

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	La Puerta Business Improvement District	For the Year Ended 12/31/24 or fiscal year ended:
ADDRESS	121 S Tejon Street	
	Suite 1100	
	Colorado Springs, CO 80903	
CONTACT PERSON	Lindsay Ross	
PHONE	719-635-0330	
EMAIL	lindsay.ross@claconnect.com	

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:	Carrie Bartow
TITLE	Accountant for the District
FIRM NAME (if applicable)	CliftonLarsonAllen LLP
ADDRESS	121 S Tejon Street, Suite 1100, Colorado Springs, CO 80903
PHONE	719-635-0330

PREPARER (SIGNATURE REQUIRED)		DATE PREPARED (No exemption shall be granted prior to the close of said fiscal year)	
SEE ATTACHED ACCOUNTANT'S COMPLIATION REPORT		3/22/2025	
Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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)	\$ 24,253	
2-2	Specific ownership	\$ -	
2-3	Sales and use	\$ -	
2-4	Other (specify): Senate Bill	\$ 1,216	
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	\$ 287	
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):	\$ 1	
2-22		\$ -	
2-23		\$ -	
2-24		\$ -	
2-25		\$ -	
2-26	(add lines 2-1 through 2-25) TOTAL REVENUES	\$ 25,757	

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	\$ 14,196	
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 (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): TIF Refund	\$ 662	
3-24		\$ -	
3-25		\$ -	
3-26		\$ -	
3-27		\$ -	
3-28	(add lines 3-1 through 3-27) TOTAL EXPENDITURES/EXPENSES	\$ 14,858	

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? <i>(If 'No' is checked, skip to question 4-5)</i> <i>(If 'Yes' is checked, please attach a copy of the entity's debt repayment schedule)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																								
4-2	Is the debt repayment schedule attached? If no, MUST explain below: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																								
4-3	Is the entity current in its debt service payments? If no, MUST explain below: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																								
4-4	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #005596; color: white;"> <th style="width: 45%; text-align: left; padding: 5px;">Please complete the following debt schedule, if applicable: (please only include principal amounts) (enter all amounts as positive numbers)</th> <th style="width: 15%; text-align: center; padding: 5px;">Outstanding at end of prior year*</th> <th style="width: 15%; text-align: center; padding: 5px;">Issued during year</th> <th style="width: 15%; text-align: center; padding: 5px;">Retired during year</th> <th style="width: 10%; text-align: center; padding: 5px;">Outstanding at year-end</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">General obligation bonds</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> </tr> <tr> <td style="padding: 5px;">Revenue bonds</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> </tr> <tr> <td style="padding: 5px;">Notes/Loans</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> </tr> <tr> <td style="padding: 5px;">Lease & SBITA** Liabilities [GASB 87 & 96]</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> </tr> <tr> <td style="padding: 5px;">Developer Advances</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> </tr> <tr> <td style="padding: 5px;">Other (specify):</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> </tr> <tr style="background-color: #005596; color: white;"> <td style="text-align: right; padding: 5px;">TOTAL</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> <td style="text-align: right; padding: 5px;">\$ -</td> </tr> </tbody> </table>			Please complete the following debt schedule, if applicable: (please only include principal amounts) (enter all amounts 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 & SBITA** Liabilities [GASB 87 & 96]	\$ -	\$ -	\$ -	\$ -	Developer Advances	\$ -	\$ -	\$ -	\$ -	Other (specify):	\$ -	\$ -	\$ -	\$ -	TOTAL	\$ -	\$ -	\$ -	\$ -
Please complete the following debt schedule, if applicable: (please only include principal amounts) (enter all amounts 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 & SBITA** Liabilities [GASB 87 & 96]	\$ -	\$ -	\$ -	\$ -																																							
Developer Advances	\$ -	\$ -	\$ -	\$ -																																							
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 checked="" type="checkbox"/>	<input type="checkbox"/>
	How much? <div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">\$ 115,100,000.00</div>		
	Date the debt was authorized: <div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">11/6/2018</div>		
NEW 4-6	Is the authorized but unissued debt further limited by the entity's most recent Service Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes:	How much? <div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">\$ 15,000,000.00</div>		
	Date of the most recent Service Plan: <div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">7/15/1905</div>		
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? <div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">\$ -</div>		
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? <div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">\$ -</div>		
4-9	Does the entity have any lease agreements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	What is being leased? <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>		
	What is the original date of the lease? <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>		
	Number of years of lease? <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>		
	Is the lease subject to annual appropriation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	What are the annual lease payments? <div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">\$ -</div>		

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	\$ 26,635	
5-2	Certificates of deposit	\$ -	
TOTAL CASH DEPOSITS			\$ 26,635
5-3	Investments (if investment is a mutual fund, please list underlying investments):		
	<div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	\$ -	
	<div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	\$ -	
	<div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	\$ -	
	<div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	\$ -	
TOTAL INVESTMENTS			\$ -
TOTAL CASH AND INVESTMENTS			\$ 26,635

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?
<i>(If 'No' is checked, skip the rest of Part 6)</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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: | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7-2 Does the entity have a volunteer firefighters' pension plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8-2 Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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	\$63,000.00
Capital Projects Fund	\$5,025,300.00

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)]?

☒☐

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?

☐☒

If yes: Date of formation:

- 10-2 Has the entity changed its name in the past or current year?

