REPORT OF ACTION TAKEN

REGARDING THE ISSUANCE OF PRIVATE ACTIVITY BONDS

California Debt Limit Allocation Committee

915 Capitol Mall, Room 311

Sacramento, CA 95814

(916) 653-3255

Please complete and mail form to the above address within **15 days** of issuing private activity bonds. If bonds are issued in December, please complete and mail form within 5 days of such issuance.

1. NAME OF ISSUER:

 Address/City/State/Zip:

 Contact Person: Phone: ( )

 Title: Fax: ( )

2. ISSUER’S FEDERAL EMPLOYER IDENTIFICATION NUMBER:

3. CUSIP (Committee on Uniform Securities Identification Procedures) NUMBER OF THE BOND WITH THE LATEST MATURITY (if issue does not have a CUSIP, enter “none”):

4. MAXIMUM PRINCIPAL AMOUNT: (aggregate face amount): $

 AMOUNT OF CDLAC ALLOCATION USED: $

 AMOUNT OF CDLAC ALLOCATION NOT USED: $

5. INTEREST RATE OF LONG-TERM BOND (SHORT TERM RATE, IF CONSTRUCTION ONLY):

6. DATE BONDS ISSUED:

If the Principal Amount of Bonds Issued is different from the Amount of CDLAC Allocation Used, please briefly explain the difference:

7. NAME OF BOND ISSUE:

8. PROJECT/PROGRAM NAME (identify former name if name has changed since allocation was awarded).

9. PRIVATE USER NAME:

10. TYPE OF PROJECT:

11. COUNTY(S) IN WHICH PROJECT(S) IS/ARE LOCATED:

12. CDLAC RESOLUTION NUMBER AWARDING THE ALLOCATION: #

 CDLAC APPLICATION NUMBER (shown on Exhibit “A” of Resolution): #

For CDLAC use only:

Agenda \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Greensheet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RAT Docs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CONTINUED ON REVERSE PAGE)

13. PERSON TO BE BILLED FOR CDLAC FEE:

 Title: Phone: ( )

 Firm: Fax: ( )

 Address/City/State/Zip:

14. UNDERWRITER/PLACEMENT AGENT:

 Address/City/State/Zip:

 Contact Person: Phone: ( )

 Fax: ( )

15. BOND COUNSEL FIRM:

 Name of Attorney:

 Address/City/State/Zip:

 Contact Person: Phone: ( )

 Fax: ( )

16. PERSON COMPLETING FORM (if different from #15 above):

 Title: Phone: ( )

 Firm/Agency: Fax: ( )

 Address/City/State/Zip:

The undersigned do hereby certify to the accuracy of the information contained herein.

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Signature of Issuer’s Representative Signature of Bond Counsel

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Print Name of Issuer’s Representative Print Name of Bond Counsel

Date: Date:

Revised 11-16-16