

**Colorado Petroleum  
Storage Tank Fund**

**SUPPLEMENTAL REIMBURSEMENT APPLICATION --  
Short Form S (2008)**

*This form should be used, and can only be used, on supplemental reimbursement applications when the applicant has already established eligibility for reimbursement of remediation costs relative to this occurrence.*

RAP # \_\_\_\_\_

CDLE/OPS Internal Use only

**The nature of this Supplemental Reimbursement Application is: [Check all that apply]**

Additional costs not previously reimbursed.



Applicant seeks reimbursement of costs approved but not reimbursed pursuant to Committee Policy #13  
(Costs exceeded \$50,000 without a Corrective Action Plan. CAP now approved.)



Other (Explain):



**List RAP # of last claim previously filed for this remediation:**

579, 2246, 8659, 19504 and 21316

**Applicant's Full  
Legal Name:**

City and County of Denver

**Social Security # or Federal Tax ID #** 84-6000580

**Contact Person:**

Diane Delillio

**Phone #** 720-86252-5448

**Fax #** 720-865-8534

**Mailing Address:**

**Street** 200 West 14th Avenue, Suite 300

**E-mail:** diane.delillio@denvergov.org

**City** Denver

**State** CO **Zip** 80204-2732

**Reimbursement  
Billing Address  
(if different):**

**Street**

**City**

**State** **Zip**

**Applicant is (check one):**



Corporation



Partnership



Sole Proprietor



LLC



Other (Explain)

Municipality

**Site Name:**

Fire Station #28

**Site Address:**

**Street** 4306 South Wolff Street

**City** Denver

**State** CO **Zip** 80236

**County** Denver

**Applicant's  
Representative  
(if applicable)**

**Complete this section only if you want the representative to be the primary contact and copied on all correspondence.**

**Name** Paragon Consulting Group, Inc.

**E-Mail:** dmrau@paragoncg.com & ls baker@paragoncg.com

**Address** 6901 Broadway

**Phone #** 303-428-7610

**City** Denver

**State** CO **Zip** 80221

**Fax #** 303-428-7620

**Total from Listing of Costs, last column:**

\$208,214.22

**Less reimbursement from any other source (see #5):**

**NET REIMBURSEMENT REQUEST:**

\$208,214.22

**Dates of work covered by this application:**

**From:**

April 1, 2005

**To:**

May 17, 2008

### REIMBURSEMENT INFORMATION

1	Will there be additional reimbursement applications for this release?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Have any of the costs submitted for reimbursement already been submitted with another reimbursement application? If yes, identify these costs and explain why you are resubmitting these costs.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Do any of the costs submitted for reimbursement cover a time period for which you have already received, or requested reimbursement? If yes, identify these costs and explain why you are resubmitting them.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Except for this remediation, is there any relationship - personal, financial, or otherwise - between applicant and any company or person who performed work for which reimbursement is claimed? If yes, explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	Has applicant received, or does applicant expect to receive, compensation for corrective action costs from ANY source other than the Colorado Petroleum Storage Tank Fund, including lawsuits, settlements, judgments, contributions from other parties, insurance? If yes, state amount of other reimbursement: \$_____. Identify source of other reimbursement, including court case name and number, if applicable.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Do any costs claimed for reimbursement represent work performed by the applicant or applicant's employees? If yes, submit the <i>Affidavit Regarding Work Performed by Applicant</i> .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

By submitting this application, the Applicant affirms, certifies and agrees as follows:

