

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT ADDRESS	TransPort Metropolitan District No. 5 8390 East Crescent Parkway Suite 300 Greenwood Village, CO 80111-2814
CONTACT PERSON PHONE EMAIL	Jason Carroll 303-779-5710 jason.carroll@claconnect.com

For the Year Ended
12/31/24
or fiscal year ended:

PART 1 - CERTIFICATION OF PREPARER

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

NAME:	Jason Carroll
TITLE	Accountant for the District
FIRM NAME (if applicable)	CliftonLarsonAllen LLP
ADDRESS	8390 East Crescent Parkway, Suite 300, Greenwood Village, CO 80111-2814
PHONE	303-779-5710

PREPARER (SIGNATURE REQUIRED)	DATE PREPARED	
See Attached Accountant's Compilation Report.	2/27/2025	
Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	<input checked="" type="checkbox"/> GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	<input type="checkbox"/> PROPRIETARY (CASH OR BUDGETARY BASIS)

PART 2 - REVENUES

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 #	Description	Round to the nearest dollar	Please use this space to provide any necessary explanations
2-1	Taxes: Property (report mills levied in question 10-7)	\$ 525	
2-2	Specific ownership	\$ 24	
2-3	Sales and use	\$ -	
2-4	Other (specify): Interest Income on Property tax collections	\$ 1	
2-5	Licenses and permits	\$ -	
2-6	Intergovernmental: Grants	\$ -	
2-7	Conservation Trust Funds (Lottery)	\$ -	
2-8	Highway Users Tax Funds (HUTF)	\$ -	
2-9	Other (specify):	\$ -	
2-10	Charges for services	\$ -	
2-11	Fines and forfeits	\$ -	
2-12	Special assessments	\$ -	
2-13	Investment income	\$ -	
2-14	Charges for utility services	\$ -	
2-15	Debt proceeds (should agree to table 4-4, column 'Issued during year')	\$ -	
2-16	Lease proceeds	\$ -	
2-17	Developer Advances received (should agree to table 4-4, column 'Issued during year')	\$ -	
2-18	Proceeds from sale of capital assets	\$ -	
2-19	Fire and police pension	\$ -	
2-20	Donations	\$ -	
2-21	Other (specify):	\$ -	
2-22		\$ -	
2-23		\$ -	
2-24		\$ -	
2-25		\$ -	
2-26	(add lines 2-1 through 2-25) TOTAL REVENUES	\$ 550	

PART 3 - EXPENDITURES/EXPENSES

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 the nearest dollar	Please use this space to provide any necessary explanations
3-1	Administrative	\$ -	
3-2	Salaries	\$ -	
3-3	Payroll taxes	\$ -	
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 to table 4-4, column 'Retired during year')	\$ -	
3-18	Debt service interest	\$ -	
3-19	Repayment of Developer Advance Principal (should agree to table 4-4, column 'Retired during year')	\$ -	
3-20	Repayment of Developer Advance Interest	\$ -	
3-21	Contribution to pension plan	\$ -	
3-22	Contribution to Fire & Police Pension Assoc.	\$ -	
3-23	Other (specify): County Treasurer's fees	\$ 8	
3-24	Transfers to TransPort Metro District No. 1	\$ 542	
3-25		\$ -	
3-26		\$ -	
3-27		\$ -	
3-28	(add lines 3-1 through 3-27) TOTAL EXPENDITURES/EXPENSES	\$ 550	

If TOTAL REVENUES (Line 2-26) or TOTAL EXPENDITURES (Line 3-28) are GREATER than \$100,000 - **STOP**.
You may not use this form. Please use the "Application for Exemption from Audit - LONG FORM".

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes.

