



February 7, 2014

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

Dear Board Members:

Enclosed are two (2) copies each of the Application for Exemption from Audit for 2013 for the Sweetgrass Metropolitan District No. 3.

These forms must be signed by the majority of members of the Board of Directors. Please return both signed copies to our office so that we may submit them to the State Auditor no later than March 31, 2014. We will send a copy to the District's attorney.

If you have any questions regarding this, please contact us at 303-779-5710.

Very truly yours,

CliftonLarsonAllen LLP

Certified Public Accountants & Consultants

Clifton Larson allen LA

Enclosures





February 7, 2014

Office of the State Auditor Local Government Audit Division 1525 Sherman St., 7th Floor Denver, CO 80203

Enclosed are copies of the Application for Exemption from Audit for Sweetgrass Metropolitan District No. 3 for the year ended December 31, 2013. Please mail the Acceptance of Exemption from Audit directly to our offices at:

8390 E. Crescent Pkwy, Suite 600 Greenwood Village, CO 80111

If you have any questions concerning this report, please contact us at (303) 779-5710.

Very truly yours,

CliftonLarsonAllen LLP

Certified Public Accountants & Consultants

Clifton Sarson allen LD

Enclosures





Accountant's Compilation Report

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

We have compiled the Application for Exemption from Audit of Sweetgrass Metropolitan District No. 3 as of and for the year ended December 31, 2013, included in the accompanying prescribed form. Our compilation is limited to presenting, in the form prescribed by the Colorado State Auditor's Office, information that is the representation of management. We have not audited or reviewed the accompanying Application for Exemption from Audit and, accordingly, do not express an opinion or provide any assurance about whether the Application for Exemption from Audit is in accordance with accounting principles generally accepted in the United States of America.

Management is responsible for the preparation and fair presentation of the Application for Exemption from Audit in accordance with accounting principles generally accepted in the United States of America, and for designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the Application for Exemption from Audit.

Our responsibility is to conduct the compilation of the Application for Exemption from Audit in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information within the Application for Exemption from Audit without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the Application for Exemption from Audit.

The Application for Exemption from Audit is presented in accordance with the requirements of the Colorado State Auditor's Office, 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 State Auditor's Office and is not intended to be and should not be used by anyone other than this specified party.

Greenwood Village, Colorado

Clifton Larson allen LLG

February 7, 2014

APPLICATION FOR EXEMPTION FROM AUDIT - <u>SHORT FORM</u> - FOR GOVERNMENTS WITH REVENUES AND EXPENDITURES OF \$100,000 OR LESS

Name of Government:	Sweetgrass Metropolitan District No. 3	For the Fiscal Year
Address:	2500 Arapahoe Avenue, Suite 220	Ended December 31, 2013
	Boulder, CO 80302	or fiscal year ended:
Contact Person:	Jessica Brothers	<u> </u>
Telephone:	303-442-2299	
Email:		
Fax:		

Return to:

Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor Denver, CO 80203

Email: OSA.LG@state.co.us

Fax: 303-866-4062

Call (303) 869-3000 if you need help completing this form.

PLEASE READ THE ABOVE INSTRUCTIONS BEFORE SUBMITTING

Section 29-1-604, C.R.S., outlines the provisions for an exemption from audit. Generally, any local government for which neither revenues nor expenditures exceed \$500,000 in any fiscal year may qualify for an exemption. If either revenues or expenditures are \$100,000 or greater, but not more than \$500,000, you may NOT use this form. Please use the LONG FORM of this application. If both revenues and expenditures are less than \$100,000 individually, use this short form application for exemption from audit.

Please review ALL instructions prior to the completion of this form.

Instructions:

- Prepare this form completely and accurately. Please note that there are 11 parts to this form, and all questions
 must be answered for the application to be considered complete.
- File this form with the Office of the State Auditor within 3 months after the end of the fiscal year.
 For years ended December 31, the form must be received by the Office of the State Auditor by March 31.
- 3. The form must be completed by a person skilled in governmental accounting.
- The application must be personally reviewed and approved by a majority of the governing body as evidenced by one of the following methods:
 - a. Resolution of the governing body application may be emailed, faxed, or mailed.
 - b. Original signatures application must be mailed. Email or fax will NOT be accepted.
- 5. The preparer must sign the application that is submitted in order for it to be accepted.
- 6. Additional information may be attached to the exemption at the preparer's discretion.