1. The Applicant certifies, under penalty of law, that Applicant is the appropriate person to request reimbursement, and that this document and all attachments were prepared under Applicant's direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted.
2. The Applicant is the owner/operator or duly authorized agent of the owner/operator responsible for this Site. The Applicant is and shall be responsible for assuring compliance with all applicable state and federal regulations.
3. The information submitted by the Applicant, to the best of Applicant's knowledge and belief, is true, accurate and complete. Applicant understands that this application will be submitted by the Colorado Department of Labor and Employment (CDLE or State) for consideration by the Petroleum Storage Tank Committee (Committee). Upon demand by the Committee, Applicant agrees to return the entire award Applicant may receive or any other amount the Committee considers appropriate if (a) Applicant misrepresented or omitted any fact, either in writing or orally, relevant to the determinations made by the Committee or the CDLE; or (b) Applicant fails to complete, to the Committee's or the CDLE's satisfaction, the corrective action.
4. The Applicant shall not be entitled to obtain any other reimbursement from any source other than the State for the same costs or work reimbursed by the State. Any reimbursement the Applicant receives or is entitled to receive, including insurance proceeds, is and shall be the property of the State of Colorado to the extent of payment(s) made to the Applicant by the State from the Petroleum Storage Tank Fund. Upon receipt of any such reimbursement from a source other than the State, Applicant shall immediately report and pay such reimbursement to the State.
5. To the extent payment is made from the Petroleum Storage Tank Fund, the Applicant hereby assigns to the State of Colorado any rights the Applicant may have which may allow the Applicant to seek and obtain recovery from any other entity for the costs or work reimbursed by the State, including the right to recover from insurance companies.
6. The Applicant shall not submit any further claims for reimbursement from the State for the Site(s) and work identified in this application, other than an amendment to the application or protest of the Fund Payment Report, if any, for work not heretofore reimbursed.
7. To the extent authorized by law, the Applicant shall indemnify, save, and hold harmless the State against any and all claims, damages, liability and court awards including costs, expenses, and attorney fees and related costs, incurred as a result of any act, omission by the Applicant, or its employees, agents, subcontractors, or assignees pursuant to the terms of this application.

As to governmental entity Applicants, no term or condition of this application shall be construed or interpreted as a waiver, express or implied, of any of the immunities, rights, benefits, protection, or other provisions, of the Colorado Governmental Immunity Act, CRS 24-10-101 et seq., or the Federal Tort Claims Act, 28 U.S.C. 2671 et seq., as applicable, as now or hereafter amended.

The applicant, by execution of this application containing this indemnification clause, does not waive the operation of any law concerning the parties' ability to indemnify.
8. In addition to any other legal rights the State of Colorado may have, the State shall have audit and on-site inspection rights for 3 years after payment.
9. The remediation services and supplies for which expenses are listed in this application were performed and/or purchased at the most reasonable rates available for compliance.
10. The Applicant shall provide all formal or informal environmental assessment information to any future owner upon request.
11. In the event the Applicant breaches any of the terms, conditions or requirements of this application, the State of Colorado, in addition to any other remedies, at law or equity, shall be entitled to immediate repayment on demand of all amounts paid to the Applicant; and in the event that the State is required to take legal action to enforce any of the provisions contained herein, the State shall be entitled, in addition to damages, to its costs and reasonable attorney fees and related expenses incurred in connection with such enforcement.
12. At all times during the performance of this remediation, the Applicant shall strictly adhere to all applicable federal and state laws, rules and regulations that have been or may hereafter be established, including without limitation 42 U.S.C. 6991 and C.R.S. 8-20.5-101, et seq., and associated regulations.
13. The State may allocate more or less funds to the remediation described in this Application than the amount requested by the Applicant. Once the reimbursement request is approved, the State will issue a Fund Payment Report, substantially in the form of Exhibit B, documenting the amount that will be processed and paid.
14. The Committee has the authority and the right to designate funds be paid to Applicants on pro-rata basis when the Petroleum Storage Tank Fund balance prevents payment in full, pursuant to C.R.S. 8-20.5-206(a)(2).
15. Each additional request by Applicant for reimbursement from the Petroleum Storage Tank Fund must be submitted on a new supplemental application. Any additional payment by the State shall be conditioned upon the issuance by the Petroleum Storage Tank Committee (PSTC) of a new Fund Payment Report for payment.
16. Pursuant to 7 C.C.R. 1101-14, Article 8, the Applicant may file a protest of the Fund Payment Report if the Applicant disputes a decision by the Petroleum Storage Tank Committee, as stated on the Fund Payment Report. The Applicant may petition the Committee to review its decision. A Protest must be submitted within 60 days of the date of the Fund Payment Report. See 7 C.C.R. 1101-14, 8-8. The Applicant shall use the form of Protest of Fund Payment Report provided by the Division of Oil and Public Safety of the Colorado Department of Labor and Employment.
17. The maximum amount to be paid by the State, if any, in connection with this reimbursement request shall be authorized by the Petroleum Storage Tank Committee in the Fund Payment Report.
18. The payment by the State and acceptance by the Applicant of any reimbursement amounts requested under this application shall be deemed to be good and sufficient consideration for the promises, certifications and affirmations made by Applicant in this application.
19. The City does not by this Agreement irrevocably pledge cash reserves for payments in future fiscal years, and this Agreement is not intended to create a multiple-fiscal year debt of the City.