☐☒

If yes: Please list the NEW name:

Please list the PRIOR name:

- 10-3 Is the entity a metropolitan district?

☐☒

- 10-4 Please indicate what services the entity provides:

- 10-5 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:

- 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.]

☐☒

If yes: Date filed:

- 10-7 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

-

General/other mills

10.394

Total mills

10.394

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.

☐☐☒

Title 31 District

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

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

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

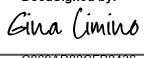

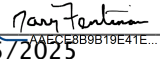
Policy - Requirements

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>Print or type the names of <u>ALL</u> members of current governing body below. A <u>MAJORITY</u> 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: DOES NOT EXPIRE</p>	<p>Gina Cimino</p> <p>DocuSigned by:  Signature _____ Date 3/25/2025</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: DOES NOT EXPIRE</p>	<p>Timothy Lamb</p> <p>DocuSigned by:  Signature _____ Date 3/25/2025</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: DOES NOT EXPIRE</p>	<p>Karl Gabrielson</p> <p>Signature _____ 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: DOES NOT EXPIRE</p>	<p>Gary Fentiman</p> <p>DocuSigned by:  Signature _____ Date 3/25/2025</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>	<p>Vacant</p> <p>Signature _____ 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>	<p>_____ Signature _____ 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>	<p>_____ Signature _____ Date _____</p>



CliftonLarsonAllen LLP
claconnect.com

Accountant's Compilation Report

Board of Directors
La Puerta Business Improvement District
Las Animas County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of La Puerta Business Improvement District 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 La Puerta Business Improvement District.

Colorado Springs, Colorado
March 22, 2025

Certificate Of Completion

Envelope Id: 2EF05820-294D-488B-B48C-B101AD386080		Status: Sent
Subject: Complete with Docusign: La Puerta BID - 2024 Audit Exemption.pdf		
Client Name: La Puerta BID		
Client Number: 011		
Source Envelope:		
Document Pages: 8	Signatures: 3	Envelope Originator:
Certificate Pages: 5	Initials: 0	CLA Operations
AutoNav: Enabled		220 S 6th St Ste 300
Envelopeld Stamping: Enabled		Minneapolis, MN 55402-1418
Time Zone: (UTC-08:00) Pacific Time (US & Canada)		Holly.Hayes@claconnect.com
		IP Address: 47.186.198.210


Record Tracking

Status: Original	Holder: CLA Operations	Location: DocuSign
3/25/2025 2:59:53 PM	Holly.Hayes@claconnect.com	

Signer Events

Gary Fentiman
gfentiman@phillong.com
COO
Phil Long Toyota
Security Level: Email, Account Authentication (None)

Signature


DocuSigned by:

AAECE8B9B19E41E...
Signature Adoption: Drawn on Device
Using IP Address: 98.55.5.33
Signed using mobile

Timestamp

Sent: 3/25/2025 3:04:09 PM
Viewed: 3/25/2025 5:39:57 PM
Signed: 3/25/2025 5:40:47 PM

Electronic Record and Signature Disclosure:
Accepted: 3/31/2023 7:17:10 AM
ID: d98e9b55-0c1d-47fa-a59d-2c67d246e0c1

Gina Cimino
gcimino@phillong.com
President
Gina Cimino
Security Level: Email, Account Authentication (None)

DocuSigned by:

C069AD02CFB2436...
Signature Adoption: Pre-selected Style
Using IP Address: 172.58.56.175
Signed using mobile

Sent: 3/25/2025 3:04:09 PM
Viewed: 3/25/2025 3:26:15 PM
Signed: 3/25/2025 3:26:38 PM

Electronic Record and Signature Disclosure:
Accepted: 3/25/2025 3:26:15 PM
ID: c4a1e11c-e17a-40f6-bab4-647c66354bf1

Karl Gabrielson
kgabrielson@trinidaddevelopment.com
Security Level: Email, Account Authentication (None)

Sent: 3/25/2025 3:04:10 PM

Electronic Record and Signature Disclosure:
Accepted: 3/29/2024 11:08:17 AM
ID: 047ded47-9ae2-4207-ab06-69d79546b821

Timothy Lamb
tlamb@phillong.com
Security Level: Email, Account Authentication (None)

DocuSigned by:

E7908DCE18B141D...
Signature Adoption: Pre-selected Style
Using IP Address: 50.205.254.235

Sent: 3/25/2025 3:04:10 PM
Viewed: 3/25/2025 3:17:46 PM
Signed: 3/25/2025 3:19:30 PM

Electronic Record and Signature Disclosure:
Accepted: 1/12/2023 5:13:22 PM
ID: 09fc810e-a395-4f0c-acd2-952213dd3262

In Person Signer Events

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Editor Delivery Events	Status	Timestamp
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Carrie Bartow carrie.bartow@claconnect.com Accountant Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 3/10/2025 10:08:28 AM ID: 57e31ad5-96fa-465e-ac6a-5d7775748e57	COPIED	Sent: 3/25/2025 3:04:11 PM Viewed: 3/25/2025 3:43:34 PM
Spencer Johnson spencer.johnson@claconnect.com Intern Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 3/25/2025 3:04:11 PM Viewed: 3/31/2025 3:48:08 PM
In Process		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/25/2025 3:04:11 PM
Certified Delivered	Security Checked	3/25/2025 3:17:46 PM
Signing Complete	Security Checked	3/25/2025 3:19:30 PM
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