APPLICATION FOR EXEMPTION FROM AUDIT - *LONG FORM* - FOR GOVERNMENTS WITH REVENUE OR EXPENDITURES GREATER THAN $100,000 BUT NOT MORE THAN $500,000

Name of Government:	VDW METROPOLITAN DISTRICT NO. 3	For the Fiscal Year
Address:	C/O PINNACLE CONSULTING GROUP, INC.	
	5110 GRANITE STREET, SUITE C	
	LOVELAND, CO 80538	Ended December 31, 2012
Contact Person:	BRENDAN CAMPBELL, CPA	
Telephone:	(970) 669-3611	
Email:	BRENDANC@PINNACLECONSULTINGGROUPINC.COM	
Fax:	(970) 669-3612	or fiscal year ended:

Return to: Office of the State Auditor
Local Government Audit Division
225 E. 16th Ave., Suite 555
Denver, CO 80203
Fax: **303-866-4062**
Email: OSA.LG@state.co.us
Call (303) 866-3338 if you need help completing this form.

PLEASE READ THE ABOVE INSTRUCTIONS BEFORE SUBMITTING THE COMPLETED APPLICATION

Section 29-1-604, C.R.S., outlines the provisions for an exemption from audit. Generally, any local government for which neither revenue 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 use this form. If both revenues and expenditures are less than $100,000 individually, use the short form application for exemption from audit.

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

Instructions: (See "Instructions" tab for additional information)

1. 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.
   a. Please use whole dollars. Do not include any cents. Please round consistently to ensure that the financial information balances between schedules.
2. 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 an independent accountant (separate from the entity) with knowledge of governmental accounting.
4. 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 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. Independent means someone who is separate from the entity.

Name:	BRENDAN CAMPBELL, CPA
Title:	DISTRICT ACCOUNTANT
Firm Name (if applicable):	PINNACLE CONSULTING GROUP, INC
Address:	5110 GRANITE STREET, SUITE C, LOVELAND, CO 80538
Telephone Number:	(970) 669-3611
Date Prepared:	3/11/2013

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

Relationship to entity:	ACCOUNTANT

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 $500,000. Independent means someone who is separate from the entity. Please describe above what your relationship is with the entity.