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			
Name:	Kevin Collins		
Title:	Independent Accountant		
Firm Name (if applicable):	CliftonLarsonAllen LLP		
Address:	8390 E Crescent Pkwy, Ste 600, Greenwood Village, CO 80111		
Telephone Number:	303-779-5710		
Date Prepared:	February 7, 2014		

Preparer Signature (Required): The application will be rejected if not signed by the preparer.

See Accountant's Compilation Report

Please indicate whether the following financial information is recorded	Governmental	Proprietary
using Governmental or Proprietary fund types	X	

	PART 2 - REVENUE		
	REVENUE: All revenues for all funds must be reflected in this section, including proceeds from equipment, and proceeds from debt or lease transactions. Financial information will not include		
Line#	Description	(Omit cents)	
2-1	Taxes: Property	\$ 87,2	268
2-2	Specific ownership	\$ 6,1	134
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	\$	8
2-14	Charges for utility services	-	-
2-15	Debt proceeds (should agree with line 4-3, column 2)	-	-
2-16	Lease proceeds	-	
2-17	Developer Advances received (should agree with line 4-3)	-	
2-18	Proceeds from sale of capital assets	-	-
2-19	Fire and police pension	_ S	
2-20	Other (specify):	S -	
2-21	1)	-	
2-22		\$	
2-23		-	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE all sources	\$ \$ 93,4	10

	PART 3 - EXPENDITURES	
	EXPENDITURES: All expenditures for all funds must be reflected in this section, including the p payments on long-term debt. Financial information will not include fund equity information.	urchase of capital assets and principal and interest
Line#	Description	(Omit cents)
3-1	Administrative	-
3-2	Salaries	-
3-3	Payroll taxes	\$ -
3-4	Contract services	S -
3-5	Employee benefits	-
3-6	Insurance	\$ 2,277
3-7	Accounting and legal fees	\$ 1,100
3-8	Repair and maintenance	\$ -
3-9	Supplies	-
3-10	Utilities and telephone	S -
3-11	Fire/Police	S -
3-12	Streets and highways	s -
3-13	Public health	\$ -
3-14	Culture and recreation	\$ -
3-15	Utility operations	-
3-16	Capital outlay (should agree with line 6-1, column 2)	\$
3-17	Debt service principal (should agree with line 4-3, column 2)	\$ -
3-18	Debt service interest	-
3-19	Repayment of Developer Advances (should agree with line 4-3)	-
3-20	Contribution to pension plan (should agree to line 7-2)	-
3-21	Contribution to Fire & Police Pension Assoc. (should agree to line 7-2)	-
3-22	Other (specify):	-
3-23	Treasurer's fees	\$ 1,309
3-24	Transfer to Sweetgrass Metropolitan District No. 1	\$ 85,623
3-25	(add lines 3-1 through 3-24) TOTAL EXPENDITURES all categories	\$ 90,309

