

**SELF-NOMINATION AND ACCEPTANCE**  
for regular election to be held on May 6, 2008

§32-1-804.3; 1-45-110, C.R.S.

TO THE DESIGNATED ELECTION OFFICIAL OF THE INTERQUEST SOUTH BUSINESS IMPROVEMENT DISTRICT ("District"), CITY OF COLORADO SPRINGS, EL PASO COUNTY, COLORADO

I, JAMES T. BURKE, desire the office of Director of the above-named District for a four (4) year term and to the best of my knowledge and belief, will be fully qualified to assume the duties of the office if elected; that I am an eligible elector of the District, i.e., I am registered to vote pursuant to the Uniform Election Code of 1992, as amended, and (check at least one appropriate box)

<input type="checkbox"/>	I have been a resident of the district for not less than thirty (30) days, or
<input type="checkbox"/>	I (or my spouse) own taxable real or personal property within the District, or
<input checked="" type="checkbox"/>	I am the holder of a leasehold interest in taxable real property within the boundaries of the district; or
<input type="checkbox"/>	I am the natural person designated by an owner or lessee of taxable real property in the district which is not a natural person to vote for such owner or lessee. Such designation must be in writing and filed with the secretary of the district. Only one such person may be designated by an owner or lessee.

My residence address (the address at which I am registered to vote) is:

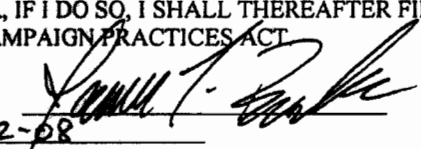
3840 VALLEY VIEW STREET  
COLORADO SPRINGS, CO 80906  
I reside in EL PASO County, Colorado.

My mailing address is (if different from residence address):

SAME.

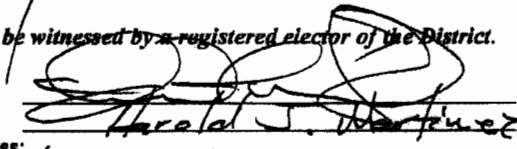
My daytime telephone number is: 719-473-6400 and my e-mail address is: JIM.BURKE@COPT.COM (optional)  
Name as it is to appear on the ballot: JAMES BURKE (No titles are permitted ie Dr., Chief, Reverend)  
If elected, I will serve as a Director of the District.

I FURTHER AFFIRM THAT I AM FAMILIAR WITH THE PROVISIONS OF THE COLORADO FAIR CAMPAIGN PRACTICES ACT (FCPA) AS REQUIRED IN SECTION 1-45-110, C.R.S., AND THAT I SHALL NOT, IN MY CAMPAIGN FOR THIS OFFICE, RECEIVE CONTRIBUTIONS OR MAKE EXPENDITURES EXCEEDING TWENTY DOLLARS (\$20) IN THE AGGREGATE, HOWEVER, IF I DO SO, I SHALL THEREAFTER FILE ALL DISCLOSURE REPORTS REQUIRED UNDER THE FAIR CAMPAIGN PRACTICES ACT

Signature of candidate: 

Date of signing: 2-12-08

The signature of the candidate must be witnessed by a registered elector of the District.

Signature of witness: 

Print name of witness: Harold J. Martinez

Residence address of witness:

5745 Astoria Way  
Colorado Springs, CO 80919

The witness resides in EL PASO County, Colorado.

Daytime telephone number of witness: 899-9424

Date of signing: 2/12/08

For a regular election, forms must be filed with the Designated Election Official (c/o District, 1700 Lincoln Street, Suite 3800, Denver, Colorado 80203-4538, telephone 303-839-3912) not later than the close of business on February 29, 2008.

Received on February 19, 2008, at A.M. (time) by the Designated Election Official for the District.

initials 

Status of Self-Nomination Form Deemed:

Sufficient on 2/21/08

Not Sufficient & Candidate Notified on \_\_\_\_\_ Amended on \_\_\_\_\_