Signatory Page

**Applicant:**

City and County of Denver

Legal Name of Applicant

84-6000580

Social Security Number or FEIN

Signature of Applicant or Authorized Officer

Date

Print Name & Title of Authorized Officer

**Corporations:**

(A corporate attestation is required. A corporate seal is required, if available.)

**Attest (Seal) By**

(Corporate Secretary or Equivalent)

State of Colorado – Department of Labor & Employment  
Division of Oil and Public Safety, Storage Tank  
Remediation Program  
633 17<sup>th</sup> Street, Suite 500  
Denver, CO 80202-3660  
Project No.: EZ00598\_578

ATTEST:

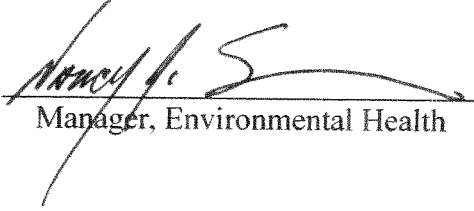
CITY AND COUNTY OF DENVER

\_\_\_\_\_  
STEPHANIE Y. O'MALLEY, Clerk and  
Recorder, Ex-Officio Clerk of the  
City and County of Denver

By: \_\_\_\_\_  
Mayor

APPROVED AS TO FORM:  
DAVID R. FINE, City Attorney  
for the City and County of Denver

RECOMMENDED AND APPROVED:

By:   
\_\_\_\_\_  
Manager, Environmental Health

By: \_\_\_\_\_  
Assistant City Attorney

REGISTERED AND COUNTERSIGNED:

By: \_\_\_\_\_  
Manager of Finance  
Contract Control No. RC91008-2

By: \_\_\_\_\_  
Auditor

**SUBMIT THE FOLLOWING DOCUMENTS AND THIS CHECK LIST  
FOR A SUPPLEMENTAL APPLICATION**

This document is part of the application. It **MUST** be filled out and **INCLUDED** with your application.

Copies of forms can be accessed on the OPS website at  
<http://oil.cdle.state.co.us> (State Fund Section/Fund Forms)

**Directions:** Place a check (✓) in the boxes to the left that indicates the required documents listed below are included with this application. Failure to supply the necessary information outlined in these boxes will result in your application being returned to you as "Incomplete".

