APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Meadoworks Metropolitan District No. 2	For the Year Ended
ADDRESS	121 South Tejon Street	12/31/22
	Suite 1100	or fiscal year ended
	Colorado Springs, CO 80903	
CONTACT PERSON	Carrie Bartow	
PHONE	719-635-0330	
EMAIL	Carrie.Bartow@claconnect.com	

PART 1 - CERTIFICATION OF PREPARER

ended:

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge. Carrie Bartow NAME:

TITLE	Accountant for the District
FIRM NAME (if applicable)	CliftonLarsonAllen LLP
ADDRESS	121 South Tejon Street, Suite 1100, Colorado Springs, CO 80903
PHONE	719-635-0330
DATE PREPARED	2-Feb-23

PREPARER (SIGNATURE REQUIRED)

SEE ATTACHED ACCOUNTANT'S COMPILATION REPORT

Please indicate whether the following financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)
using Governmental or Proprietary fund types	V	

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#		De	escription	Round to nearest Dollar		Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$		space to provide
2-2		Specific owner	ship	\$		any necessary
2-3		Sales and use	-	\$	- •	explanations
2-4		Other (specify)	:	\$	-	
2-5	Licenses and permi	ts		\$	-	
2-6	Intergovernmental:		Grants	\$	-	
2-7	Ū.		Conservation Trust Funds (Lottery)	\$	-	
2-8			Highway Users Tax Funds (HUTF)	\$	-	
2-9			Other (specify):	\$	-	
2-10	Charges for services	S		\$	-	
2-11	Fines and forfeits			\$	-	
2-12	Special assessment	S		\$	-	
2-13	Investment income			\$	-	
2-14	Charges for utility s	ervices		\$	-	
2-15	Debt proceeds		(should agree with line 4-4, column 2)	\$	-	
2-16	Lease proceeds			\$	-	
2-17	Developer Advances	s received	(should agree with line 4-4)	\$	-	
2-18	Proceeds from sale	of capital assets	6	\$	-	
2-19	Fire and police pens	sion		\$	-	
2-20	Donations			\$	-	
2-21	Other (specify):			\$	-	
2-22				\$	-	
2-23				\$	-	
2-24		(add lir	nes 2-1 through 2-23) TOTAL REVENUE	\$	-	

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	\$ -	explanations
3-4	Contract services	\$ -	
3-5	Employee benefits	\$ -	
3-6	Insurance	\$ -	
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	t 4) \$ -	
3-18	Debt service interest	\$ -]
3-19	Repayment of Developer Advance Principal (should agree with line 4	-4) \$ -]
3-20	Repayment of Developer Advance Interest	\$ -	
3-21	Contribution to pension plan (should agree to line 7]
3-22	Contribution to Fire & Police Pension Assoc. (should agree to line 7]
3-23	Other (specify):]
3-24		\$ -]
3-25		\$-	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSE	ES \$ -	
If TOTAL	. REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER th	an \$100,000 - <u>STOP</u> . You may r	not use this

form. Please use the "Application for Exemption from Audit - LONG FORM".

	PART 4 - DEBT OUTSTANDING	G, ISSUED	, AND RE	ETIRED	
	Please answer the following questions by marking the			Yes	No
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment S				
4-2	Is the debt repayment schedule attached? If no. MUST explai		V		
4-3	Is the entity current in its debt service payments? If no, MUSTIN/A	T explain:			
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)	Outstanding at end of prior year*	Issued during year	Retired during year	Outstanding at year-end
	General obligation bonds	\$-	\$-	\$-	\$-
	Revenue bonds	\$ -	\$-	\$-	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Lease Liabilities	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$-	\$-	\$ -
	TOTAL	\$ -	\$-	\$-	\$ -
		*must tie to prior ye	↓	+	Ψ
	Please answer the following questions by marking the appropriate boxes		al enality balance	Yes	No
4-5	Does the entity have any authorized, but unissued, debt?			7	
If yes:	How much?	\$ 11,9	00,000,000.00		
	Date the debt was authorized:	11/2/2	2021		
4-6	Does the entity intend to issue debt within the next calendar	year?		′	Ţ
If yes:	How much?	\$	-		
4-7	Does the entity have debt that has been refinanced that it is s	till responsible	for?	, 🗆	7
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?			J _	_
	Is the lease subject to annual appropriation?				7
	What are the annual lease payments?	\$	-		
	Please use this space to provide any	explanations or	comments:		

	PART 5 - CASH AND INVESTME	ENTS				
	Please provide the entity's cash deposit and investment balances.		Ar	nount	То	tal
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):					
			\$	-]	
5-3			\$	-		
5-5			\$	-		
			\$	-		
	Total Investments				\$	-
	Total Cash and Investments				\$	-
	Please answer the following questions by marking in the appropriate boxes	Yes		No	N/	Ά
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et.		Г	7	7	
	seq., C.R.S.?		L		4	
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.)?		C		7	
no, M	UST use this space to provide any explanations:					

The District had no cash or investment deposits during the year.

Accumulated Depreciation/Amortization

(Please enter a negative, or credit, balance)

TOTAL

	PART 6 - CAPITAL AND RI		USI	E ASSE	ETS		No
	Please answer the following questions by marking in the appropriate box	es.				Yes	Νο
6-1	Does the entity have capital assets?						✓
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	s in accordanc	e wit	h Section			7
	N/A						
6-3	Complete the following capital & right-to-use assets table:	Balance - beginning of the year*		litions (Must included in Part 3)		eletions	ear-End alance
	Land	\$-	\$	-	\$	-	\$ -
	Buildings	\$-	\$	-	\$	-	\$ -
	Machinery and equipment	\$ -	\$	-	\$	-	\$ -
	Furniture and fixtures	\$ -	\$	-	\$	-	\$ -
	Infrastructure	\$ -	\$	-	\$	-	\$ -
	Construction In Progress (CIP)	\$ -	\$	-	\$	-	\$ -
	Leased Right-to-Use Assets	\$ -	\$	-	\$	-	\$ -
	Other (explain):	\$-	\$	-	\$	-	\$ -

Please use this space to provide any explanations or comments:

\$

\$

-

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\$

\$

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\$

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\$

\$

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	PART 7 - PENSION INFORMA	TIOI	N		
	Please answer the following questions by marking in the appropriate boxes.			Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?				7
7-2	Does the entity have a volunteer firefighters' pension plan?				√
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?	\$	-		
	Please use this space to provide any explanations or	comm	ents:	•	

PART 8 - BUDGET INFORMATION							
	Please answer the following questions by marking in the appropriate boxes.	Yes	No	N/A			
8-1	Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.?	IJ					
8-2	Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:	V					

If yes: Please indicate the amount budgeted for each fund for the year reported:

Governmental/Proprietary Fund Name	Total Appropriations By Fund
General Fund	\$

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	
	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.	 	
If no, MU	IST explain:		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	Νο
10-1	Is this application for a newly formed governmental entity?		7
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		7
If yes:	Please list the NEW name & PRIOR name:		
10.0		_	_
10-3	Is the entity a metropolitan district?	~	
	Please indicate what services the entity provides:		
10.1	See notes section	_	_
10-4	Does the entity have an agreement with another government to provide services?		
If yes:	List the name of the other governmental entity and the services provided: See notes section		
10-5	Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during		~
If yes:	Date Filed:		
2			
10-6	Does the entity have a certified Mill Levy?		7
If yes:	Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		-
	General/Other mills		-
	Total mills		-

Please use this space to provide any explanations or comments:

10-3: The District was established to provide financing for the design, acquisition, installation, construction, and completion of public improvements and services, including water, sanitation, storm drainage, detention ponds, streets, park and recreation, traffic and safety control, fire protection, mosquito control, television relay and translator, signage, monumentation, landscaping, and transportation facilities and improvements.

10-4: Meadoworks Metropolitan District No. 1 serves as the Operating District and Meadoworks Metropolitan District No. 2-5 serve as the Financing District.

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?

