

**OHIO DEVELOPMENT SERVICES AGENCY
NOTICE OF ISSUANCE
UNDER RULES 122-4-01 TO 122-4-08, OHIO ADMINISTRATIVE CODE**

IMPORTANT: Issuer must file two original signed copies. No Confirmation of allocation of State Ceiling may be obtained except by filing a Notice of Intent in advance of bond issuance and by issuing the bonds and filing a Notice of Issuance with the Director prior to the expiration of the Confirmation.

DO NOT WRITE IN THIS SPACE

Date Received _____
Time Received _____
Confirmation No. _____
Confirmation Date _____
Posted By _____

MAIL APPLICATION TO:

Ohio Development Services Agency
Office of Strategic Business Investments
77 South High Street, 28th Floor
Columbus, OH 43215

Attn: Volume Cap Program Administrator

DELIVER APPLICATION TO:

Ohio Development Services Agency
Office of Strategic Business Investments
77 South High Street, 28th Floor
Columbus, OH 43215

Attn: Volume Cap Program Administrator

The Issuer hereby gives notice that it has issued bonds or other obligations (“bonds”) as follows:

NOTE: Fill in all blanks. Mark “N.A.” where not applicable.

From: (Name of Issuer): _____

1. Principal amount and title of bonds issued:

\$ _____

Issue price and title of bonds issued:

\$ _____

Were the Bond proceeds closed in Escrow?

Yes No

2. Does any part of this issue refund a prior issue?

Yes No

If yes, state the outstanding amount of bonds being refunded.

\$ _____

3. Principal amount of bonds subject to the State Ceiling under I.R.C. Section 146:

\$ _____

The amount, if any, by which the last figure is less than the amount of Confirmation(s) in effect for such bonds:

\$ _____

4. Date of issuance (delivery of and payment for) the bonds:

Date _____

5. The bonds and project or program to which this Notice of Issuance relates are subject to the following Confirmations currently in effect:

Check appropriate item(s) and note Confirmation No(s). and amounts of this issue charged against such Confirmations:

	Number	Amount Charged
<input type="checkbox"/> Original Confirmation	_____	_____
<input type="checkbox"/> Renewal Confirmation	_____	_____
<input type="checkbox"/> Carryforward Confirmation	_____	_____
<input type="checkbox"/> Supplemental Confirmation	_____	_____

NOTE: This state agency is requesting disclosure of information that is **necessary** to accomplish the statutory purpose as outlined under OAC Rules 122-4-01 to 122-4-08. Disclosure of this information is **required**. Failure to provide any information will result in this form not being processed.

DEV 110 (Rev. 01/14)



Development Services Agency

Mike DeWine, Governor
Jon Husted, Lt. Governor

Lydia L. Mihalik, Director

6. Description of Project:	
7. Estimate of job impact of the project by the third year following completion:	<p>_____ jobs created</p> <p>_____ jobs retained</p>
8. Address of Project Location (street address, municipality, county, zip):	
9. Name, address, zip, telephone and Email address of Project Owner:	
10. Name, address, zip, telephone and Email address of Issuer:	
11. State any variation of information herein from information in Notice(s) of Intent. Use attachment if necessary.	
12. Return Receipt(s) to:	Add name and address if not set forth above.
13. Return Deposit(s) to:	Add name and address if not set forth above.
<p>14. The Issuer hereby certifies that it has not issued any other bonds in the current year that subject to the volume cap under I.R.C. Section 146, other than bonds issued pursuant to a Confirmation by the Director of Development and for which a Notice of Issuance has been filed with the Director on or prior to the date hereof and prior to the expiration of the applicable Confirmation.</p> <p>_____</p> <p>(Name of Issuer)</p> <p>By: _____</p> <p>(Signature)</p> <p>Name: _____</p> <p>(Printed)</p> <p>Title: _____</p> <p>(Officer of Issuer)</p> <p>Date: _____</p>	