1.)	<input checked="" type="checkbox"/>	Two copies of the "Supplemental Reimbursement Application" - Short Form S (2008)" form. One of these copies must have an original signature with the proper signatory authority. If the applicant is a corporation, signature must be by the corporate president or vice president and the corporate secretary or equivalent must attest the application. The president or vice president can delegate signatory authority. Said authority must be on corporate letterhead.
2.)	<input checked="" type="checkbox"/>	Two copies of the CDLE/OPS form - "Listing of Costs". <b>Note: The Listing of Costs MUST BE IN ORDER BY date of work performed with the earliest date listed first.</b>
3.)	<input checked="" type="checkbox"/>	An original with a notarized seal and one copy of the CDLE/OPS form "Affidavit: Proof of Payment" for each invoice as outlined on the "Listing of Costs". The affidavit must be on company letterhead.
	<input type="checkbox"/>	OR - Cancelled checks with the front of the check encoding the amount of the check proving that the check cleared the bank.
	<input type="checkbox"/>	OR - An original and one copy of the CDLE/OPS form: "CPA Certification". The affidavit must have an original signature and all information at the bottom of the affidavit must be completed including the CPA's license number, State where issued and expiration date.
	<input type="checkbox"/>	OR - If applicable, an original with a notarized seal and one copy of the CDLE/OPS form: "Affidavit of Work Performed by Employees of Listed Applicant B Part 1 (Employer)" The affidavit must have an original signature of the listed applicant.
	<input type="checkbox"/>	OR - If applicable, an original with a notarized seal and one copy of the CDLE/OPS form: "Affidavit of Work Performed by Applicant" The affidavit MUST have the original and certified signatures of both the consultant/contractor and the applicant.
4.)	<input checked="" type="checkbox"/>	Two copies of invoices to support each cost. The invoices MUST be in order by date of work performed and should match the order of the Listing of Costs.

Colorado's Reasonable Cost Guidelines apply to all work performed July 1, 1997 forward with respect to costs only. The invoice format must be in accordance with the Reasonable Cost Guidelines, Article 3, Parts 3 and 4. Phase of Work, Activity and Task and Labor codes must be on every invoice for each cost - including utilities - regardless of when the work was performed.

**Note: Failure to record each of these codes for each cost requested will result in a deficiency letter and the application review process will halt. Additionally, the time clock will stop and no interest will accrue.**

**MAIL TO:**

Colorado Department of Labor and Employment  
Division of Oil & Public Safety - Fund Unit  
633 17th Street  
Suite 500  
Denver CO 80202-3660

If you have any questions please consult the OPS website and/or contact OPS via the "Technical Assistance Line" at (303) 318-8547.  
OPS website: <http://oil.cdle.state.co.us>

Colorado Petroleum  
Storage Tank Fund

Photocopy additional pages as necessary

LISTING OF COSTS

Primary Invoice # <sup>1</sup>	Contractor Name	Dates of Work <sup>2</sup>		Proof of Payment			Invoice Amount	Amount Submitted for Reimbursement <sup>5</sup>
		xx/xx/xx Beginning	xx/xx/xx Ending	Check #	Check Amt	Other <sup>4</sup>		
Invoice #1	Metrix, Inc.	04/01/05	04/22/05			AFF	\$4,027.76	\$2,146.10
	Note: Difference of \$1,881.66 on Metrix Invoice #397 includes \$1,869.66 for labor and materials before the EFS effective date and \$11.50 for unallowed markup on miscellaneous field supplies.							
Invoice #2	Metrix, Inc.	04/23/05	05/27/05			AFF	\$8,173.11	\$8,151.11
	Note: Difference of \$22.00 on Metrix Invoice #409 is for labor above the Reasonable Cost Guidelines (RCG).							
Invoice #3	Metrix, Inc.	5/28/2005	7/1/2005			AFF	\$25,299.78	\$22,000.42
	Note: Difference of \$3,299.37 on Metrix Invoice #419 includes \$265.81 for unallowed materials; and 3033.56 for drilling above RCG.							
Invoice #4	Metrix, Inc.	7/2/2005	8/5/2005			AFF	\$2,877.50	\$2,685.50
	Note: Difference of \$192.00 on Metrix Invoice #419 includes \$60.00 for labor above the RCG and \$132.00 for unallowed 3-day rush on laboratory analyses and associated markup.							
Invoice #5	Metrix, Inc.	8/6/2005	9/4/2005			AFF	\$10,313.91	\$10,152.19
	Note: Difference of \$161.72 on Metrix Invoice #5 includes \$85.00 for labor above the RCG, \$16.50 for unallowed fuel surcharge and associated markup; \$9.39 for shipping and unallowed markup not on EFS; \$50 for interface probe not on EFS; and \$0.82 for accounting error on mileage							
Invoice #6	Metrix, Inc.	9/5/2005	9/30/2005			AFF	\$31,493.08	\$31,237.08
	Note: Difference of \$256.00 on Metrix Invoice #6 includes \$229.00 for labor above the RCG and \$27.00 for mileage above the RCG.							
Invoice #7	Metrix, Inc.	10/1/2005	10/31/2005			AFF	\$25,216.86	\$24,268.85
	Note: Difference of \$948.01 on Metrix Invoice #7 includes \$68.00 for labor above the RCG, \$41.85 for mileage above the RCG; \$38.50 for unallowed parking and associated markup; \$50 for interface probe not on EFS; \$0.40 for unallowed markup on copies; \$748.00 for laboratory fees without backup invoice; and \$1.26 for unallowed markup on shipping.							
Invoice #8	Metrix, Inc.	11/1/2005	12/2/2005			AFF	\$6,475.96	\$6,212.26
	Note: Difference of \$263.70 on Metrix Invoice #8 includes \$187.00 for labor above the RCG, \$13.50 for mileage above the RCG; \$13.20 for unallowed parking and associated markup; and \$50 for interface probe not on EFS							
Invoice #9	Metrix, Inc.	12/3/2005	12/31/2005			AFF	\$4,769.60	\$4,581.72
	Note: Difference of \$187.88 on Metrix Invoice #9 includes \$149.50 for labor above the RCG, \$21.60 for mileage above the RCG; \$6.60 for unallowed parking and associated markup; and \$10.18 for unallowed markup on shipping							
Invoice #10	Metrix, Inc.	1/1/2006	2/10/2006			AFF	\$3,824.73	\$3,732.79
	Note: Difference of \$91.94 on Metrix Invoice #10 includes \$10.50 for labor above the RCG, \$29.70 for mileage above the RCG; \$1.74 for unallowed markup on shipping, and \$50.00 for interface probe not on EFS.							

