

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. 6th 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**: \$15,000,000

Amount of Recovery Zone Facility Bonds to be Issued: \$15,000,000

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**