TWIN LAKES CO Lake Access Roads - Pt 2



OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Piggy Duster, LLC

is a

Limited Liability Company

formed or registered on 09/30/2020 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20201854152.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/27/2022 that have been posted, and by documents delivered to this office electronically through 06/01/2022 @ 15:22:10.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/01/2022 @ 15:22:10 in accordance with applicable law. This certificate is assigned Confirmation Number 14063008 .



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

UAS (Drone) Certificate of Registration from FAA*:



This Small UAS Certificate of Registration is not an authorization to conduct flight operations with an unmanned aircraft. Operations must be conducted in accordance with applicable FAA requirements. The operator of the aircraft is responsible for knowing and understanding what those requirements are. For more information on flying requirements, please visit the FAA websile at www.faa.gov/uas.

For U.S. citizens, permanent residents, and certain non-citizen U.S. corporations, this document constitutes a Certificate of Registration. For all others, this document represents a recognition of ownership.

Operators of unmanned aircraft must ensure they comply with the appropriate safety authority from the FAA and economic authority from the DOT.







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/21/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).													
PRODUCER								CONTACT NAME:					
								PHONE FAX					
								E-MAIL					
								ADDRESS: NAIC					
								INSURER A:					
INSURED							INSURER B:						
								INSURER C:					
								INSURER D :					
								INSURER E :					
								INSURER F:					
COVERAGES CERTIFICATE NUMBER: 00000135-0 REVISION NUMBER: 25													
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.													
INSR LTR		TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY							04/13/2022	04/13/2023	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
										MED EXP (Any one person)	\$	10,000	
										PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I'L AGGREGATE LIMIT APP	PLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	Χ	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:									\$		
Α	AUT	AUTOMOBILE LIABILITY						04/13/2022	04/13/2023	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		ANY AUTO								BODILY INJURY (Per person)	\$		
		AUTOS ONLY A	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
			NON-OWNED NUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
											\$		
Α		UMBRELLA LIAB	OCCUR					04/13/2022	04/13/2023	EACH OCCURRENCE	\$		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION	\$								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						04/13/2022	04/13/2023	PER X OTH- STATUTE X ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. EACH ACCIDENT	\$		
										E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT	\$		
Α	Inland Marine							04/13/2022	04/13/2023	Equip Leased/Rented			
С	Dr	one						04/13/2022	04/13/2023	UAV/UAS Liability			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) It is understood and agreed that the United States Government is additional insured solely as respects liability arising from operations of the named insured. It is understood and agreed that the coverage under this policy will not be changed or its provisions changed or deleted before thirty (30) days written notice to the "U.S. Government - Leadville Ranger District; 810 Front St, Leadville, CO 80461													
<u> </u>													
CE	RTIF	ICATE HOLDER				1	CANCELLATION						
"U.S. Government - Leadville Ranger District" 810 Front St,								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
`Leadville, CO 80461								AUTHORIZED REPRESENTATIVE					