

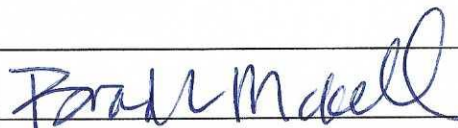


|  |   |   |   |                            |                      |            |                      |              |                      |   |  |
|--|---|---|---|----------------------------|----------------------|------------|----------------------|--------------|----------------------|---|--|
| 94-BA-H7280<br><hr/>   | <b>Policy Number</b><br><b>Replaced Policy Number</b> | <b>EVIDENCE OF INSURANCE</b><br><b>CONDOMINIUM/</b><br><b>ASSOCIATION POLICY</b>  |    |                            |                      |            |                      |              |                      |   |  |
| Coverage afforded by this policy is provided by the Company indicated below:<br><input checked="" type="checkbox"/> STATE FARM FIRE AND CASUALTY COMPANY A Stock Company, Bloomington, Illinois<br><input type="checkbox"/> STATE FARM GENERAL INSURANCE COMPANY A Stock Company, Bloomington, Illinois<br><input type="checkbox"/> STATE FARM FLORIDA INSURANCE COMPANY A Stock Company, Winter Haven, Florida<br><input type="checkbox"/> STATE FARM LLOYDS A Lloyds Company, Dallas, Texas  |   |   |   |                            |                      |            |                      |              |                      |   |  |
| <b>This is to certify that the Company indicated above has the following insurance in force:</b>   |   |   |   |                            |                      |            |                      |              |                      |   |  |
| <b>Unitowner's Name and Mailing Address</b>  |   |   |   |                            |                      |            |                      |              |                      |   |  |
| <b>Insured's Name and Mailing Address</b><br><br>The Maples At Jordan Hills<br>5300 South 500 East Suite 8<br>Ogden, Utah 84405-6955   |   | <b>Automatic Renewal</b> - If the <b>Policy Period</b> is shown as <b>12 Months</b> , this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee written notice in compliance with the policy provisions or as required by law. |   |                            |                      |            |                      |              |                      |   |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 15%;">10/01/22</td> <td style="border-bottom: 1px solid black; width: 20%;"><b>Effective Date</b></td> <td rowspan="4" style="padding-left: 10px; vertical-align: top;">           The Policy Period begins and ends at 12:01 a.m. Standard Time at the building locations unless otherwise stated.<br/> <input type="checkbox"/> Noon Standard Time         </td> </tr> <tr> <td style="border-bottom: 1px solid black;">12 Months</td> <td style="border-bottom: 1px solid black;"><b>Policy Period</b></td> </tr> <tr> <td style="border-bottom: 1px solid black;">10/01/23</td> <td style="border-bottom: 1px solid black;"><b>Expiration of</b></td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;"><b>Policy Period</b></td> </tr> </table> | 10/01/22  | <b>Effective Date</b>   | The Policy Period begins and ends at 12:01 a.m. Standard Time at the building locations unless otherwise stated.<br><input type="checkbox"/> Noon Standard Time | 12 Months                  | <b>Policy Period</b> | 10/01/23   | <b>Expiration of</b> |              | <b>Policy Period</b> | <b>Brad L McKell Insur Agcy Inc</b> <br><b>Brad McKell, Agent</b><br><br>9585 S 700 East<br>Sandy, UT 84070-3450<br>Bus 801 571 2400 |  |
| 10/01/22   | <b>Effective Date</b>                                 | The Policy Period begins and ends at 12:01 a.m. Standard Time at the building locations unless otherwise stated.<br><input type="checkbox"/> Noon Standard Time   |   |                            |                      |            |                      |              |                      |   |  |
| 12 Months  | <b>Policy Period</b>                                  |   |   |                            |                      |            |                      |              |                      |   |  |
| 10/01/23   | <b>Expiration of</b>                                  |   |   |                            |                      |            |                      |              |                      |   |  |
|  | <b>Policy Period</b>                                  |   |   |                            |                      |            |                      |              |                      |   |  |
| <b>Policy Type</b><br><input type="checkbox"/> Basic Form 1<br><input checked="" type="checkbox"/> Special Form 3  |   | Content from previous block continues here  |   |                            |                      |            |                      |              |                      |   |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 20%;"><b>Limits of Liability</b></td> <td style="border-bottom: 1px solid black;"><b>Coverage</b></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ 448,200</td> <td style="border-bottom: 1px solid black;">A Buildings</td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ 1,000,000</td> <td style="border-bottom: 1px solid black;">L Business Liability</td> </tr> </table>  |   |   |   | <b>Limits of Liability</b> | <b>Coverage</b>      | \$ 448,200 | A Buildings          | \$ 1,000,000 | L Business Liability |   |  |
| <b>Limits of Liability</b>   | <b>Coverage</b>                                       |   |   |                            |                      |            |                      |              |                      |   |  |
| \$ 448,200   | A Buildings   |   |   |                            |                      |            |                      |              |                      |   |  |
| \$ 1,000,000   | L Business Liability                                  |   |   |                            |                      |            |                      |              |                      |   |  |
| <b>Deductible</b><br>\$ 1000   |   |   |   |                            |                      |            |                      |              |                      |   |  |
| <b>Forms, Options &amp; Endorsements</b><br>Fidelity Bond \$25,000<br>Directors and Officers 1,000,000<br>Replacement Cost Endorsement FE-6357<br>126 Units<br>Buildings Excluded<br>Insures Common Area Only<br>Building Coverage for the Club House Only   |   |   |   |                            |                      |            |                      |              |                      |   |  |
| <b>Unitowner Mortgagee</b> _____   |   | <b>Loan Number</b> _____  |   |                            |                      |            |                      |              |                      |   |  |
| Empty space for mortgagee/loan number  |   | <br>Agent's Signature/Countersignature   |   |                            |                      |            |                      |              |                      |   |  |
|  |   | <div style="text-align: right;">1587</div> Agent's Code   |   |                            |                      |            |                      |              |                      |   |  |
|  |   | (801) 571-2400<br>Telephone Number  |   |                            |                      |            |                      |              |                      |   |  |
|  |   | Date  |   |                            |                      |            |                      |              |                      |   |  |