PART 1 - Financial Statements - Balance Sheet

		Governmental Funds			Proprietary/Fiduciary Funds		Totals
		GENERAL					
Ln #	Description	Fund*	Fund*	Description	Fund*	Fund*	
1-1	Assets			Assets			
1-2	Cash & Cash Equivalents	$ -	$ -	Cash & Cash Equivalents	$ -	$ -	
1-3	Investments	$ -	$ -	Investments	$ -	$ -	
1-4	Receivables	$ -	$ -	Receivables	$ -	$ -	
1-5	Due from Other Entities or Funds	$ 1,269	$ -	Due from Other Entities or Funds	$ -	$ -	
1-6	Other Assets (specify)	$ -	$ -	Other Current Assets	$ -	$ -	Total Current Assets
1-7		$ -	$ -	Total Current Assets			$ -
1-8		$ -	$ -	Capital Assets, net *(from Part 6-2)*	$ -	$ -	
1-9		$ -	$ -	Other Long Term Assets (specify)	$ -	$ -	
1-10		$ -	$ -		$ -	$ -	
1-11		$ -	$ -		$ -	$ -	
1-12		$ -	$ -		$ -	$ -	
1-13	Total Assets *(add lines 1-2 through 1-12)*	$ 1,269	$ -	Total Assets *(add lines 1-2 through 1-12)*	$ -	$ -	$ 1,269
	Liabilities and Fund Equity			Liabilities and Fund Equity			
	Liabilities			Liabilities			
1-14	Accounts Payable	$ -	$ -	Accounts Payable	$ -	$ -	
1-15	Accrued Payroll and Related Liabilities	$ -	$ -	Accrued Payroll and Related Liabilities	$ -	$ -	
1-16	Accrued Interest Payable	$ -	$ -	Accrued Interest Payable	$ -	$ -	
1-17	Due to Other Entities or Funds	$ 1,269	$ -	Due to Other Entities or Funds	$ -	$ -	
1-18	Other Liabilities (specify)	$ -	$ -	Other Current Liabilities	$ -	$ -	Total Current Liabs.
1-19		$ -	$ -	Total Current Liabilities			$ -
1-20		$ -	$ -	Proprietary Debt Outstanding *(from Part 4-1)*	$ -	$ -	
1-21		$ -	$ -	Other Liabilities (specify)	$ -	$ -	
1-22		$ -	$ -		$ -	$ -	
1-23		$ -	$ -		$ -	$ -	
1-24		$ -	$ -		$ -	$ -	
1-25		$ -	$ -		$ -	$ -	
1-26		$ -	$ -		$ -	$ -	
1-27		$ -	$ -		$ -	$ -	
1-28	Total Liabilities *(add lines 1-14 through 1-27)*	$ 1,269	$ -	Total Liabilities *(add lines 1-14 through 1-27)*	$ -	$ -	$ 1,269
	Fund Balance			Equity			
	Nonspendable :						
1-29	Prepaid	$ -	$ -	Investment in Capital Assets, Net of Debt	$ -	$ -	
1-30	Inventory	$ -	$ -				
	Restricted:			Fund Equity			
1-31	(specify)	$ -	$ -	Emergency Reserves	$ -	$ -	
	Committed:						
1-32	(specify)	$ -	$ -	Other Designations/Reserves	$ -	$ -	
	Assigned:						
1-33	(specify)	$ -	$ -	Restricted	$ -	$ -	
1-34	Unassigned:	$ -	$ -	Undesignated/Unreserved/Unrestricted	$ -	$ -	
1-35	Total Equity *(add lines 1-29 through 1-34)* This total should be the same as line 3-33.	$ -	$ -	Total Equity (add lines 1-29 through 1-34)This total should be the same as line 3-33.	$ -	$ -	$ -
1-36	Total Liabilities and Equity *(add lines 1-28 and 1-35)* This total should be the same as line 1-13	$ 1,269	$ -	Total Liabilities and Equity (add lines 1-28 and 1-35)This total should be the same as line 1-13	$ -	$ -	

**Indicate Name of Fund*

Note: Attach additional sheets as necessary.

PART 2 - Financial Statements - Operating Statement - Revenues

		Governmental Funds			Proprietary/Fiduciary Funds		
		GENERAL Fund*	Fund*		Fund*	Fund*	Total of All Funds
2-1	Revenues and Other Financing Sources			Revenues and Other Financing Sources			
2-2	Taxes			Taxes			
2-3	Property	$ 230,030	$ -	Property	$ -	$ -	
2-4	Specific Ownership	$ 15,904	$ -	Specific Ownership	$ -	$ -	
2-5	Sales and Use Tax	$ -	$ -	Sales and Use Tax	$ -	$ -	
2-6	Other (specify)	$ -	$ -	Other (specify)	$ -	$ -	
2-7		$ -	$ -		$ -	$ -	
2-8		$ -	$ -		$ -	$ -	
2-9		$ -	$ -		$ -	$ -	
2-10	Licenses and Permits	$ -	$ -	Licenses and Permits	$ -	$ -	
2-11	Intergovernmental			Intergovernmental			
2-12	Highway Users Tax Funds (HUTF)	$ -	$ -	Highway Users Tax Funds (HUTF)	$ -	$ -	
2-13	Conservation Trust Funds (Lottery)	$ -	$ -	Conservation Trust Funds (Lottery)	$ -	$ -	
2-14	Community Development Block Grant	$ -	$ -	Community Development Block Grant	$ -	$ -	
2-15	Fire & Police Pension	$ -	$ -	Fire & Police Pension	$ -	$ -	
2-16	Grants	$ -	$ -	Grants	$ -	$ -	
2-17	Donations	$ -	$ -	Donations	$ -	$ -	
2-18	Charges for Sales and Services	$ -	$ -	Charges for Sales and Services	$ -	$ -	
2-19	Rental Income	$ -	$ -	Rental Income	$ -	$ -	
2-20	Fines and Forfeits	$ -	$ -	Fines and Forfeits	$ -	$ -	
2-21	Interest/Investment Income	$ 278	$ -	Interest/Investment Income	$ -	$ -	
2-22	Tap Fees	$ -	$ -	Tap Fees	$ -	$ -	
2-23	Developer Advances	$ -	$ -	Developer Advances	$ -	$ -	
2-24	Other (specify)	$ -	$ -	Other (specify)	$ -	$ -	
2-25		$ -	$ -		$ -	$ -	
2-26	Total Revenues *(Add lines 2-3 through 2-25)*	$ 246,212	$ -	Total Revenues *(Add lines 2-3 through 2-25)*	$ -	$ -	
2-27	Other Financing Sources			Other Financing Sources			
2-28	Debt Proceeds	$ -	$ -	Debt Proceeds	$ -	$ -	
2-29	Proceeds from Sale of Capital Assets	$ -	$ -	Proceeds from Sale of Capital Assets	$ -	$ -	
2-30	Other (specify)	$ -	$ -	Other (specify)	$ -	$ -	
2-31	Total Other Financing Sources *(Add lines 2-28 through 2-30)*	$ -	$ -	Total Other Financing Sources *(Add lines 2-28 through 2-30)*	$ -	$ -	
2-32	Total Revenues and Other Financing Sources *(Add lines 2-26 and 2-31)*	$ 246,212	$ -	Total Revenues and Other Financing Sources *(Add lines 2-26 and 2-31)*	$ -	$ -	$ 246,212

