



## **MATERIAL EVENT ATTACHMENT**

As a result of the continued slow-pace of residential development within North Range Metropolitan District No. 1 specifically, and the greater metro Denver market in general, the District drew on its bond reserve fund for its December 15, 2012 interest payment. Shea Homes, LP has reimbursed the Bond Reserve Fund in the amount of \$379,182.30 as required.

The budget is available online at [www.reunionmetro.org](http://www.reunionmetro.org).

# Municipal Secondary Market Disclosure Information Cover Sheet

This cover sheet should be sent with all submissions made to the Municipal Securities Rulemaking Board, Nationally Recognized Municipal Securities Information Repositories, and any applicable State Information Depository, whether the filing is voluntary or made pursuant to Securities and Exchange Commission rule 15c2-12 or any analogous state statute.

See [www.sec.gov/info/municipal/nrmsir.htm](http://www.sec.gov/info/municipal/nrmsir.htm) for list of current NRMSIRs and SIDs

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## IF THIS FILING RELATES TO A SINGLE BOND ISSUE:

Provide name of bond issue exactly as it appears on the cover of the Official Statement (please include name of state where issuer is located):

Provide nine-digit CUSIP\* numbers if available, to which the information relates:

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## IF THIS FILING RELATES TO ALL SECURITIES ISSUED BY THE ISSUER OR ALL SECURITIES OF A SPECIFIC CREDIT OR ISSUED UNDER A SINGLE INDENTURE:

Issuer's Name (Please include name of state where Issuer is located): North Range Metropolitan District No. 1, Colorado \_\_\_\_\_

Other Obligated Person's Name (if any): \_\_\_\_\_  
(Exactly as it appears on the Official Statement Cover)

Provide six-digit CUSIP\* number(s), if available of Issuer: 661765 \_\_\_\_\_

\*(Contact CUSIP's Municipal Disclosure Assistance Line at 212.438-6518 for assistance with obtaining the proper CUSIP numbers.)

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## TYPE OF FILING:

Electronic (number of pages attached) \_\_\_\_\_  Paper (number of pages attached) 4

If information is also available on the Internet, give URL: \_\_\_\_\_

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**WHAT TYPE OF INFORMATION ARE YOU PROVIDING? (Check all that apply)**

A.  **Annual Financial Information and Operating Data pursuant to Rule 15c2-12**  
(Financial information and operating data should not be filed with the MSRB.)

Fiscal Period Covered: \_\_\_\_\_

B.  **Audited Financial Statements or CAFR pursuant to Rule 15c2-12**

Fiscal Period Covered: \_\_\_\_\_

C.  **Notice of a Material Event pursuant to Rule 15c2-12** (Check as appropriate)

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Principal and interest payment delinquencies   | 6. <input type="checkbox"/> Adverse tax opinions or events affecting the tax-exempt status of the security   |
| 2. <input type="checkbox"/> Non-payment related defaults   | 7. <input type="checkbox"/> Modifications to the rights of security holders                                  |
| 3. <input checked="" type="checkbox"/> <b>Unscheduled draws on debt service reserves reflecting financial difficulties</b> | 8. <input type="checkbox"/> Bond calls   |
| 4. <input type="checkbox"/> Unscheduled draws on credit enhancements reflecting financial difficulties                     | 9. <input type="checkbox"/> Defeasances  |
| 5. <input type="checkbox"/> Substitution of credit or liquidity providers, or their failure to perform                     | 10. <input type="checkbox"/> Release, substitution, or sale of property securing Repayment of the securities |

D.  **Notice of Failure to Provide Annual Financial Information as Required**

E.  **Other Secondary Market Information** (Specify): \_\_\_\_\_

**I hereby represent that I am authorized by the issuer or obligor or its agent to distribute this information publicly:**

**Issuer Contact:**

Name Ms. Denise Denslow \_\_\_\_\_

Employer North Range Metropolitan District No. 1 \_\_\_\_\_

Address 8390 E. Crescent Parkway #500 City Greenwood Village State CO Zip Code 80111

Telephone 303-779-5710 Fax 720-482-6668

Email Address denise.denslow@cliftonlarsonallen.com Issuer Web Site Address [reunionmetro.org](http://reunionmetro.org)

**Dissemination Agent Contact, if any:**

Name \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Relationship to Issuer \_\_\_\_\_

**Obligor Contact, if any:**

Name \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Obligor Web Site Address \_\_\_\_\_

**Investor Relations Contact, if any:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_