7

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 <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
Board Member 1	Print Board Member's Name	I Timothy Seibert, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
	Timothy Seibert	Signed <u>Timelu Suburt</u> Date:
Board	Print Board Member's Name	I Bobby Ingels, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 2	Bobby Ingels	Signed <u>Bolly lucks</u> Date: <u>3/28/2023</u> My term Expires: May 2025
Board	Print Board Member's Name	I Delroy Johnson, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 3	Delroy Johnson	Signed <u>Under Minister</u> Date: <u>3/28/2023</u> My term Expires: May 2023
Board	Print Board Member's Name	I David Jenkins, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 4	David Jenkins Signed David Junions Date: 3/28/202	Signed_ <u>David_kritivs</u> Date:
Board	Print Board Member's Name	I Christopher Jenkins, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from
Member 5	5 Christopher Jenkins aud 5 Date	audit. Signed Date: My term Expires: May 2023
Board Member 6	Print Board Member's Name	I, 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:
Board Member 7	Print Board Member's Name	I , 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



CliftonLarsonAllen LLP 8390 East Crescent Pkwy., Suite 300 Greenwood Village, CO 80111

phone 303-779-5710 fax 303-779-0348 **CLAconnect.com**

Accountant's Compilation Report

Board of Directors Meadoworks Metropolitan District No. 2 El Paso County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Meadoworks Metropolitan District No. 2 as of and for the year ended December 31, 2022, included in the accompanying prescribed form. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statements included in the accompanying prescribed form nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statements included in the accompanying prescribed form.

The Application for Exemption from Audit is presented in accordance with the requirements of the Colorado Office of the State Auditor, which differ from accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the Colorado Office of the State Auditor and is not intended to be and should not be used by anyone other than this specified party.

We are not independent with respect to Meadoworks Metropolitan District No. 2.

Clifton Larson allen LLC

Colorado Springs, Colorado February 2, 2023

DocuSian

Certificate Of Completion

Envelope Id: BED84A14B31A4F2CB9ED40DA3964F999 Subject: Complete with DocuSign: Meadoworks MD No. 2 - 2022 Audit Exemption.pdf Client Name: Meadoworks Metropolitan District No. 2 Client Number: A120249 Source Envelope: Document Pages: 8 Signatures: 4 Initials: 0 Certificate Pages: 5 AutoNav: Enabled Envelopeld Stamping: Enabled Time Zone: (UTC-06:00) Central Time (US & Canada)

Record Tracking

Status: Original 3/28/2023 11:35:21 AM

Signer Events

Bobby Ingels bingels@norwood.dev

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Accepted: 3/28/2023 11:42:39 AM

ID: 7fa9dc56-8627-4885-85ca-654051420d64

David Jenkins

djenkins@norwood.dev

Asst Sec.

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Accepted: 3/28/2023 4:27:39 PM ID: c621d51d-0d2e-48d2-aa1c-0c6e63429ce6

Delroy Johnson

djohnson@norwood.dev

Director

Various Districts

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Accepted: 3/28/2023 11:58:36 AM

ID: a6e6d471-5b80-44b7-87fe-686cd2cfb621

Timothy Seibert

tseibert@norwood.dev

President

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Holder: Spencer Johnson spencer.johnson@claconnect.com

Signature

DocuSigned by Bobby Ingels

Signature Adoption: Pre-selected Style Using IP Address: 38.75.248.16

> Sent: 3/28/2023 11:41:25 AM Viewed: 3/28/2023 4:27:39 PM Signed: 3/28/2023 4:27:53 PM

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220 S 6th St Ste 300

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Minneapolis, MN 55402-1418

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spencer.johnson@claconnect.com IP Address: 50.169.146.162

Spencer Johnson

Sent: 3/28/2023 11:41:26 AM

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DocuSigned by:

Delroy Johnson 57373E398D824FC...

Signer Events	Signature	Timestamp
Accepted: 3/28/2023 11:50:20 AM ID: bd27dcb9-cf78-45e6-95b7-56d8d36d89d8		
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Notary Events Envelope Summary Events	Signature Status	Timestamp Timestamps
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Envelope Summary Events	Status	Timestamps
Envelope Summary Events Envelope Sent	Status Hashed/Encrypted	Timestamps 3/28/2023 11:41:28 AM
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Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

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You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: BusinessTechnology@CLAconnect.com

To advise CliftonLarsonAllen LLP of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at BusinessTechnology@CLAconnect.com and in the body of such request you must state: your

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To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to BusinessTechnology@CLAconnect.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process.

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <u>https://support.docusign.com/guides/signer-guide-signing-system-requirements</u>.

Acknowledging your access and consent to receive and sign documents electronically

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

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

- You can access and read this Electronic Record and Signature Disclosure; and
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- Until or unless you notify CliftonLarsonAllen LLP as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by CliftonLarsonAllen LLP during the course of your relationship with CliftonLarsonAllen LLP.