Note: If *Total Revenues and Other Financing Sources - Total of All Funds (Line 2-32)* are greater than $500,000 - STOP, you may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact

PART 3 - Financial Statements - Operating Statement - Expenditures

		Governmental Funds			Proprietary/Fiduciary Funds		
		GENERAL Fund*	Fund*		Fund*	Fund*	Total of All Funds
3-1	Expenditures			Expenditures			
3-2	General Government	$ 246,212	$ -	General Operating & Administrative	$ -	$ -	
3-3	Judicial	$ -	$ -	Salaries	$ -	$ -	
3-4	Public Safety			Payroll Taxes	$ -	$ -	
3-5	Law Enforcement	$ -	$ -	Contract Services	$ -	$ -	
3-6	Fire	$ -	$ -	Employee Benefits	$ -	$ -	
3-7	Other (specify)	$ -	$ -	Insurance	$ -	$ -	
3-8	Public Works			Accounting and Legal Fees	$ -	$ -	
3-9	Highways & Streets	$ -	$ -	Repair and Maintenance	$ -	$ -	
3-10	Solid Waste	$ -	$ -	Supplies	$ -	$ -	
3-11	Other (specify)	$ -	$ -	Utilities	$ -	$ -	
3-12	Contributions to Fire & Police Pension Assoc.	$ -	$ -	Contributions to Fire & Police Pension Assoc.	$ -	$ -	
3-13	Health	$ -	$ -	Other (specify)	$ -	$ -	
3-14	Culture and Recreation	$ -	$ -		$ -	$ -	
3-15	Capital Outlay	$ -	$ -	Capital Outlay	$ -	$ -	
3-16	Debt Service			Debt Service			
3-17	Principal *(matches part 4)*	$ -	$ -	Principal *(matches part 4)*	$ -	$ -	
3-18	Interest	$ -	$ -	Interest	$ -	$ -	
3-19	Bond Issuance Costs	$ -	$ -	Bond Issuance Costs	$ -	$ -	
3-20	Developer Repayments *(matches part 4)*	$ -	$ -	Developer Repayments *(matches part 4)*	$ -	$ -	
3-21		$ -	$ -	Other (specify)	$ -	$ -	
3-22		$ -	$ -		$ -	$ -	
3-23	**Total Expenditures** *(Add lines 3-2 through 3-22)*	$ 246,212	$ -	**Total Expenditures** *(Add lines 3-2 through 3-22)*	$ -	$ -	$ 246,212
3-24	Net Interfund Transfers In (Out)	$ -	$ -	Net Interfund Transfers In (Out)	$ -	$ -	
3-25	Other (specify):	$ -	$ -	Accrual Basis Reconciling Items			
3-26		$ -	$ -	Depreciation	$ -	$ -	
3-27		$ -	$ -	Other Financing Sources *(from line 2-31)*	$ -	$ -	
3-28		$ -	$ -	Capital Outlay *(from line 3-15)*	$ -	$ -	
3-29		$ -	$ -	Debt Principal *(from line 3-17)*	$ -	$ -	
3-30	**Total Transfers and Other Expenditures** *(Lines 3-24 plus lines 3-25 through 3-29)*	$ -	$ -	**Total Reconciling Items** *(Line 3-28, plus line 3-29, less line 3-26, less line 3-27)*	$ -	$ -	
3-31	**Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures** *(Line 2-32, less line 3-23, plus lines 3-24 through 3-30)*	$ -	$ -	**Net Increase (Decrease) in Equity** *(Line 2-32, plus line 3-24, plus line 3-30, less line 3-23)*	$ -	$ -	
3-32	**Fund Equity, January 1** from December 31 prior year report	$ -	$ -	**Fund Equity, January 1** from December 31 prior year report	$ -	$ -	
3-33	**Fund Equity, December 31** *(Line 3-31 plus line 3-32)* This total should be the same as line 1-35.	$ -	$ -	**Fund Equity, December 31** *(Line 3-31 plus line 3-32)* This total should be the same as line 1-35.	$ -	$ -	$ -

