APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

	OFFICIAL FORM			
NAME OF GOVERNMENT	CONESTOGA METROPOLITAN DISTRICT NO. 5	For the Year Ended		
ADDRESS	c/o Fromm & Company LLC	12/31/23		
	8200 S. Quebec Street, Suite A3 - 305	or fiscal year ended:		
	Centennial, CO 80112	,		
CONTACT PERSON	Megan A. VanCamp			
PHONE	(970) 875-7047			
EMAIL	contact@frommco.us			
AND RESERVED AND AREA.	PART 1 - CERTIFICATION OF PR	EPARER		
I certify that I am skilled in gover	rnmental accounting and that the information in the appli	cation is complete and accurate to the best of		
my knowledge.		out the second state of the soul of		
NAME:	Cathy Fromm			
TITLE	CPA			
FIRM NAME (if applicable)	Fromm & Company LLC			
ADDRESS	8200 S. Quebec Street, Suite A3 - 305, Centennial, CO	80112		
PHONE	(303) 912-8401	00112		
PREPA	RER (SIGNATURE REQUIRED)	DATE PREPARED		
	Ath From m	3.23.24		

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

GOVERNMENTAL (MODIFIED ACCRUAL BASIS)

J

PROPRIETARY (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 Dolla	ar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$	904	space to provide
2-2		Specific owners	ship	\$	40	any necessary
2-3		Sales and use		\$	-	explanations
2-4		Other (specify):		\$	-	
2-5	Licenses and permit	S		\$	-	
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	5		\$	-	
2-13	Investment income			\$	-	_
2-14	Charges for utility se	rvices		\$	-	_
2-15	Debt proceeds		(should agree with line 4-4, column	, ,	-	_
2-16	Lease proceeds			\$	-	
2-17	Developer Advances	received	(should agree with line 4-	4) \$	-	
2-18	Proceeds from sale of	of capital assets		\$	-	_
2-19	Fire and police pens	ion		\$	-	_
2-20	Donations			\$	-	_
2-21	Other (specify):			\$	-	_
2-22				\$	-	
2-23				\$	-	
2-24		(add line	es 2-1 through 2-23) TOTAL REVENU	E \$	944	

PART 3 - EXPENDITURES/EXPENSES

EXPENDITURES: All expenditures for all funds must be reflected in this section, including the purchase of capital assets and principal and interest payments on long-term debt. Financial information will not include fund equity information.

Line#	Description		Round to nearest Dollar	Please use this
3-1	Administrative		\$	space to provide
3-2	Salaries		\$	any necessary
3-3	Payroll taxes	İ	\$	explanations
3-4	Contract services	ĺ	\$	-
3-5	Employee benefits	ĺ	\$	-
3-6	Insurance	ĺ	\$	-
3-7	Accounting and legal fees		\$	-
3-8	Repair and maintenance		\$	-
3-9	Supplies		\$	-
3-10	Utilities and telephone		\$	-
3-11	Fire/Police		\$	-
3-12	Streets and highways		\$	-
3-13	Public health		\$	-
3-14	Capital outlay		\$	-
3-15	Utility operations		\$	-
3-16	Culture and recreation		\$	-
3-17	Debt service principal	(should agree with Part 4)	\$	-
3-18	Debt service interest		\$	-
3-19	Repayment of Developer Advance Principal (s	should agree with line 4-4)	\$	-
3-20	Repayment of Developer Advance Interest		\$	-
3-21	Contribution to pension plan	(should agree to line 7-2)	\$	-
3-22	Contribution to Fire & Police Pension Assoc.	(should agree to line 7-2)	\$	-
3-23	Other (specify):			
3-24	County Treasurer's fees		\$	14
3-25			\$	930
3-26	(add lines 3-1 through 3-24) TOTAL EXPEND	ITURES/EXPENSES	\$	944

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>".

