

ANNUAL REPORT CERTIFICATION

DISTRICT/CAMPUS: \_\_\_\_\_

Project: \_\_\_\_\_

The department confirms that the insurance required by the Facility Lease(s) to be in effect for the department's project(s) and/or facility(s) identified on Exhibit 1 is in effect.

If insurance is not in effect for a specific project or facility, please name the project or facility and the reason therefore below.

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- \_\_\_\_(1) principal or interest payment delinquencies;
- \_\_\_\_(2) adverse tax opinions, or the issuance by the Internal Revenue Service of proposed or final determinations of taxability or of a Notice of Proposed Issue (IRS Form 5701-TEB);
- \_\_\_\_(3) any event which causes a Facility not to be available for beneficial use or occupancy by a Department; or
- \_\_\_\_(4) bankruptcy, insolvency, receivership or similar proceedings of the SPWB or a Department, as further described below.
- \_\_\_\_(5) unless described in subparagraph (2) above, other notices or determinations by the Internal Revenue Service with respect to the tax status of the bonds or other events affecting the tax status of the bonds;
- \_\_\_\_(6) non-payment related defaults;
- \_\_\_\_(7) modification to the rights of the holders;
- \_\_\_\_(8) release, substitution, or sale of property securing repayment of the bonds;
- \_\_\_\_(9) the consummation of a merger, consolidation or acquisition involving the SPWB or a Department or the sale of all or substantially all of the assets of the SPWB or a Department, other than in the ordinary course of business, the entry into a definitive agreement to undertake such an action or the termination of a definitive agreement relating to any such actions, other than pursuant to its terms.

I certify that the above information is true and correct for the California Community Colleges and its State Public Works Board bond financed project(s) and/or facility(s).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title