Note: If *Total Revenue* (Line 2-24) or *Total Expenditures* (Line 3-25) 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	i, ISSUED, AN	D KE	: IIKED				
	Please answer the following questions by marking the appropriate boxes.					es es		No
4-1	Does the entity have outstanding debt?							Х
	Is the debt repayment schedule attached? If no, please explain:							ALC THURSDAY NO
	N/A. The District has no outstanding debt.							
	į –				144			and distrib
					dipolitics.		HOUSE STATE	
4-2	Is the entity current in its debt service payments? If no, please expl	ain:				ONL-EO-EO-DIE-IO		and the same
	N/A. The District has no outstanding debt.							
4-3		1	Т		State of the Control	danamakana	T	- I do i face o male o fra
	Please complete the following debt schedule, if applicable:	Outstanding a	nt Is	ssued during	Retire	d during	Outst	anding
	(please only include principal amounts)	end of prior ye		fiscal year	fisca	al year		year-ei
	General obligation bonds	S -	\$	-	\$	-	\$	-
	Revenue bonds	S -	\$	-	\$	-	\$	-
	Notes/Loans	S -	S		\$		\$	
	Leases	S -	S		\$	-	\$	
	Developer Advances	S -	\$		\$	-	\$	-
	Other (specify):	S -	S	-	\$	-	S	× -
	Total:	S -	S		S		S	
	Please answer the following questions by marking the appropri	riate boxes.				'es		No
4-4	Does the entity have any authorized, but unissued, debt?					X		
If yes:	How much?	S	1000	40,189,600	Name and			Charles Tille
J==-	Date the debt was authorized			2001				The state of the s
4-5	Does the entity intend to issue debt within the next calendar year (2	2012)2			HECKSON		Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the	X
f yes:	How much?	S	-	551.65	SARKAGA	STATE OF THE STATE OF	ACTION NO.	No.
i yes.	now much	13		-	Order School School		eninkistik	and the same
	Please answer the following questions by marking the appropriate the property of the property				Y	'es	_	No
4-6	Does the entity have debt that has been refinanced that it is still res				THE REAL PROPERTY.	COLUMN DESIGNATION	No.	X
f yes:	What is the amount outstanding?	\$		-				
					_		_	
	Please answer the following questions by marking the appropri	riate boxes.		2012 10 10 10 10 10 10 10 10 10 10 10 10 10	Y	es		No
4-7	Does the entity have any lease agreements?				: 1000000000000000000000000000000000000	COARTS CALL DOMEST COOK		X
If yes:	What is being leased?							
	What is the original date of the lease?							
	Number of years of lease?				l district			
	Is the lease subject to annual appropriation?							
	What are the annual lease payments?	\$	37	•				
				•				
	What are the annual lease payments?			*				
4-8	What are the annual lease payments?			•				
4-8	What are the annual lease payments?		×	•				
4-8	What are the annual lease payments?							
4-8	What are the annual lease payments?	es:	S	•				
4-8	What are the annual lease payments? Please use this space to provide any explanations or comment PART 5 - CASH AND	INVESTMENT	S	•	Am	ount		otal
	What are the annual lease payments? Please use this space to provide any explanations or comment PART 5 - CASH AND Please provide the entity's cash deposit and investment balance	INVESTMENT	S	•		ount		otal
5-1	What are the annual lease payments? Please use this space to provide any explanations or comment PART 5 - CASH AND Please provide the entity's cash deposit and investment balance Checking accounts	INVESTMENT	S	•	\$	ount		otal
5-1 5-2	What are the annual lease payments? Please use this space to provide any explanations or comment PART 5 - CASH AND Please provide the entity's cash deposit and investment balance Checking accounts Savings accounts	INVESTMENT	S	•	\$			otal
5-1	What are the annual lease payments? Please use this space to provide any explanations or comment PART 5 - CASH AND Please provide the entity's cash deposit and investment balance Checking accounts Savings accounts Certificates of deposit	INVESTMENT	S	•	\$			rotal
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5-1 5-2 5-3 5-4 5-5 5-6	What are the annual lease payments? Please use this space to provide any explanations or comment PART 5 - CASH AND Please provide the entity's cash deposit and investment balance Checking accounts Savings accounts Certificates of deposit Total Cash Deposits Investments (if investment is a mutual fund, please list underlying in CSAFE Total Investments	INVESTMENT	S		\$ \$ \$ \$		S	5,67
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5-1 5-2 5-3 5-4 5-5 5-6	What are the annual lease payments? Please use this space to provide any explanations or comment PART 5 - CASH AND Please provide the entity's cash deposit and investment balance. Checking accounts Savings accounts Certificates of deposit Total Cash Deposits Investments (if investment is a mutual fund, please list underlying in CSAFE Total Investments Total Investments Total Cash and Investments Please answer the following question by marking in the appropriate the entity's deposits in an eligible (Public Deposit Protection Acc	INVESTMENT ces. nvestments):			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	5,676	\$ \$ \$	5,67 5,67
