ - |
| | | *must tie to prior ye | ar 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? | Ф | 10 100 000 00 | | |
| If yes: | How much? | * | 40,189,600.00 | | |
| | Date the debt was authorized: | 200 |)1 | J | |
| 4-6 | Does the entity intend to issue debt within the next calendar | year? | | | ✓ |
| If yes: | How much? | \$ | - | J _ | |
| 4-7 | Does the entity have debt that has been refinanced that it is s | | or? | , | ✓ |
| If yes: | • | \$ | - | J | |
| 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? | | | , – | V |
| | What are the annual lease payments? | \$ | |] | _ |
| | Please use this space to provide any | T | comments: | | |
| | | | | | |
| | | | | | |

| | PART 5 - CASH AND INVESTME | ENTS | | |
|-----------|---|----------|---------------|---------------|
| | Please provide the entity's cash deposit and investment balances. | | Amount | Total |
| 5-1 | YEAR-END Total of ALL Checking and Savings Accounts | | \$ 115,316 | |
| 5-2 | Certificates of deposit | | \$ - | |
| | Total Cash Deposits | | | \$ 115,316 |
| | Investments (if investment is a mutual fund, please list underlying investments): | | | |
| | | | \$ - | |
| 5-3 | | | \$ - | |
| 3-3 | | | \$ - | |
| | | | \$ - | |
| | Total Investments | | | \$ - |
| | Total Cash and Investments | | | \$ 115,316 |
| | 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.? | | | <u> </u> |
| 5-5 | Are the entity's deposits in an eligible (Public Deposit Protection Act) public | 7 | | |
| | depository (Section 11-10.5-101, et seq. C.R.S.)? | ت | | |
| If no. MI | JST use this space to provide any explanations: | | | |

| | PART 6 - CAPITA | | . ASSET | S | | | | | |
|---------|--|-------|--------------------------|------------------------|----------|-----------|----------|-----|---------------|
| | Please answer the following questions by marking in the appropriate box | es. | | | | Yes | | | No |
| 6-1 | Does the entity have capital assets? | | | | | | | [| 7 |
| 6-2 | Has the entity performed an annual inventory of capital assets 29-1-506, C.R.S.,? If no, MUST explain: N/A. The District has no capital assets. | s in | accordance | with Section | n | | | [| 7 |
| | IN/A. The district has no capital assets. | | | | | | | | |
| 6-3 | | | Balance - | Additions (M | ust | | | | |
| 0-3 | Complete the following capital assets table: | | eginning of the year* | be included Part 3) | | Deletions | | Bal | r-End ance |
| | Land | \$ | - | \$ - | | \$ | - | \$ | - |
| | Buildings | \$ | - | \$ - | _ | Ψ | - | \$ | - |
| | Machinery and equipment | \$ | - | \$ - | | Ψ | - | \$ | - |
| | Furniture and fixtures | \$ | - | \$ - | | Ψ | - | \$ | - |
| | Infrastructure | \$ | - | \$ - | | \$ | - | \$ | - |
| | Construction In Progress (CIP) | \$ | - | \$ - | | \$ | - | \$ | - |
| | Other (explain): | \$ | - | \$ - | | Ψ | - | \$ | - |
| | Accumulated Depreciation | \$ | - | \$ - | | Ψ | - | \$ | - |
| | TOTAL | \$ | - | \$ - | | \$ | <u> </u> | \$ | - |
| | Please use this space to provide any | exp | olanations or | comments: | | | | | |
| | | | | | | | | | |
| | PART 7 - PENSION | IN | FORMA | TION | | | | | |
| | Please answer the following questions by marking in the appropriate boxe | | | | | Yes | | | No |
| 7-1 | Does the entity have an "old hire" firemen's pension plan? | co. | | | | | | [· | |
| 7-2 | Does the entity have a volunteer firemen's pension plan? | | | | | H | | Ĺ | |
| If yes: | Who administers the plan? | | | | | | | _ | _ |
| 11 yes. | 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 re | etire | e as of Jan | \$ - | | | | | |
| | Please use this space to provide any | exp | planations or | comments: | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | PART 8 - BUDGET I | IN | FORMA | TION | | | | | |
| | Please answer the following questions by marking in the appropriate box | es. | | Yes | | No | | N | N/A |
| 8-1 | Did the entity file a budget with the Department of Local Affai | rs f | or the | | | | | | , |
| | current year in accordance with Section 29-1-113 C.R.S.? | | | ✓ | | | | L | _ |
| | | | | | | | | | |
| 8-2 | Bild of Lot Lot Lot | | :41 0 41 | l | | | | | |
| 0 = | Did the entity pass an appropriations resolution, in accordance | ce \ | with Section | ✓ | | | | | |
| | 29-1-108 C.R.S.? If no, MUST explain: | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| If yes: | Please indicate the amount budgeted for each fund for the ye | ar r | eported: | | | | | | |
| | General Fund | \$ | | 15,4 | .04 | | | | |
| | Sonorai i unu | ۳ | | 10,4 | ٠, | | | | |
| | | | | | \dashv | | | | |
| | | | | | \dashv | | | | |
| | | t | | | \dashv | | | | |
| | | | | | | | | | |

| 9-1 | Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, 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 | |
|----------|--|----------|----------|
| f 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? | | V |
| 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? | V | П |
| | 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. | | V |
| 10-5 | Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during | Ш | ŭ |
| If yes: | Date Filed: | | |
| 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 | | - |
| | General/Other mills | | 20.000 |
| | Total mills | | 20.000 |
| | Please use this space to provide any explanations or comments: | | |

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

^{10-3:} Water, streets, traffic and safety controls, parks and recreation, and sewer.

