

APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM

FOR LOCAL GOVERNMENTS WITH EITHER REVENUES OR EXPENDITURES MORE THAN \$100,000 BUT NOT MORE THAN \$750,000

Under the Local Government Audit Law [Section 29-1-601, et seq., C.R.S.] any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 for the year.

If your local government has either revenues or expenditures of LESS than \$100,000, use the SHORT FORM.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit EACH YEAR and submit it to the Office of the State Auditor (OSA) for approval.

Any preparer of an Application for Exemption from Audit must be an independent accountant with knowledge of governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END. FOR EXAMPLE, APPLICATIONS MUST BE RECEIVED BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS. PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS.

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUTORY DEADLINE.

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT THIS ADDRESS:

<http://www.lawserver.com/legis/colorado>

CHECKLIST

- Has the preparer signed the application?
- Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?
- Has the application been PERSONALLY reviewed and approved by the governing body?
- Are all sections of the form complete, including responses to all of the questions?
- Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?
  - Will this application be submitted via Fax or Email?
    - If yes, have you read and understand the new Electronic Signature Policy? See [here](#)
    - new policy
  - If yes, have you read and understand the new Electronic Signature Policy? See [here](#)
- Have you included a resolution?
- Does the resolution state that the governing body PERSONALLY reviewed and approved the resolution in an open public meeting?
- Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)

Checkout our new web portal. Register your account and submit electronic Applications for Exemption From Audit, Extension of Time to File requests, Audited Financial Statements, and more! See the link below.

OSA.LG Web Portal

If yes, does the application include ORIGINAL INK SIGNATURES from the MAJORITY of the governing body?

FILING METHODS

NEW METHOD!

WEB PORTAL: Register and submit your Applications at our new portal:

<https://apps.leg.co.gov/osalg>

MAIL: Office of the State Auditor

Local Government Audit Division

1525 Sherman St., 7th Floor

Denver, CO 80203

FAX: 303-860-3061

EMAIL: [osalg@state.co.us](mailto:osalg@state.co.us)

QUESTIONS? 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor. Governmental Activity should be reported on the Modified Accrual Basis. Proprietary Activity should be reported on the Cash or Budgetary Basis - A Budget to GAAP reconciliation is provided in Part 3. Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year. In that event, AN AUDIT SHALL BE REQUIRED.

**APPLICATION FOR EXEMPTION FROM AUDIT**

LONG FORM

NAME OF GOVERNMENT ADDRESS

Southwest Timnath Metropolitan District No. 3  
1927 Wilmington Drive, Suite 101  
Fort Collins, Colorado 80528

For the Year Ended  
12/31/2020  
or fiscal year ended:

CONTACT PERSON

Guy Johnson, District Manager  
970-488-2820  
manager@swtmd.com  
970-225-0054

PHONE  
EMAIL  
FAX

**CERTIFICATION OF PREPARER**

I certify that I am an independent accountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of my knowledge. I am aware that the Audit Law requires that a person independent of the entity complete the application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is separate from the entity.

NAME:

Christine A. Reeves

TITLE

Certified Public Accountant

FIRM NAME (if applicable)

John Cutler and Associates, LLC

ADDRESS

600 17th Street, Denver CO 80202

PHONE

303-634-2289

DATE PREPARED

3/18/2021

RELATIONSHIP TO ENTITY

Independent Accountant

**PREPARER (SIGNATURE REQUIRED)**

*Christine A.R.*

Has the entity filed for, or 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.]

