

**State of Kansas**  
***Recovery Zone Bond Notice of Intent to Issue***

Date: August 24, 2010

City or County: City Of Lawrence

Mailing Address: 6 E. 6<sup>th</sup> Street

City: Lawrence ST: KS Zip: 66044  
Telephone: (785) 832-3400 Fax: (785) 832-3405

Name of Chief Elected Official: Mike Amyx Title: Mayor

Authorized Representative : Diane Stoddard, Assistant City Manager e-mail: dstoddard@ci.lawrence.ks.us

Amount of Original Allocation of **Recovery Zone Economic Development Bonds**: \$0

Amount of Recovery Zone Economic Development Bonds to be Issued: \_\_\_\_\_

Estimated Date of Bond Closing: \_\_\_\_\_

Issuing Entity, if Other than City or County: \_\_\_\_\_

Amount of Recovery Zone Economic Development Bonds Waived (use Waiver Form): \_\_\_\_\_

Remaining Amount of Recovery Zone Economic Development Bonds: \_\_\_\_\_

*(Please attach separate page description of project(s) using RZB. Include a description of activities, beneficiaries and numbers of jobs created or retained.)*

Amount of Original Allocation of **Recovery Zone Facility Bonds**: \$18,000,000

Amount of Recovery Zone Facility Bonds to be Issued: \$18,000,000

Estimated Date of Bond Closing: December 2010

Issuing Entity, if Other than City or County: \_\_\_\_\_

Amount of Recovery Zone Facility Bonds Waived (use Waiver Form): \$0

Remaining Amount of Recovery Zone Facility Bond Allocation: \$0

*(Please attach separate page description of project(s) using RZB. Include a description of public improvement.)*

*I hereby certify that the city/county of Lawrence, as duly authorized by its governing body, intends to issue recovery zone economic development bonds or recovery zone facility bonds, as specified above. The \$250.00 Administrative Fee is due when the bonds are issued.*

Signature \_\_\_\_\_  
Chief Elected Official or Authorized Representative

Date August 24, 2010

**Submit original form to:**

**Ed Serrano  
Kansas Department of Commerce  
1000 S.W. Jackson Street, Suite 100  
Topeka, KS 66612-1354**