Colorado Petroleum  
Storage Tank Fund

Photocopy additional pages as necessary

LISTING OF COSTS

Invoice #	(540)	Metrix, Inc.	2/11/2006	3/31/2006	AFF	\$6,606.45	\$6,554.65
Note: Difference of \$51.80 on Metrix Invoice #11 includes \$14.00 for labor above the RCG and \$37.80 for mileage above the RCG.							
Invoice #12	80240760	CDM	4/1/2006	8/31/2006	AFF	\$47,652.83	\$36,645.46
Note: Difference of \$11,007.37 on CDM Invoice #12 includes \$1,223.00 for labor above the RCG, \$69.48 for mileage above the RCG, \$89 for unallowed markup on shipping; \$100.00 for interface probe not on EFS; \$9,537.00 for concrete pour and markup without backup documentation; and \$77.00 for undocumented laboratory invoice.							
Invoice #13	80246759	CDM	9/1/2006	12/31/2006	AFF	\$3,543.08	\$3,488.15
Note: Difference of \$54.93 on CDM Invoice #13 includes \$2.70 for mileage above the RCG; \$50.00 for interface probe not on EFS; and \$2.23 for unallowed markup on postage.							
Invoice #1	80251186	CDM	1/1/2007	2/24/2007	AFF	\$2,644.15	\$2,630.65
Note: Difference of \$13.50 on CDM Invoice #1 is for mileage above the RCG.							
Invoice #2	80258252	CDM	2/25/2007	5/31/2007	AFF	\$4,220.22	\$4,215.75
Note: Difference of \$4.47 on CDM Invoice #2 includes \$2.94 for mileage above the RCG; and \$1.53 for unallowed markup on postage.							
Invoice #3	80264874	CDM	6/1/2007	8/11/2007	AFF	\$3,254.00	\$3,254.00
Invoice #4	80266750	CDM	8/12/2007	9/15/2007	AFF	\$2,601.06	\$2,595.28
Note: Difference of \$5.78 on CDM Invoice #4 includes \$3.75 for mileage above the RCG; and \$2.03 for unallowed markup on postage.							
Invoice #5	80280031	CDM	9/16/2007	2/22/2008	AFF	\$6,196.00	\$6,184.62
Note: Difference of \$11.38 on CDM Invoice #5 includes \$3.75 for mileage above the RCG; and \$7.63 for unallowed markup on postage.							
Invoice #6	80287193	CDM	2/23/2008	5/17/2008	AFF	\$28,228.25	\$25,416.11
Note: Difference of \$2,812.14 on CDM Invoice #6 includes \$1,137.00 for labor above the RCG, \$3.75 for mileage above the RCG; \$1,671.29 for Bellio Trucking - above RCG for hauling; and \$0.10 accounting error on 3D d. markup)							
SUBTOTAL ALLOWABLE COSTS SUBMITTED FOR REIMBURSEMENT							\$206,152.69
REIMBURSEMENT APPLICATION PREPARATION COSTS (1% of net allowable costs submitted for reimbursement)							\$2,061.53
TOTAL SUBMITTED FOR REIMBURSEMENT CONSIDERATION:							\$208,214.22
4.z.							