Note: If ***Total Expenditures - Total of All Funds (Line 3-23)*** are greater than $500,000 - STOP, you may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact us at (303) 866-3338 for assistance.

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

	Please answer the following questions by marking the appropriate boxes.	Yes	No	Please use this space to provide any explanations or comments:
4-1	Does the entity have outstanding debt?	X		
	Is the debt repayment schedule attached? If no, please explain:		X	
	THE DISTRICT HAS PLEDGED PROPERTY TAXES TO REPAY DISTRICT NO. 1 DEBT.			
4-2	Is the entity current in its debt service payments? If no, please explain:	X		

4-3	Please complete the following debt schedule, if applicable: (please only include principal amounts)	Outstanding at end of prior year	Issued during fiscal year	Retired during fiscal year	Outstanding at fiscal year-end
	General obligation bonds	$ -	$ -	$ -	$ -
	Revenue bonds	$ -	$ -	$ -	$ -
	Notes/Loans	$ -	$ -	$ -	$ -
	Leases	$ -	$ -	$ -	$ -
	Developer Advances	$ -	$ -	$ -	$ -
	Other (specify):	$ -	$ -	$ -	$ -
	Total:	$ -	$ -	$ -	$ -

	Please answer the following questions by marking the appropriate boxes.		Yes	No
4-4	Does the entity have any authorized, but unissued, debt?		X	
If yes:	How much?	$ 11,800,000.00		
	Date the debt was authorized:	02/15/02		
4-5	Does the entity intend to issue debt within the next calendar year (2013)?			X
If yes:	How much?	$ -		

	Please answer the following questions by marking the appropriate boxes.		Yes	No
4-6	Does the entity have debt that has been refinanced that it is still responsible for?			X
If yes:	What is the amount outstanding?	$ -		

	Please answer the following questions by marking the appropriate boxes.		Yes	No
4-7	Does the entity have any lease agreements?			X
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?			N/A
	What are the annual lease payments?	$ -		

PART 5 - CASH AND INVESTMENTS

	Please provide the entity's cash deposit and investment balances.	Amount	Total	Please use this space to provide any explanations or comments:
5-1	Checking accounts	$ -		
5-2	Savings accounts	$ -		
5-3	Certificates of deposit	$ -		
	Total Cash Deposits		$ -	
	Investments (if investment is a mutual fund, please list underlying investments):			
5-4		$ -		
5-5		$ -		
5-6		$ -		
5-7		$ -		
	Total Investments		$ -	
	Total Cash and Investments		$ -	

	Please answer the following question by marking in the appropriate box	Yes	No
5-8	Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)? If no, please explain:		N/A

PART 6 - CAPITAL ASSETS

	Please answer the following questions by marking in the appropriate boxes.	Yes	No	Please use this space to provide any explanations or comments:
6-1	Does the entity have land, buildings, and/or equipment?		X	
If yes:	Has the entity performed an annual inventory of property and equipment (capital assets) in accordance with Section 29-1-506, C.R.S.,? If no, please explain:		N/A	