YES	NO	If Yes, date filed:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET**

\* Indicate Name of Fund  
 NOT: Attach additional sheets as necessary

Line #	Description	Governmental Funds		Proprietary/ fiduciary Funds		Please use this space to provide explanation of any items on this page
		General Fund	Fund*	Fund*	Fund*	
1-1	Assets					
1-1	Cash & Cash Equivalents	\$	\$	\$	\$	
1-2	Investments	\$	\$	\$	\$	
1-3	Receivables	\$	\$	\$	\$	
1-4	Due from Other Entities or Funds	\$	\$	\$	\$	
1-4	All Other Assets (Specify: )	\$	\$	\$	\$	
1-5	Property Taxes Receivable	\$	\$	\$	\$	
1-6		\$	\$	\$	\$	
1-7		\$	\$	\$	\$	
1-8		\$	\$	\$	\$	
1-9		\$	\$	\$	\$	
1-10		\$	\$	\$	\$	
1-11	(add lines 1-1 through 1-10)	\$	\$	\$	\$	
1-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$	\$	\$	\$	
1-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	\$	\$	\$	
1-14	Liabilities					
1-14	Accounts Payable	\$	\$	\$	\$	
1-15	Accrued Payroll and Related Liabilities	\$	\$	\$	\$	
1-16	Accrued Interest Payable	\$	\$	\$	\$	
1-17	Due to Other Entities or Funds	\$	\$	\$	\$	
1-18	All Other Current Liabilities	\$	\$	\$	\$	
1-19	TOTAL CURRENT LIABILITIES	\$	\$	\$	\$	
1-20	All Other Liabilities (Specify: )	\$	\$	\$	\$	
1-21		\$	\$	\$	\$	
1-22		\$	\$	\$	\$	
1-23		\$	\$	\$	\$	
1-24		\$	\$	\$	\$	
1-25		\$	\$	\$	\$	
1-26		\$	\$	\$	\$	
1-27		\$	\$	\$	\$	
1-28	(add lines 1-19 through 1-27)	\$	\$	\$	\$	
1-29	TOTAL DEFERRED INFLOWS OF RESOURCES	\$	\$	\$	\$	
1-29	Fund Balance					
1-30	Nonspendable Prepaid	\$	\$	\$	\$	
1-31	Nonspendable Inventory	\$	\$	\$	\$	
1-32	Restricted (Specify: )	\$	\$	\$	\$	
1-33	Committed (Specify: )	\$	\$	\$	\$	
1-34	Assigned (Specify: )	\$	\$	\$	\$	
1-35	Unassigned:	\$	\$	\$	\$	
1-36	(add lines 1-30 through 1-35)	\$	\$	\$	\$	
1-37	(This total should be the same as line 3-33)	\$	\$	\$	\$	
1-37	TOTAL FUND BALANCE	\$	\$	\$	\$	
1-37	(add lines 1-28, 1-29 and 1-36)	\$	\$	\$	\$	
1-37	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE	\$	\$	\$	\$	
	Assets					
	Cash & Cash Equivalents	\$	\$	\$	\$	
	Investments	\$	\$	\$	\$	
	Receivables	\$	\$	\$	\$	
	Due from Other Entities or Funds	\$	\$	\$	\$	
	Other Current Assets	\$	\$	\$	\$	
	Total Current Assets	\$	\$	\$	\$	
	Capital Assets, net (from Part 6a)	\$	\$	\$	\$	
	Other Long Term Assets (Specify: )	\$	\$	\$	\$	
	(add lines 1-1 through 1-10)	\$	\$	\$	\$	
	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$	\$	\$	\$	
	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	\$	\$	\$	
	Liabilities					
	Accounts Payable	\$	\$	\$	\$	
	Accrued Payroll and Related Liabilities	\$	\$	\$	\$	
	Accrued Interest Payable	\$	\$	\$	\$	
	Due to Other Entities or Funds	\$	\$	\$	\$	
	All Other Current Liabilities	\$	\$	\$	\$	
	TOTAL CURRENT LIABILITIES	\$	\$	\$	\$	
	Proprietary Debt Outstanding (from Part 4a)	\$	\$	\$	\$	
	Other Liabilities (Specify: )	\$	\$	\$	\$	
	(add lines 1-19 through 1-27)	\$	\$	\$	\$	
	TOTAL DEFERRED INFLOWS OF RESOURCES	\$	\$	\$	\$	
	Net Position					
	Net Investment in Capital Assets	\$	\$	\$	\$	
	Emergency Reserves	\$	\$	\$	\$	
	Other Designations/Reserves	\$	\$	\$	\$	
	Restricted	\$	\$	\$	\$	
	Undesignated/Unreserved/Unrestricted	\$	\$	\$	\$	
	(add lines 1-30 through 1-35)	\$	\$	\$	\$	
	(This total should be the same as line 3-33)	\$	\$	\$	\$	
	TOTAL NET POSITION	\$	\$	\$	\$	
	(add lines 1-28, 1-29 and 1-36)	\$	\$	\$	\$	
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION	\$	\$	\$	\$	

## PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

Line #	Description	Governmental Funds		Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		General Fund	Fund	Fund	Fund	
2-1	Tax Revenue					
2-2	Property include in the level in Question 10-6)	\$ 84,117	\$ -	\$ -	\$ -	
2-3	Specific Ownership	\$ 6,198	\$ -	\$ -	\$ -	
2-4	Sales and Use Tax	\$ -	\$ -	\$ -	\$ -	
2-5	Other Tax Revenue (specify . . .)	\$ -	\$ -	\$ -	\$ -	
2-6		\$ -	\$ -	\$ -	\$ -	
2-7		\$ -	\$ -	\$ -	\$ -	
2-8	<b>Add lines 2-1 through 2-7</b>	<b>\$ 100,315</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
	<b>TOTAL TAX REVENUE</b>					
2-9	Licenses and Permits	\$ -	\$ -	\$ -	\$ -	
2-10	Highway Users' Tax Funds (part 1)	\$ -	\$ -	\$ -	\$ -	
2-11	Conservation Trust Funds (letter 1)	\$ -	\$ -	\$ -	\$ -	
2-12	Community Development Block Grant	\$ -	\$ -	\$ -	\$ -	
2-13	Fire & Police Pension	\$ -	\$ -	\$ -	\$ -	
2-14	Grants	\$ -	\$ -	\$ -	\$ -	
2-15	Donations	\$ -	\$ -	\$ -	\$ -	
2-16	Charges for Sales and Services	\$ -	\$ -	\$ -	\$ -	
2-17	Rental Income	\$ -	\$ -	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	\$ -	\$ -	
2-19	Interest/Investment Income	\$ -	\$ -	\$ -	\$ -	
2-20	Tap Fees	\$ -	\$ -	\$ -	\$ -	
2-21	Proceeds from Sale of Capital Assets	\$ -	\$ -	\$ -	\$ -	
2-22	All Other (specify . . .)	\$ -	\$ -	\$ -	\$ -	
2-23		\$ -	\$ -	\$ -	\$ -	
2-24	<b>Add lines 2-8 through 2-23</b>	<b>\$ 100,315</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
	<b>TOTAL REVENUES</b>					
	Other Financing Sources					
2-25	Debt Proceeds	\$ -	\$ -	\$ -	\$ -	
2-26	Developer Advances	\$ -	\$ -	\$ -	\$ -	
2-27	Other (specify . . .)	\$ -	\$ -	\$ -	\$ -	
2-28		\$ -	\$ -	\$ -	\$ -	
2-29	<b>Add lines 2-25 through 2-27</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
	<b>TOTAL OTHER FINANCING SOURCES</b>					
	<b>Add lines 2-24 and 2-28</b>	<b>\$ 100,315</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
	<b>TOTAL REVENUES AND OTHER FINANCING SOURCES</b>					
	<b>GRAND TOTALS</b>					
		<b>\$ 100,315</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

**IF GRAND TOTAL REVENUES AND OTHER FINANCING SOURCES for all funds (Line 2-29) are GREATER than \$750,000 - STOP. You may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact the OSA Local Government Division at (303) 869-3000 for assistance.**

**PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES**

Line #	Description	Governmental Funds		Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		General Fund	Fund*	Fund*	Fund*	
3-1	Expenditures					
3-2	General Government	\$ 1,863	\$	\$	\$	
3-3	Judicial	\$	\$	\$	\$	
3-4	Law Enforcement	\$	\$	\$	\$	
3-5	Fire	\$	\$	\$	\$	
3-6	Highways & Streets	\$	\$	\$	\$	
3-7	Solid Waste	\$	\$	\$	\$	
3-8	Contributions to Fire & Police Pension Assoc.	\$	\$	\$	\$	
3-9	Health	\$	\$	\$	\$	
3-10	Culture and Recreation	\$	\$	\$	\$	
3-11	Transfers to other districts	\$ 98,452	\$	\$	\$	
3-12	Other [specify: ]:	\$	\$	\$	\$	
3-13		\$	\$	\$	\$	
3-14	Capital Outlay	\$	\$	\$	\$	
3-15	Debt Service	\$	\$	\$	\$	
3-16	Principal	\$	\$	\$	\$	
3-17	Interest	\$	\$	\$	\$	
3-18	Bond Issuance Costs	\$	\$	\$	\$	
3-19	Developer Principal Repayments	\$	\$	\$	\$	
3-20	Developer Interest Repayments	\$	\$	\$	\$	
3-21	All Other [specify: ]:	\$	\$	\$	\$	
3-22	Add lines 3-1 through 3-21	\$ 100,315	\$	\$	\$	
	<b>TOTAL EXPENDITURES</b>					<b>GRAND TOTAL</b>
3-23	Interfund Transfers (in)	\$	\$	\$	\$	
3-24	Interfund Transfers out	\$	\$	\$	\$	
3-25	Other Expenditures (revenues)	\$	\$	\$	\$	
3-26		\$	\$	\$	\$	
3-27		\$	\$	\$	\$	
3-28		\$	\$	\$	\$	
3-29		\$	\$	\$	\$	
	<b>TOTAL TRANSFERS AND OTHER EXPENDITURES</b>					
3-30	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures	\$	\$	\$	\$	
	Line 2-29, less line 3-22, plus line 3-29	\$	\$	\$	\$	
3-31	Fund Balance, January 1 from December 31 prior year report	\$	\$	\$	\$	
3-32	Prior Period Adjustment (MUST explain)	\$	\$	\$	\$	
3-33	Fund Balance, December 31	\$	\$	\$	\$	
	Sum of line 3-30, 3-31, and 3-32	\$	\$	\$	\$	
	This total should be the same as line 1-36.	\$	\$	\$	\$	
	<b>TOTAL GAAP RECONCILING ITEMS</b>					
	Net Increase (Decrease) in Net Position	\$	\$	\$	\$	
	Line 2-29, less line 3-22, plus line 3-29, plus line 3-23, less line 3-24	\$	\$	\$	\$	
	Net Position, January 1 from December 31 prior year report	\$	\$	\$	\$	
	Prior Period Adjustment (MUST explain)	\$	\$	\$	\$	
	Net Position, December 31	\$	\$	\$	\$	
	Line 3-30 plus line 3-31	\$	\$	\$	\$	
	This total should be the same as line 1-36.	\$	\$	\$	\$	

**IF GRAND TOTAL EXPENDITURES for all funds (line 3-22) are GREATER than \$750,000 - STOP - You may not use this form. An audit may be required. See Section 29-1-604 C.R.S. or contact the OSA Local Government Division at (303) 869-3000 for assistance.**





**PART 8 - BUDGET INFORMATION**

Please answer the following question by marking in the appropriate box YES NO N/A Please use this space to provide any explanations or comments.

Fund Name	Budgeted Expenditures/Expenses
General Fund (Amended Dec 2020)	100,315

**PART 9 - TAX PAYER'S BILL OF RIGHTS (TABOR)**

Please answer the following question by marking in the appropriate box YES NO Please use this space to provide any explanations or comments.