	DART 4 DERT OUTSTANDING	LICELIED	AND DE	TIDED	
	PART 4 - DEBT OUTSTANDING Please answer the following questions by marking the		, AND R	ZIIKED	No
4-1	Does the entity have outstanding debt?			Tes	
4.0	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	n below:			Ш
4-3	Is the entity current in its debt service payments? If no, MUS	T explain below:		'	
4-4	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	\$ -	\$ -	\$ -	\$ -
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
**Subscrip	tion Based Information Technology Arrangements	*Must agree to prio		<u>i</u>	- Ψ
-	Please answer the following questions by marking the appropriate boxes	•	i yeai-end balance	Yes	No
4-5	Does the entity have any authorized, but unissued, debt?	•			7
If yes:	How much?	\$	-		
	Date the debt was authorized:				
4-6	Does the entity intend to issue debt within the next calendar	year?			✓
If yes:	How much?	\$	-		
4-7	Does the entity have debt that has been refinanced that it is s	till responsible	for?		✓
If yes:	What is the amount outstanding?	\$	-		
4-8	Does the entity have any lease agreements?				7
If yes:	What is being leased?				
	What is the original date of the lease?				
	Number of years of lease?)	
	Is the lease subject to annual appropriation? What are the annual lease payments?	\$		l	ш
	Part 4 - Please use this space to provide any explanations/cor	T	n senarate doc	umentation if n	eeded
	Tart 1 1 loads also time space to provide any explanations/ser		i coparato doc	amontation, ii ii	
	PART 5 - CASH AND	INVESTM	IENTS		
		IIIVESTIV	IENIS		
5-1	Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings Accounts			Amount \$ -	Total
5-1	Certificates of deposit			\$ -	
J-Z	Total Cash Deposits				\$ -
	Investments (if investment is a mutual fund, please list underlying	investments):			
	The state of the s				
				\$ -	
5-3				\$ -	