5-1 5-2 5-3 5-4 5-5 5-6 5-7	What are the annual lease payments? Please use this space to provide any explanations or comment PART 5 - CASH AND Please provide the entity's cash deposit and investment balance Checking accounts Savings accounts Certificates of deposit Total Cash Deposits Investments (if investment is a mutual fund, please list underlying in CSAFE Total Investments Total Investments Please answer the following question by marking in the appropriate the entity's deposits in an eligible (Public Deposit Protection Action, et seq. C.R.S.)? If no, please explain:	INVESTMENT Ces. Investments): Oriate box (t) public depositor			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	5,676	\$ \$ \$	5,67 5,67
5-1 5-2 5-3 5-4 5-5 5-6 5-7	What are the annual lease payments? Please use this space to provide any explanations or comment PART 5 - CASH AND Please provide the entity's cash deposit and investment balance. Checking accounts Savings accounts Certificates of deposit Total Cash Deposits Investments (if investment is a mutual fund, please list underlying in CSAFE Total Investments Total Investments Please answer the following question by marking in the appropare the entity's deposits in an eligible (Public Deposit Protection Action, et seq. C.R.S.)? If no, please explain: Please use this space to provide any explanations or comment	INVESTMENT Ces. Investments): Oriate box (t) public depositor			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	5,676	\$ \$ \$	5,67 5,67
5-1 5-2 5-3 5-4 5-5 5-6 5-7	What are the annual lease payments? Please use this space to provide any explanations or comment PART 5 - CASH AND Please provide the entity's cash deposit and investment balance Checking accounts Savings accounts Certificates of deposit Total Cash Deposits Investments (if investment is a mutual fund, please list underlying in CSAFE Total Investments Total Investments Please answer the following question by marking in the appropriate the entity's deposits in an eligible (Public Deposit Protection Action, et seq. C.R.S.)? If no, please explain:	INVESTMENT ces. nvestments): priate box t) public depositor			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	5,676	\$ \$ \$	5,67 5,67
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	PART 6 - CAPITA								
	Please answer the following questions by marking in the appro	priate bo	xes.			Ye	S		No
6-1	Does the entity have capital assets?							Х	
If yes:	Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506,)-1-506,				
	C.R.S.,? If no, please explain:					tances more	T SECTION SHOWING	transfect of cent	
	ii								
	Complete the following table:	Rel	ance -			1923233333	nucerated:		A PROPERTY OF
			ing of the	/	Additions	Delet	ions		ar-En
			/ear	ľ				Ва	lance
	Land	\$	ੁ	\$	-	\$	-	\$	٠.
	Buildings	\$	¥	\$	-	\$	-	\$	- 1
	Machinery and equipment	\$	K	\$	-	\$	-	\$	
	Furniture and fixtures	\$	141	\$		\$	-	\$	
	Construction In Progress (CIP)	S		\$	•	\$	•	\$	
	Other (explain):	\$		\$	-	\$	-	\$	•
	Accumulated Depreciation	\$	(4	\$	-	\$	(2)	\$	
	Total	\$	12	\$		\$	4	\$	
•	Please use this space to provide any explanations or comments	s:						100.45	
6-2	22								
	×								
	PART 7 - PENSION II	NFORM	ATION						
	Please answer the following questions by marking in the appro	priate bo	xes.			Ye	S		No
7-1	Does the entity have an "old hire" firemen's pension plan?								Х
7-2	Does the entity have a volunteer firemen's pension plan?					THE STATE OF THE S	THE COST CHANGE VAN	CONTRACTOR CONT	Χ
If yes:	Who administers the plan?								
	Indicate the contributions from:						4.4000	* 0.00	
	Tax (property, SO, sales, etc.):			\$	•				1012
	State contribution amount:			\$	•				
	Other (gifts, donations, etc.):			\$	•				
	Total:			\$	-		2000000		
	What is the monthly benefit paid for 20 years of service per retir Please use this space to provide any explanations or comments		Jan 17	\$		Translate and control		retied et est	are teta
	Please use this space to provide any explanations of comments	»;							
7-3									
7-3									
	PART 8 - BUDGET IN	IEODM	ATION						
	Please answer the following questions by marking in the appro					Ye	e		No
8-1	Did the entity file a 2013 budget with the Department of Local Affairs			ain:		X	_		44/
- •								o de	i de
									4 .4 4
8-2	Did the entity pass an appropriations resolution? In no, please expla	in:				X	XUXUYA	TANKA KATANT	and the state of t
								4442	4.4
						ar se se se			
If yes:	Please indicate the amount appropriated for each fund for 2013:				***				
	Fund Name		eted 2013	Exp					444
	General Fund - Amended	\$			94,686		men zana Upp Supp		Maries Services
	Please use this space to provide any explanations or comments	:					an ar ministra	nuren abstr	on union i
8-3									
U-U									
	Page 4								