- 1 List all PRIMARY invoices. If invoice does not clearly identify work performed, add that information to the invoice copy submitted with the application.
- 2 List invoices in order by the date of work performed.
- 3 If proof of payment is by canceled check, back of canceled check is also required if the dollar amount is not encoded by the bank on the front of the check.
- 4 If proof of payment is by payee affidavit or CPA Certification, use following codes: AFF = Affidavit. CPA = CPA Certification of Payment. Use CDLE Forms.
- 5 List only ALLOWABLE costs. If amount requested differs from invoice amount, identify on the invoice any cost for which reimbursement is NOT requested.



COPY

COLORADO PETROLEUM  
STORAGE TANK FUND

**AFFIDAVIT: PROOF OF PAYMENT**

Applicant's name City and County of Denver  
Site name and address Fire Station #28, 4036 South Wolff Street, Denver, Colorado  
Check As Appropriate: \_\_\_\_\_

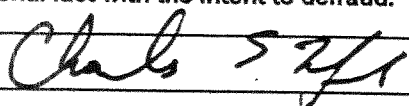
☒ I, being first duly sworn upon oath and being of lawful age, state that the following invoices relative to the referenced application for reimbursement from the Colorado Petroleum Storage Tank Fund have been paid in full by the applicant.

☐ I, being first duly sworn upon oath and being of lawful age, state that the following invoices relative to the referenced application for reimbursement from the Colorado Petroleum Storage Tank Fund will be paid in full by the applicant upon receipt of the reimbursement in accordance with a promissory agreement. (Provide a signed and notarized copy of the agreement)

INVOICE #	INVOICE DATE	AMT. PAID	INVOICE #	INVOICE DATE	AMT. PAID
Invoice #1 (397)	5/9/05	\$4,027.76	Invoice #2 (409)	6/14/05	\$8,173.11
Invoice #3 (419)	7/14/05	\$25,299.78	Invoice #4 (435)	8/16/05	\$2,877.50
Invoice #5	9/13/05	\$10,313.91	Invoice #6 (459)	10/7/05	\$31,493.08
Invoice #7 (472)	11/17/05	\$25,216.86	Invoice #8 (491)	12/14/05	\$6,475.96
Invoice #9 (497)	1/6/06	\$4,769.60	Invoice #10	2/22/06	\$3,824.73
Invoice 11 (540)	4/20/06	\$6,606.45			

I further state that there is no relationship or affiliation between the applicant and myself.

I hereby certify that the foregoing information is correct to the best of my knowledge, information and belief. I understand there are severe civil and/or criminal penalties for any false statement or misrepresentation of a material fact, knowing it to be false, or failing to disclose a material fact with the intent to defraud.