8-1 Did the entity file a current year budget with the Department of Local Affairs, in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:  YES  NO  N/A

8-2 Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:  YES  NO  N/A

**PART 10 - GENERAL INFORMATION**

Please answer the following question by marking in the appropriate box YES NO Please use this space to provide any explanations or comments.

10-1 Is this application for a newly formed governmental entity?  YES  NO

If yes Date of formation: \_\_\_\_\_

10-2 Has the entity changed its name in the past or current year?  YES  NO

If yes NEW name \_\_\_\_\_

PRIOR name \_\_\_\_\_

10-3 Is the entity a metropolitan district?  YES  NO

10-4 Please indicate what services the entity provides:  YES  NO

See below \_\_\_\_\_

10-5 Does the entity have an agreement with another government to provide services?  YES  NO

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

SWTMD No. 1, see below \_\_\_\_\_

10-6 Does the entity have a certified mill levy?  YES  NO

If yes Please provide the number of mills levied for the year reported (do not enter \$ amounts):

Bond Redemption mills	0.000
General/Other mills	55.664
<b>Total mills</b>	<b>55.664</b>

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

10-5: Agreement with SWTMD No. 1, to provide non-potable water, streets and roadways, landscaping, signage, monuments, lighting, traffic and safety, sanitation and sewer, and parks and recreation.

Entity Wide:	General Fund	Governmental Funds	Notes
Unrestricted Cash & Investments	\$ -	Total Tax Revenue	100,315
Current Liabilities	- Total Fund Balance	Revenue Paying Debt Service	\$ -
Deferred Inflow	91,583	Total Revenue	\$ 100,315
	Total Revenue	Total Debt Service Principal	\$ -
	Total Expenditures	Total Debt Service Interest	\$ -
<b>Governmental</b>	Interfund In	Enterprise Funds	
Total Cash & Investments	- Interfund Out	Net Position	\$ -
Transfers In	- Proprietary	PY Net Position	\$ -
Transfers Out	- Current Assets	GovernmentWide	\$ -
Property Tax	94,117	Total Outstanding Debt	\$ -
Debt Service Principal	- Current Liabilities	Authorized but Unissued	\$ -
Total Expenditures	100,315	Year Authorized	\$ -
Total Developer Advances	- Cash & Investments		
Total Developer Repayments	- Principal Expense		
			11/4/2014
			5,806,350

PART 12 - GOVERNING BODY APPROVAL

Please answer the following question by marking in the appropriate box

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

YES  NO

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

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.

Below is the certification and approval of the governing body. By signing each individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, the individual 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 \$750,000 or less must have an application prepared by an independent accountant with knowledge of governmental accounting completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

Print the names of ALL members of the governing body below.

A MAJORITY of the members of the governing body must complete and sign in the column below.

Full Name	Signature	Date	My term Expires	Attestation
Dino A. DiTullio, President/Chairman	<i>Dino A. DiTullio</i>	03-22-2021	May 2022	I, <u>Dino A. DiTullio</u> , attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.
Michael J. DiTullio, Secretary/Treasurer	<i>Michael J. DiTullio</i>	3/23/21	May 2022	I, <u>Michael J. DiTullio</u> , attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.
Jennifer L. DiTullio, Vice Chair, Asst Sec'y/Tres.	<i>Jennifer L. DiTullio</i>	03-22-2021	May 2022	I, <u>Jennifer L. DiTullio</u> , attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.
Kara L. DiTullio, Vice Chair, Asst Sec'y/Tres.	<i>Kara L. DiTullio</i>		May 2023	I, <u>Kara L. DiTullio</u> , attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.
Ron Mullenbach, Vice Chair, Asst Sec'y/Tres.	<i>Ron Mullenbach</i>	03-21-2021	May 2023	I, <u>Ron Mullenbach</u> , attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.
Full Name				I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.
Full Name				I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.
Full Name				I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.