| APPLICATION FOR EXEMPTION FROM AUDIT   |                                                                                                                                                                                                                                                                                                                                                             |                       |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
|                                        | LONG FORM                                                                                                                                                                                                                                                                                                                                                   |                       |
| NAME OF GOVERNMENT                     | St. Vrain Lakes Metropolitan District No. 3                                                                                                                                                                                                                                                                                                                 | For the Year Ended    |
| ADDRESS                                | c/o Pinnacle Consulting Group, Inc.                                                                                                                                                                                                                                                                                                                         | 12/31/2021            |
|                                        | 550 W Eisenhower Blvd                                                                                                                                                                                                                                                                                                                                       | or fiscal year ended: |
|                                        | Loveland, CO 80537                                                                                                                                                                                                                                                                                                                                          |                       |
| CONTACT PERSON                         | Amanda Castle                                                                                                                                                                                                                                                                                                                                               |                       |
| PHONE                                  | (970) 669-3611                                                                                                                                                                                                                                                                                                                                              |                       |
| EMAIL                                  | amandac@pcgi.com                                                                                                                                                                                                                                                                                                                                            |                       |
| FAX                                    | (970) 669-3612                                                                                                                                                                                                                                                                                                                                              |                       |
|                                        | CERTIFICATION OF PREPARER<br>ountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of my knowledge. I am are<br>e application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is separate from the entit |                       |
| NAME:                                  | Amanda Castle                                                                                                                                                                                                                                                                                                                                               |                       |
| TITLE                                  | District Accountant                                                                                                                                                                                                                                                                                                                                         |                       |
| FIRM NAME (if applicable)              | Pinnacle Consulting Group, Inc.                                                                                                                                                                                                                                                                                                                             |                       |
| ADDRESS                                | 550 W Eisenhower Blvd, Loveland, CO 80537                                                                                                                                                                                                                                                                                                                   |                       |
| PHONE                                  | (970) 669-3611                                                                                                                                                                                                                                                                                                                                              |                       |
| DATE PREPARED                          | 2/28/2022                                                                                                                                                                                                                                                                                                                                                   |                       |
| RELATIONSHIP TO ENTITY                 | District Accountant                                                                                                                                                                                                                                                                                                                                         |                       |
| PREPARER (SIGNATURE F                  | REQUIRED)                                                                                                                                                                                                                                                                                                                                                   |                       |
| Amanda Kae Caster                      |                                                                                                                                                                                                                                                                                                                                                             |                       |
| Has the entity filed for, or has the o | Instrict filed, a Title 32. Article 1 Special District Notice of Inactive Status YES NO                                                                                                                                                                                                                                                                     |                       |

Has the entity filed for, or 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: