

NOTICE OF ISSUANCE

Mail to:
KENTUCKY PRIVATE ACTIVITY BOND ALLOCATION COMMITTEE
702 Capitol Avenue, Suite 76
Frankfort, KY 40601
(502) 564-2924

Issuer Name: _____

Address: _____

City: _____

Contact: _____

Notice of Intent No.: _____

Confirmation No.: _____

Date of Delivery of Bonds: _____

Amount of Allocation Per Confirmation: _____

Amount of Bonds Issued Requiring Allocation: _____

Allocation Differential (if any): _____

The undersigned certifies that the bonds referenced above have been issued in accordance with the provisions of Section 146 of the United States Internal Revenue Code of 1986, as amended.

Signature of Bond Counsel

Printed Name of Bond Counsel

Date

ISSUANCE CERTIFICATION

The undersigned, Executive Director of the Office of Financial Management, hereby certifies that he is the state official designated by state law as staff to the Kentucky Private Activity Bond Allocation Committee and that the above issue meets the requirements of KRS 103.286 and 200 KAR 15:010 as amended.

Witness my hand this _____

Ryan Barrow, Executive Director
Office of Financial Management