	Please provide the entity's cash deposit and investment balances.		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$ -	
5-2	Certificates of deposit		\$ -	
	Total Cash Deposits			\$ -
	Investments (if investment is a mutual fund, please list underlying investments):			
			h	_
			\$ -	
5-3			- \$	
			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	Please answer the following questions by marking in the appropriate boxes	Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et.			V
	seq., C.R.S.?	ш	ш	<u> </u>
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			
	depository (Section 11-10.5-101, et seq. C.R.S.)?	Ш	Ш	✓
it no, Mi	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	GHT_I	O-II	SE ASS	FTS		
	Please answer the following questions by marking in the appropriate box		-	OL ASS	Yes		No
6-1	Does the entity have capital assets?						7
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	ts in accor	dance	with Section			
6-3	Complete the following capital & right-to-use assets table:	Balanc beginning year	of the	Additions (Mus be included ir Part 3)		;	Year-End Balance
	Land	\$	-	\$ -	\$ -	- \$	
	Buildings	\$	-	\$ -	Ψ	- \$	
	Machinery and equipment	\$	-	\$ -	Ψ	- \$	
	Furniture and fixtures Infrastructure	\$	-	\$ -	Ψ	- \$	
	Construction In Progress (CIP)	\$	-	\$ - \$ -	\$ -	- \$	
	Leased & SBITA Right-to-Use Assets	\$		\$ -	\$ -	- \$ - \$	
	Other (explain): Water Rights	\$		\$ -	\$ -	- \$ - \$	
	Accumulated Depreciation/Amortization				Ψ	- 	-
	(Please enter a negative, or credit, balance)	\$	-	\$ -	\$ -	- \$	_
	TOTAL	\$	-	\$ -	\$ -	- \$	
				ear ending balanc			
	Part 6 - Please use this space to provide any explanations	s/comment	ts or a	ttach docume	entation, if ne	eded:	
	PART 7 - PENSION	INFOR	EMA	TION			
	Please answer the following questions by marking in the appropriate box				Yes		No
7-1	Does the entity have an "old hire" firefighters' pension plan?						4
7-2	Does the entity have a volunteer firefighters' pension plan?						7
7-2 If yes:							
	Does the entity have a volunteer fire fighters' pension plan?						
	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from:			\$ -			
	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.):			\$ - \$ -			
	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount:			\$ - \$ - \$ -			
	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.):			\$ -			
	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.):		f Jan	\$ - \$ - \$ -			
	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.): TOTAL		f Jan	\$ - \$ -			
	Does the entity have a volunteer firefighters' pension plan? 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 reconstructions.	etiree as o		\$ - \$ - \$ -			
	Does the entity have a volunteer firefighters' pension plan? 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 reference.	etiree as o		\$ - \$ - \$ -			
	Does the entity have a volunteer firefighters' pension plan? 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 recommendate. Part 7 - Please use this space to provide	etiree as o <mark>any expla</mark> r	nations	\$ - \$ - \$ - \$ - s or commen			
	Does the entity have a volunteer firefighters' pension plan? 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 reference.	etiree as o <mark>any expla</mark> r	nations	\$ - \$ - \$ - \$ - s or commen			
If yes:	Does the entity have a volunteer firefighters' pension plan? 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 reconstruction. Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate box	etiree as o any explar	nations	\$ - \$ - \$ - \$ or commen			
	Does the entity have a volunteer firefighters' pension plan? 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 reconstruction. Part 7 - Please use this space to provide PART 8 - BUDGET	etiree as o any explar	nations	\$ - \$ - \$ - \$ or commen	ts:		V
If yes:	Does the entity have a volunteer firefighters' pension plan? 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 reconstruction. Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affairs for	etiree as o any explar	nations	\$ - \$ - \$ - \$ or commen	ts:		√ N/A
If yes:	Does the entity have a volunteer firefighters' pension plan? 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 reconstruction. Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affairs for	etiree as o any explar INFOR tes. r the currer	MA transfer of the second seco	\$ - \$ - \$ - \$ or commen	ts:		√ N/A
If yes:	Does the entity have a volunteer firefighters' pension plan? 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 reference to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance with section 29-1-113 C.R.S.?	etiree as o any explar INFOR tes. r the currer	MA transfer of the second seco	\$ - \$ - \$ - \$ or commen	No		N/A
8-1 8-2	Does the entity have a volunteer firefighters' pension plan? 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 recommendate to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain:	etiree as o any explar INFOR tes. r the currer	MA tyear	\$ - \$ - \$ - \$ or commen	No		N/A
8-1 8-2	Does the entity have a volunteer firefighters' pension plan? 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 reference to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance with section 29-1-113 C.R.S.?	etiree as o any explar INFOR tes. r the currer	MA tyear	\$ - \$ - \$ - \$ or commen	No		N/A
8-1 8-2	Does the entity have a volunteer firefighters' pension plan? 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 recommendate to provide PART 8 - BUDGET Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years of the proprietary fund Name	etiree as o any explar INFOR tes. r the currer	MA the year ection	\$ - \$ - \$ - \$ or commen	No		N/A
8-1 8-2	Does the entity have a volunteer firefighters' pension plan? 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 restriction. Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years.	etiree as o any explar INFOR tes. r the currer ace with See ear reporte	MA the year ection	\$ - \$ - \$ - \$ - \$ or commen	ts:		N/A
8-1 8-2	Does the entity have a volunteer firefighters' pension plan? 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 recommendate to provide PART 8 - BUDGET Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years of the proprietary fund Name	etiree as o any explar INFOR es. r the currer ce with Se	MA the year ection	\$ - \$ - \$ - \$ or commen	ts:		N/A

	PART 9 - TAXPAYER'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)]?				
	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.	ū	Ш		
f no. M	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?		V
If yes:	Please list the NEW name & PRIOR name:		
40.0	In the autitus protection district?		
10-3	Is the entity a metropolitan district? Please indicate what services the entity provides:	V	
	Levy and collect taxes that are transferred to related Districts.]	
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:		
-	Conestoga District No. 1 for Operations and District No. 2 for Debt Service.]	
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		✓
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?		
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		13.000
	General/Other mills		10.000
	Total mills		23.000
	Yes	No	N/A
	NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has		
10-7	the entity filed its preceding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.		
	under OD 21-202 [Geotion 32-1-207 C.N.S.]: II NO, please explain.	1	
	Please use this space to provide any additional explanations or comments not previous	usly included:	