	Yes	No																																								
4-1 Does the entity have outstanding debt? (If 'No' is checked, skip to question 4-5) (If 'Yes' is checked, please attach a copy of the entity's debt repayment schedule)	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																								
4-2 Is the debt repayment schedule attached? If no, MUST explain below: The District has no outstanding debt.	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																								
4-3 Is the entity current in its debt service payments? If no, MUST explain below: The District has no outstanding debt.	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																								
4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts) (enter all amounts as positive numbers)	<table border="1" style="border-collapse: collapse; width: 100%;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: center; padding: 2px;">Outstanding at end of prior year*</th> <th style="text-align: center; padding: 2px;">Issued during year</th> <th style="text-align: center; padding: 2px;">Retired during year</th> <th style="text-align: center; padding: 2px;">Outstanding at year-end</th> </tr> </thead> <tbody> <tr> <td>General obligation bonds</td> <td style="text-align: right; padding: 2px;">\$ -</td> </tr> <tr> <td>Revenue bonds</td> <td style="text-align: right; padding: 2px;">\$ -</td> </tr> <tr> <td>Notes/Loans</td> <td style="text-align: right; padding: 2px;">\$ -</td> </tr> <tr> <td>Lease & SBITA** Liabilities [GASB 87 & 96]</td> <td style="text-align: right; padding: 2px;">\$ -</td> </tr> <tr> <td>Developer Advances</td> <td style="text-align: right; padding: 2px;">\$ -</td> </tr> <tr> <td>Other (specify):</td> <td style="text-align: right; padding: 2px;">\$ -</td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td style="text-align: right; padding: 2px;">\$ -</td> </tr> </tbody> </table>		Outstanding at end of prior year*	Issued during year	Retired during year	Outstanding at year-end	General obligation bonds	\$ -	\$ -	\$ -	\$ -	Revenue bonds	\$ -	\$ -	\$ -	\$ -	Notes/Loans	\$ -	\$ -	\$ -	\$ -	Lease & SBITA** Liabilities [GASB 87 & 96]	\$ -	\$ -	\$ -	\$ -	Developer Advances	\$ -	\$ -	\$ -	\$ -	Other (specify):	\$ -	\$ -	\$ -	\$ -	TOTAL	\$ -	\$ -	\$ -	\$ -	
	Outstanding at end of prior year*	Issued during year	Retired during year	Outstanding at year-end																																						
General obligation bonds	\$ -	\$ -	\$ -	\$ -																																						
Revenue bonds	\$ -	\$ -	\$ -	\$ -																																						
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Other (specify):	\$ -	\$ -	\$ -	\$ -																																						
TOTAL	\$ -	\$ -	\$ -	\$ -																																						

**Subscription-Based Information Technology Arrangements

*Must agree to prior year-end balance

Please answer the following questions by marking the appropriate boxes.

	Yes	No		
4-5 Does the entity have any authorized but unissued debt as of its fiscal year-end?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
How much?	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="text-align: left; padding: 2px;">\$ 21,000,000,000.00</td></tr> <tr><td style="text-align: left; padding: 2px;">11/7/2006</td></tr> </table>	\$ 21,000,000,000.00	11/7/2006	
\$ 21,000,000,000.00				
11/7/2006				
Date the debt was authorized:				
NEW 4-6 Is the authorized but unissued debt further limited by the entity's most recent Service Plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
If yes: How much?	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="text-align: left; padding: 2px;">\$ 1,500,000,000.00</td></tr> <tr><td style="text-align: left; padding: 2px;">7/14/2006</td></tr> </table>	\$ 1,500,000,000.00	7/14/2006	
\$ 1,500,000,000.00				
7/14/2006				
Date of the most recent Service Plan:				
4-7 Does the entity intend to issue debt within the next calendar year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
If yes: How much?	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="text-align: left; padding: 2px;">\$ -</td></tr> </table>	\$ -		
\$ -				
4-8 Does the entity have debt that has been refinanced that it is still responsible for?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
If yes: What is the amount outstanding?	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="text-align: left; padding: 2px;">\$ -</td></tr> </table>	\$ -		
\$ -				
4-9 Does the entity have any lease agreements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
What are the annual lease payments?	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="text-align: left; padding: 2px;">\$ -</td></tr> </table>	\$ -		
\$ -				

Part 4 - Please use this space to provide any explanations/comments or attach separate documentation, if needed

PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances.

	Amount	Total				
5-1 YEAR-END Total of ALL Checking and Savings Accounts	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="text-align: left; padding: 2px;">\$ -</td></tr> </table>	\$ -				
\$ -						
5-2 Certificates of deposit	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="text-align: left; padding: 2px;">\$ -</td></tr> </table>	\$ -				
\$ -						
	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="text-align: center; padding: 2px;">TOTAL CASH DEPOSITS</td></tr> </table>	TOTAL CASH DEPOSITS	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="text-align: left; padding: 2px;">\$ -</td></tr> </table>	\$ -		
TOTAL CASH DEPOSITS						
\$ -						
5-3 Investments (if investment is a mutual fund, please list underlying investments):	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="text-align: left; padding: 2px;">\$ -</td></tr> </table>	\$ -	\$ -	\$ -	\$ -	
\$ -						
\$ -						
\$ -						
\$ -						
	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="text-align: center; padding: 2px;">TOTAL INVESTMENTS</td></tr> </table>	TOTAL INVESTMENTS	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="text-align: left; padding: 2px;">\$ -</td></tr> </table>	\$ -		
TOTAL INVESTMENTS						
\$ -						
	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="text-align: center; padding: 2px;">TOTAL CASH AND INVESTMENTS</td></tr> </table>	TOTAL CASH AND INVESTMENTS	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="text-align: left; padding: 2px;">\$ -</td></tr> </table>	\$ -		
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 seq., C.R.S.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5 - If no, MUST use this space to provide any explanations