Signature		Date	04.27.2010
Print name	Charles E. Mickel	Title	Vice President
Phone # (303) 717.1163			
Company (payee) name Metrix, Inc			
Company (payee) mailing address 17301 W Colfax Ste #170 Golden, CO 80401			

Subscribed and sworn to before me in the county of Jefferson, Colorado, this 27<sup>th</sup> day of April [month], 2010 [year]. My commission expires September 9, 2013

  
Notary Public Signature



555 17th Street Suite 1100  
Denver, Colorado 80202  
tel: 303 383-2300  
fax: 303 308-3003

COPY

COLORADO PETROLEUM  
STORAGE TANK FUND

**AFFIDAVIT: PROOF OF PAYMENT**

*This form should be used when an applicant submits an affidavit as proof of payment for costs claimed for reimbursement. See 7CCR1101-14, 8-2(d)(2)(D). This form is not required if copies of canceled checks are provided.*

- **THIS FORM MUST BE REPRODUCED ON THE COMPANY LETTERHEAD OF THE PAYEE (NOT on the applicant's letterhead). AFFIDAVITS THAT ARE NOT ON THE PAYEE'S LETTERHEAD ARE NOT ACCEPTABLE.**
- **This form must be signed by the payee (NOT by the applicant.)**
- **Use a separate affidavit for each contractor.**
- **Do not use this form if there is any affiliation or relationship between the applicant and the payee.**

Applicant's name \_\_\_\_\_ City and County of Denver \_\_\_\_\_

Site name and address \_\_\_\_\_ Fire Station #28, 4036 South Wolff Street, Denver, Colorado \_\_\_\_\_

Check As Appropriate:

☒ I, being first duly sworn upon oath and being of lawful age, state that the following invoices relative to the referenced application for reimbursement from the Colorado Petroleum Storage Tank Fund have been paid in full by the applicant.

☐ I, being first duly sworn upon oath and being of lawful age, state that the following invoices relative to the referenced application for reimbursement from the Colorado Petroleum Storage Tank Fund will be paid in full by the applicant upon receipt of the reimbursement in accordance with a promissory agreement. (Provide a signed and notarized copy of the agreement)

INVOICE #	INVOICE DATE	AMT. PAID	INVOICE #	INVOICE DATE	AMT. PAID
Invoice #12 (80240760)	10/7/06	\$47,652.83	Invoice #13 (80246759)	1/12/07	\$3,543.08
Invoice #1 (80251186)	3/9/07	\$2,644.15	Invoice #2 (80258252)	6/8/07	\$4,220.22
Invoice #3 (80264874)	8/24/07	\$3,254.00	Invoice #4 (80266750)	9/24/07	\$2,601.06
Invoice #5 (80280031)	3/4/08	\$6,196.00	Invoice #6 (80287193)	5/28/08	\$28,228.25

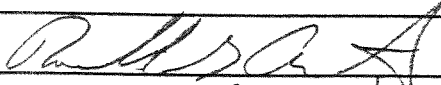
# CDM

# COPY

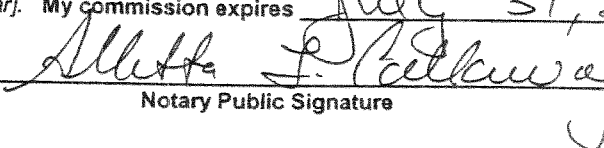
Invoice #7 (80289218)	6/13/08	\$53,531.75	Invoice #8 (80295919)	9/19/08	\$8,836.27
Invoice #9 (80299925)	11/03/08	\$61,847.01	Invoice #10 (80302074)	12/1/08	\$18,069.61
Invoice #11 (80507559)	2/3/09	\$25,980.74			

I further state that there is no relationship or affiliation between the applicant and myself.

I hereby certify that the foregoing information is correct to the best of my knowledge, information and belief. I understand there are severe civil and/or criminal penalties for any false statement or misrepresentation of a material fact, knowing it to be false, or failing to disclose a material fact with the intent to defraud.

Signature 	Date 2/24/10
Print name Robert G. Armstrong	Title Vice President
Phone # (303) 383-2300	
Company (payee) name CDM (Metrix, Inc)	
Company (payee) mailing address 555 17 <sup>th</sup> Street, Suite 1100, Denver, CO 80202	

Subscribed and sworn to before me in the county of Denver, Colorado, this 24<sup>th</sup> day of February [month], 2010 [year]. My commission expires July 31, 2012

  
Notary Public Signature