^{10-4:} Facility Connection and Services Agreement with Sweetgrass Metropolitan District Nos. 1 and 2; District covenants with City of Dacono, Colorado.

| | 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? | V | |

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 current governing board members below. | A <u>MAJORITY</u> of the governing board members must complete and sign in the column below. |
|----------------------|---|--|
| Board Member 1 | Print Board Member's Name Jon R. Lee | I Jon R. Lee, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this papelication for exemption from audit. Signed Date: 3/17/2020 My term Expires: May 2022 OD56E84E07B04E7 |
| Board Member 2 | Print Board Member's Name Jessica Brothers | I Jessica Brothers, attest I am a duly elected or appointed board member, and that have personally reviewed and approve this application for exemption from audit. Signed Date: 3/17/2020 My term Expires: May 2022 5E2846592AEA4E9 |
| Board Member 3 | Print Board Member's Name Steve Rane | I Steve Rane, attest I am a duly elected or appointed board member, and that I have personally reviewed and approves this application for exemption from audit. Signed |
| Board Member 4 | Print Board Member's Name | I |
| Board Member 5 | Print Board Member's Name | I |
| Board Member 6 | Print Board Member's Name | I |
| Board Member 7 | Print Board Member's Name | I |



CliftonLarsonAllen LLP www.cliftonlarsonallen.com

Accountant's Compilation Report

Board of Directors Sweetgrass Metropolitan District No. 3 Weld County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Sweetgrass Metropolitan District No. 3 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.

Greenwood Village, Colorado

Clifton Larson allen LA

March 11, 2020



Status: Completed

Sent: 3/17/2020 4:32:42 PM

Sent: 3/17/2020 4:32:42 PM

Viewed: 3/17/2020 4:48:44 PM

Viewed: 3/17/2020 4:44:08 PM

Certificate Of Completion

Envelope Id: C3AA1EF560BE48BC82216BBF0A54721D

Subject: Please DocuSign: Sweetgrass Metropolitan District No. 3 - 2019 Audit Exemption.pdf

Client Name: Sweetgrass Metropolitan District No. 3

Client Number: 011-042346-00

Source Envelope:

Document Pages: 8 Signatures: 3 Envelope Originator:

Certificate Pages: 5 Initials: 0 SyLuc Vo

220 South 6th Street AutoNav: Enabled

Envelopeld Stamping: Enabled Suite 300

Time Zone: (UTC-06:00) Central Time (US & Canada) Minneapolis, MN 55402 SyLuc.Vo@claconnect.com IP Address: 65.59.88.254

Record Tracking

Status: Original Holder: SyLuc Vo Location: DocuSign

3/17/2020 4:18:26 PM SyLuc.Vo@claconnect.com

Signer Events Signature **Timestamp** DocuSigned by:

armia Brother

Jessica Brothers jessica@cdgcolorado.com

Security Level: Email, Account Authentication

(None)

5E2846592AEA4E9.. Signed: 3/17/2020 4:45:23 PM

Signature Adoption: Uploaded Signature Image

Using IP Address: 67.190.33.63

Electronic Record and Signature Disclosure:

Accepted: 3/17/2020 4:44:08 PM

ID: b8d7c494-d51b-4ed3-9972-9752c98f5096

jonrlee@cdgcolorado.com

Security Level: Email, Account Authentication

(None)

Jon R. Lee

0D56E84E07B04E7.. Signed: 3/17/2020 4:48:57 PM

Signature Adoption: Uploaded Signature Image

DocuSigned by:

Using IP Address: 184.96.139.106

Electronic Record and Signature Disclosure:

Accepted: 3/17/2020 4:48:44 PM

ID: 0c768e98-5f16-4837-9aa3-8dfc069eb50f

Steve Rane

Steve@cdgcolorado.com

Security Level: Email, Account Authentication

(None)

Sent: 3/17/2020 4:32:42 PM Steve Rane Viewed: 3/17/2020 4:33:20 PM C20B7EDF6DA34ED... Signed: 3/17/2020 4:33:25 PM

Signature Adoption: Pre-selected Style Using IP Address: 76.120.51.83

Electronic Record and Signature Disclosure:

Accepted: 3/17/2020 4:33:20 PM

ID: aedde316-8872-4ab6-aa50-087dd3025ae9

| 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 3/17/2020 4:32:42 PM |
| • | | |
| Envelope Sent | Hashed/Encrypted | 3/17/2020 4:32:42 PM |
| Envelope Sent Certified Delivered | Hashed/Encrypted Security Checked | 3/17/2020 4:32:42 PM 3/17/2020 4:48:44 PM |
| Envelope Sent Certified Delivered Signing Complete | Hashed/Encrypted Security Checked Security Checked | 3/17/2020 4:32:42 PM 3/17/2020 4:48:44 PM 3/17/2020 4:48:57 PM |

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

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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

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
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