PART 6 - CAPITAL AND RIGHT-TO-USE ASSETS

Please answer the following questions by marking in the appropriate boxes.

Yes No

- 6-1 Does the entity have capital assets?
(If 'No' is checked, skip the rest of Part 6)
- 6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.,? If no, **MUST** explain:

The District has no capital assets.

- 6-3 Complete the following capital & right-to-use assets table:

	Balance - beginning of the year*	Additions^	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Leased & SBITA Right-to-Use Assets	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

*Must agree to prior year-end balance

^Generally capital asset additions should be reported as capital outlay on line 3-14 and capitalized in accordance with the government's capitalization policy. Please explain any discrepancy

Part 6 - Please use this space to provide any explanations/comments or attach documentation, if needed

PART 7 - PENSION INFORMATION

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?
- 7-2 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?

Part 7 - Please use this space to provide any explanations or comments

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.?

If no, **MUST** explain:

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

If yes: Please indicate the amount appropriated for each fund separately for the year reported
(Please make sure each individual fund's appropriation agrees to how the budget was adopted.
Do not combine funds)

Governmental/Proprietary Fund Name	Total Appropriations By Fund
General Fund	\$1,000.00

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)]? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Note: An election to exempt the entity from the spending limitations of TABOR does not exempt the entity from the 3 percent emergency reserve requirement. All entities should determine if they meet this requirement of TABOR.

Part 9 - If no, MUST use this space to provide any explanations

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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If yes: Date of formation: _____

- | | | |
|---|--------------------------|-------------------------------------|
| 10-2 Has the entity changed its name in the past or current year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|-------------------------------------|

If yes: Please list the NEW name: _____

Please list the PRIOR name: _____

- | | | |
|---|-------------------------------------|--------------------------|
| 10-3 Is the entity a metropolitan district? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|

- | | | |
|---|--------------------------|-------------------------------------|
| 10-4 Please indicate what services the entity provides: | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|-------------------------------------|

See below.

- | | | |
|---|-------------------------------------|--------------------------|
| 10-5 Does the entity have an agreement with another government to provide services? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|

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

See below.

- | | | |
|--|--------------------------|-------------------------------------|
| 10-6 Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> 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.] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--|--------------------------|-------------------------------------|

If yes: Date filed: _____

- | | | |
|--|-------------------------------------|--------------------------|
| 10-7 Does the entity have a certified mill levy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|

If yes: Please provide the following mills levied for the year reported (do not report \$ amounts):

Bond redemption mills	-
General/other mills	50.000
Total mills	50.000

Yes	No	N/A
-----	----	-----

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 10-8 If the entity is a Title 32 Special District formed after 7/1/2000, has 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

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

10-4: The District provides services for streets, parks and recreation, water sanitation, transportation, mosquito control, fire protection, television relay and translation.

10-5: Pursuant to the District Coordinating Services Agreement dated November 20, 2019, Transport Metropolitan District No. 1 will provide certain operation, maintenance, and administrative services benefiting TransPort Metropolitan District No. 1-15 (collectively "Districts"). The District will pay the cost of such services through the imposition of ad valorem taxes, net of collection fees to TransPort Metropolitan District No. 1.

PART 11 - GOVERNING BODY APPROVAL

Please answer the following question by marking in the appropriate box.

Yes

No

- 11-1 If you plan to submit this form electronically, have you read the Electronic Signature Policy?

Office of the State Auditor — Local Government Division - Exemption Form Electronic Signature Policy and Procedure

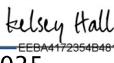
Policy - Requirements

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 two 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.

<p style="text-align: center;">Print or type the names of <u>ALL</u> members of current governing body below. A MAJORITY of the members of the governing body must sign below.</p>		
Board Member 1	<p>Board Member's Name:</p> <p>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.</p> <p>My term expires: May 2027</p>	<p>William Metcalf</p> <hr/> <p>Signature _____</p> <p>Date _____</p>
Board Member 2	<p>Board Member's Name:</p> <p>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.</p> <p>My term expires: May 2027</p>	<p>Kelsey Hall</p> <hr/> <p>Signed by:  EEBA4172954B401...</p> <p>Signature _____</p> <p>3/2/2025</p> <p>Date _____</p>
Board Member 3	<p>Board Member's Name:</p> <p>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.</p> <p>My term expires: May 2025</p>	<p>Nick Hernandez</p> <hr/> <p>Signed by:  46F4DCA7DE784DA...</p> <p>Signature _____</p> <p>2/28/2025</p> <p>Date _____</p>
Board Member 4	<p>Board Member's Name:</p> <p>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.</p> <p>My term expires: _____</p>	<hr/> <p>Signature _____</p> <p>Date _____</p>
Board Member 5	<p>Board Member's Name:</p> <p>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.</p> <p>My term expires: _____</p>	<hr/> <p>Signature _____</p> <p>Date _____</p>
Board Member 6	<p>Board Member's Name:</p> <p>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.</p> <p>My term expires: _____</p>	<hr/> <p>Signature _____</p> <p>Date _____</p>
Board Member 7	<p>Board Member's Name:</p> <p>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.</p> <p>My term expires: _____</p>	<hr/> <p>Signature _____</p> <p>Date _____</p>



CliftonLarsonAllen LLP
8390 East Crescent Parkway, Suite 300
Greenwood Village, CO 80111
phone 303-779-5710 fax 303-779-0348
claconnect.com

Accountant's Compilation Report

Board of Directors
TransPort Metropolitan District No. 5
Adams County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of TransPort Metropolitan District No. 5 as of and for the year ended December 31, 2024, 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 TransPort Metropolitan District No. 5.

A handwritten signature in black ink that reads "CliftonLarsonAllen LLP".

Greenwood Village, Colorado
February 27, 2025

Certificate Of Completion

Envelope Id: 15F9DBDF-5EC7-44AD-BBBC-42E238392C17

Status: Completed

Subject: Complete with DocuSign: TransPort MD No. 5 Audit Exemption 2024.pdf

Client Name: TransPort Metropolitan District No. 5

Client Number: A110943

Source Envelope:

Document Pages: 8

Signatures: 2

Envelope Originator:

Certificate Pages: 5

Initials: 0

Chris Lal

AutoNav: Enabled

Enveloped Stamping: Enabled

Time Zone: (UTC-06:00) Central Time (US & Canada)

220 S 6th St Ste 300

Minneapolis, MN 55402-1418

Chris.Lal@claconnect.com

IP Address: 4.2.161.250

Record Tracking

Status: Original

Holder: Chris Lal

Location: DocuSign

2/28/2025 4:49:07 PM

Chris.Lal@claconnect.com

Signer Events

Signature

Timestamp

Kelsey Hall



Sent: 2/28/2025 4:52:20 PM

khall@portcolorado.com

Viewed: 3/2/2025 6:09:31 AM

Security Level: Email, Account Authentication
(None)

Signed: 3/2/2025 6:09:52 AM

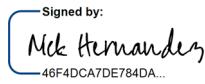
Signature Adoption: Pre-selected Style
Using IP Address: 187.188.16.41
Signed using mobile

Electronic Record and Signature Disclosure:

Accepted: 3/2/2025 6:09:31 AM

ID: 7e76e89a-9831-4a8b-972a-68254dc44766

Nick Hernandez



Sent: 2/28/2025 4:52:20 PM

nhernandez@portcolorado.com

Viewed: 2/28/2025 5:51:03 PM

Security Level: Email, Account Authentication
(None)

Signed: 2/28/2025 5:51:26 PM

Signature Adoption: Pre-selected Style
Using IP Address: 136.29.66.127

Electronic Record and Signature Disclosure:

Accepted: 2/28/2025 5:51:03 PM

ID: 6a17dc76-525f-4685-b2c8-c5bbf4c146af

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

Envelope Summary Events

Status

Timestamps

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	2/28/2025 4:52:20 PM
Envelope Updated	Security Checked	3/3/2025 2:29:12 PM
Certified Delivered	Security Checked	2/28/2025 5:51:03 PM
Signing Complete	Security Checked	2/28/2025 5:51:26 PM
Completed	Security Checked	3/3/2025 2:29:12 PM

Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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