	PART 9 - TAX PAYER'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)]?	Х	
	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.		
	Please use this space to provide any explanations or comments:		
9-2	54		

Please answer the following questions by marking in the appropriate boxes. 10-1 Is this application for a newly formed governmental entity? If yes: 10-2 Is 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? 10-4 Please indicate what services the entity provides: Water, streets, traffic and safety controls, parks and recreation, and sewer. 10-5 Does the entity have an agreement with another government to provide services? If yes: If yes: If yes: If yes: In the name of the other governmental entity and the services provided: Facility Connection and Services Agreement with Sweetgrass Metropolitan District Nos. 1 and 2; District covernants with City of Dacono, Colorado. 10-6 Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.] If yes: Date Filed Please use this space to provide any explanations or comments:		PART 10 - GENERAL INFORMATION		
10-1 Is this application for a newly formed governmental entity? X If yes: Date of formation:		Please answer the following questions by marking in the appropriate boxes.	Yes	No
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? X Please indicate what services the entity provides: Water, streets, traffic and safety controls, parks and recreation, and sewer. 10-5 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: Facility Connection and Services Agreement with Sweetgrass Metropolitan District Nos, 1 and 2; District covernants with City of Dacono, Colorado. 10-6 Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.] If yes: Date Filed:	10-1	Is this application for a newly formed governmental entity?		Х
If Yes: Please list the NEW name & PRIOR name: 10-3 Is the entity a metropolitan district? Please indicate what services the entity provides: Water, streets, traffic and safety controls, parks and recreation, and sewer. 10-5 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: Facility Connection and Services Agreement with Sweetgrass Metropolitan District Nos. 1 and 2; District covenants with City of Dacono, Colorado. 10-6 Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.]	If yes:		ANNA MARKANA SANTA MARKANA ANTA MARKANA SANTA MARKANA	
If Yes: Please list the NEW name & PRIOR name: 10-3 Is the entity a metropolitan district? X 10-4 Please indicate what services the entity provides: Water, streets, traffic and safety controls, parks and recreation, and sewer. 10-5 Does the entity have an agreement with another government to provide services? X If yes: List the name of the other governmental entity and the services provided: Facility Connection and Services Agreement with Sweetgrass Metropolitan District Nos. 1 and 2; District covenants with City of Dacono, Colorado. 10-6 Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.] If yes: Date Filed:	10-2	Has the entity changed its name in the past or current year?		X
10-3 Is the entity a metropolitan district? 10-4 Please indicate what services the entity provides: Water, streets, traffic and safety controls, parks and recreation, and sewer. 10-5 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: Facility Connection and Services Agreement with Sweetgrass Metropolitan District Nos. 1 and 2; District covenants with City of Dacono, Colorado. 10-6 Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.]	If Yes:			i de contact
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C.R.S.] If yes: Date Filed:				
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PART 11 - GOVERNING BODY APPROVAL

Below is the certification and approval of the governing board. By signing the board member is certifying they are a duty elected or appointed officer of the local government. Governing board members may be verified. Also by signing, the board member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenue and expenditures of \$100,000 or less must have an application prepared by a person skilled in governmental accounting, completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

	Print the names of all current	A MAJORITY of the governing board members must complete and sign in the column
Board Member 1	Print Board Members Name Jon Lee	I Jon Lee, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed
Board Member 2	Print Board Members Name Kim Lytle	I Kim Lytle, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed Date: My term Expires:May 2016
Board Member 3	Print Board Members Name David Rhodes	I David Rhodes, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed Place Date: 3/4/M My term Expires:May 2016
Board Member 4	Print Board Members Name	I, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed
Board Member 5	Print Board Members Name	I, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed Date: My term Expires:
Board Member 6	Print Board Members Name	I, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed Date: My term Expires:
Board Member 7	Print Board Members Name	I, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed Date: My term Expires: