

RESOLUTION FOR EXEMPTION FROM AUDIT  
(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION APPROVING AN EXEMPTION FROM AUDIT FOR **YEAR 2023** FOR THE **WINDSOR HIGHLANDS METROPOLITAN DISTRICT NO.10**, STATE OF COLORADO.

WHEREAS, THE **BOARD OF DIRECTORS OF WINDSOR HIGHLANDS METROPOLITAN DISTRICT NO. 10** wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1) WHEREAS, neither revenue nor expenditures for **WINDSOR HIGHLANDS METROPOLITAN DISTRICT NO. 10** exceeded \$100,000 for Year 2023; and

WHEREAS, an application for exemptions from audit for **WINDSOR HIGHLANDS METROPOLITAN DISTRICT NO. 10** has been prepared by **John Cutler**, a person skilled in governmental accounting; and

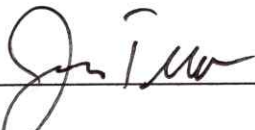
(2) WHEREAS, neither revenues nor expenditures for **WINDSOR HIGHLANDS METROPOLITAN DISTRICT NO. 10** exceeded \$750,000 for Year 2023; and

WHEREAS, an application for exemption from audit for **WINDSOR HIGHLANDS METROPOLITAN DISTRICT NO. 10** has been prepared by **John Cutler & Associates**, an independent accountant with knowledge of governmental accounting; and

WHEREAS, said application for exemption, from audit has been completed in accordance with regulations, issued by the State Auditor.

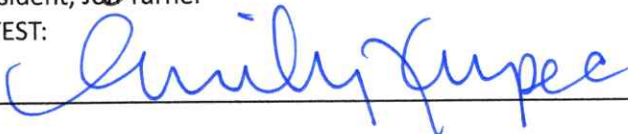
NOW THEREFORE, be it resolved/ordained by the **BOARD OF DIRECTORS** of the **WINDSOR HIGHLANDS METROPOLITAN DISTRICT NO. 10** that the application for exemption from audit for **WINDSOR HIGHLANDS METROPOLITAN DISTRICT NO. 10** for the year ended December 31, 2023, has been personally reviewed and is here by approved by a majority of the **BOARD OF DIRECTORS** of the **WINDSOR HIGHLANDS METROPOLITAN DISTRICT NO. 10**, that those members of the **BOARD OF DIRECTORS** have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the **WINDSOR HIGHLANDS METROPOLITAN DISTRICT NO. 10** for the year ended December 31, 2023.

ADPOTED THIS 05 day of FEBRUARY, 2024


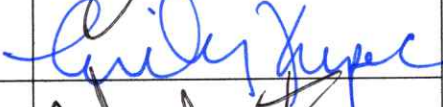
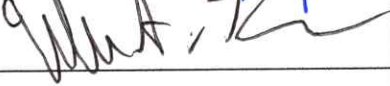


President, John Turner

ATTEST:



Secretary, Emily Kupec

<u>Print Name of Board Members</u>	<u>Date Term Expires</u>	<u>Signature</u>
Jon Turner	2025	
Emily Kupec	2027	
Warren Turner	2027	
Martha Turner	2025	

Print the names of ALL members of current governing body below.  
Print Board Member's Name

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

Board Member  
1

Jonathan A Tuernoe

I Jonathan A Tuernoe, 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 [Signature]

Date: 03-28-2024

My term Expires: May 2025

Board Member  
2

Emily Kupec

I Emily Kupec, 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 [Signature]

Date: 03-28-2024

My term Expires: May 2025

Board Member  
3

Martha Turner

I Martha F. Turner, 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 [Signature]

Date: 03-28-2024

My term Expires: May 2027

Board Member  
4

WARREN TURNER

I WARREN TURNER, 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 [Signature]

Date: 03-28-2024

My term Expires: May 2027

Board Member  
5

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  
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 \_\_\_\_\_

Date: \_\_\_\_\_

My term Expires: \_\_\_\_\_