	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 members of current governing body below.	A MAJORITY of the members of the governing body must sign below.
Board Member 1	Print Board Member's Name Zachery Cesar	I Zachery Cesar, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed
Board Member 2	Print Board Member's Name Jamie Baessler	I Jamie Baessler, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed Jamie Barssler Date: My term Expires: May of 2027
Board Member 3	Print Board Member's Name Ryan Barnes	I Ryan Barnes, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed
Board Member 4	Print Board Member's Name Andrew Gerk	I Andrew Gerk, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires: May of 2027
Board Member 5	Print Board Member's Name Mitchell Nelson	I Mitchell Nelson, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed
Board Member 6	Print Board Member's Name N/A	I
Board Member 7	Print Board Member's Name N/A	I

Signature: James Baessler (Apr 1, 2024 17:25 MDT)

Email: jamie@baesslerhomes.com

CSMD 5-Audit Exemption App-2023

Final Audit Report 2024-04-0

Created: 2024-04-01

By: Corbin Fromm (corbin@frommco.us)

Status: Signed

Transaction ID: CBJCHBCAABAAaLh6DvY615PgemVvPfT7AKWig7lwRnSH

"CSMD 5-Audit Exemption App-2023" History

- Document created by Corbin Fromm (corbin@frommco.us) 2024-04-01 8:01:11 PM GMT- IP address: 24.9.42.24
- Document emailed to zcesar@baesslerhomes.com for signature 2024-04-01 8:02:42 PM GMT
- Email viewed by zcesar@baesslerhomes.com 2024-04-01 8:07:47 PM GMT- IP address: 54.153.37.6
- Signer zcesar@baesslerhomes.com entered name at signing as Zachery Cesar 2024-04-01 8:08:29 PM GMT- IP address: 209.59.233.27
- Document e-signed by Zachery Cesar (zcesar@baesslerhomes.com)

 Signature Date: 2024-04-01 8:08:31 PM GMT Time Source: server- IP address: 209.59.233.27
- Document emailed to rbarnes@baesslerhomes.com for signature 2024-04-01 8:08:33 PM GMT
- Email viewed by rbarnes@baesslerhomes.com 2024-04-01 8:46:11 PM GMT- IP address: 54.67.7.229
- Signer rbarnes@baesslerhomes.com entered name at signing as Ryan Barnes 2024-04-01 8:46:32 PM GMT- IP address: 209.59.233.27
- Document e-signed by Ryan Barnes (rbarnes@baesslerhomes.com)
 Signature Date: 2024-04-01 8:46:34 PM GMT Time Source: server- IP address: 209.59.233.27
- Document emailed to mnelson@baesslerhomes.com for signature 2024-04-01 8:46:37 PM GMT
- Email viewed by mnelson@baesslerhomes.com 2024-04-01 9:26:11 PM GMT- IP address: 54.215.85.72



- Signer mnelson@baesslerhomes.com entered name at signing as Mitchell Nelson 2024-04-01 9:26:29 PM GMT- IP address: 209.59.233.27
- Document e-signed by Mitchell Nelson (mnelson@baesslerhomes.com)

 Signature Date: 2024-04-01 9:26:31 PM GMT Time Source: server- IP address: 209.59.233.27
- Document emailed to Andrew Gerk (andygerk@gmail.com) for signature 2024-04-01 9:26:33 PM GMT
- Email viewed by Andrew Gerk (andygerk@gmail.com) 2024-04-01 11:14:31 PM GMT- IP address: 64.112.121.89
- Document e-signed by Andrew Gerk (andygerk@gmail.com)

 Signature Date: 2024-04-01 11:14:40 PM GMT Time Source: server- IP address: 64.112.121.89
- Document emailed to jamie@baesslerhomes.com for signature 2024-04-01 11:14:41 PM GMT
- Email viewed by jamie@baesslerhomes.com 2024-04-01 11:23:55 PM GMT- IP address: 18.210.6.165
- Signer jamie@baesslerhomes.com entered name at signing as Jamie Baessler 2024-04-01 11:25:02 PM GMT- IP address: 216.75.125.64
- Document e-signed by Jamie Baessler (jamie@baesslerhomes.com)

 Signature Date: 2024-04-01 11:25:04 PM GMT Time Source: server- IP address: 216.75.125.64
- Agreement completed. 2024-04-01 - 11:25:04 PM GMT