

REPORT OF ACTION TAKEN
REGARDING THE ISSUANCE OF PRIVATE ACTIVITY BONDS

California Debt Limit Allocation Committee
901 P Street, Suite 213A
Sacramento, CA 95814
(916) 653-3255

Please complete the following fields as provided. Do not alter or modify the form in any way. Completed forms are to be e-mail to CDLAC@treasurer.ca.gov within **15 days** of issuing private activity bonds. If bonds are issued in December, please complete and e-mail form within 5 days of such issuance.

- 1) Name of Issuer: _____
Address/City/State/Zip: _____
Contact Person: _____
Title: _____ E-mail: _____

- 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) Year CDLAC Allocation was awarded: _____

- 5) Original Amount of CDLAC Allocation Awarded: \$ _____
 - a. Amount of current CDLAC Allocation Used (from 5): \$ _____
 - b. Carry Forward Allocation Used (if any):
CF Year: _____ \$ _____
CF Year: _____ \$ _____
CF Year: _____ \$ _____
 - c. Recycled Bonds in transaction (if any): \$ _____
 - d. Refunded Bonds in transaction (if any): \$ _____
 - e. Taxable Bonds Issued (if any): \$ _____
 - f. Principal Amount Issued (aggregate): (a+b+c+d+e= f) \$ _____
 - g. Amount of Original Allocation Returned to CDLAC (if applicable): \$ _____
 - h. Amount of Carryforward Retained by Issuer (if applicable): \$ _____

- 6) Interest Rate of Long-Term Bond (short Term Rate if Construction Only): _____

- 7) Date Bonds Issued: _____

- 8) Name of Bond Issued: _____

- 9) Project/Program Name (identify former name if name has changed since allocation was awarded):

10) Private User Name (if applicable): _____

11) Type of Project: _____

12) County(s) in which Project(s) is/are Located: _____

13) CDLAC Resolution Number Assigned at Allocation: # ____ - ____

CDLAC Application Number (shown on Exhibit "A" of Resolution): # ____ - ____

14) Person to be billed for CDLAC Fee: _____

Title: _____

Firm: _____

Email: _____

Address/City/State/Zip: _____

15) Underwriter/Placement Agent: _____

Address/City/State/Zip: _____

Contact Person: _____

Phone: (____) ____ - _____

Email: _____

16) Bond Counsel Firm: _____

Name of Attorney: _____

Address/City/State/Zip: _____

Contact Person: _____

Phone: (____) ____ - _____

Email: _____

17) Person Completing Form (if different from #16 above): _____

Title: _____ Firm: _____

Email: _____

Address/City/State/Zip: _____

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

Signature of Issuer's Representative

Signature of Bond Counsel

Print Name of Issuer's Representative

Print Name of Bond Counsel

Date

Date