6-2	Complete the following table for GOVERNMENTAL FUNDS:	Balance - beginning of the year	Additions	Deletions	Year-End Balance
	Land	$ -	$ -	$ -	$ -
	Buildings	$ -	$ -	$ -	$ -
	Machinery and equipment	$ -	$ -	$ -	$ -
	Furniture and fixtures	$ -	$ -	$ -	$ -
	Infrastructure	$ -	$ -	$ -	$ -
	Construction In Progress (CIP)	$ -	$ -	$ -	$ -
	Other (explain):	$ -	$ -	$ -	$ -
	Accumulated Depreciation	$ -	$ -	$ -	$ -
	Total	$ -	$ -	$ -	$ -

6-3	Complete the following table for PROPRITARY FUNDS:	Balance - beginning of the year	Additions	Deletions	Year-End Balance
	Land	$ -	$ -	$ -	$ -
	Buildings	$ -	$ -	$ -	$ -
	Machinery and equipment	$ -	$ -	$ -	$ -
	Furniture and fixtures	$ -	$ -	$ -	$ -
	Infrastructure	$ -	$ -	$ -	$ -
	Construction In Progress (CIP)	$ -	$ -	$ -	$ -
	Other (explain):	$ -	$ -	$ -	$ -
	Accumulated Depreciation	$ -	$ -	$ -	$ -
	Total	$ -	$ -	$ -	$ -

PART 7 - PENSION INFORMATION

	Please answer the following questions by marking in the appropriate boxes.		Yes	No	Please use this space to provide any explanations or comments:
7-1	Does the entity have an "old hire" firemen's pension plan?			X	
7-2	Does the entity have a volunteer firemen's pension plan?			X	
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 INFORMATION

	Please answer the following questions by marking in the appropriate boxes.	Yes	No	Please use this space to provide any explanations or comments:
8-1	Did the entity file a 2012 budget with the Department of Local Affairs? If no, please explain:	X		
8-2	Did the entity pass an appropriations resolution? In no, please explain:	X		
If yes:	Please indicate the amount appropriated for each fund for 2012:			

Fund Name	Budgeted 2012 Expenditures
GENERAL FUND	$ 251,332
	$ -
	$ -

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:
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?	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.			

PART 10 - GENERAL INFORMATION

	Please answer the following questions by marking in the appropriate boxes.	Yes	No	Please use this space to provide any explanations or comments:
10-1	Is this application for a newly formed governmental entity?		X	
If yes:	Date of formation:			
10-2	Has the entity changed its name in the past or current year?		X	
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:			
	STREETS, TRAFFIC AND SAFETY, WATER FACILITIES, SANITARY SEWER, STORM DRAINAGE, PARKS AND RECREATION, TRANSPORTATION, TELEVISION RELAY, AND MOSQUITO CONTROL.			
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:			
	ALL SERVICES PROVIDED BY VDW METROPOLITAN DISTRICT NO. 1.			
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.]		X	
If yes:	Date Filed:			

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

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 duly 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 governing board members below.	A MAJORITY of the governing board members must complete and sign in the column below.
Board Member 1	Print Board Members Name KIM PERRY	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: MAY 2016
Board Member 2	Print Board Members Name JAY HARDY	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: MAY 2016
Board Member 3	Print Board Members Name JOSH KANE	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: MAY 2014
Board Member 4	Print Board Members Name TOM HALL	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: MAY 2016
Board Member 5	Print Board Members Name JULIE DEN HERDER	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: MAY 2014
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:

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 duly 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 governing board members below.	A MAJORITY of the governing board members must complete and sign in the column below.
Board Member 1	Print Board Members Name KIM PERRY	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: MAY 2016
Board Member 2	Print Board Members Name JAY HARDY	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: MAY 2016
Board Member 3	Print Board Members Name JOSH KANE	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: MAY 2014
Board Member 4	Print Board Members Name TOM HALL	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: MAY 2016
Board Member 5	Print Board Members Name JULIE DEN HERDER	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: MAY 2014
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: