NOTICE BY LOCAL GOVERNMENTAL ENTITY
TO THE STATE OF OKLAHOMA
COUNCIL OF BOND OVERSIGHT

Pursuant to Oklahoma Statutes and the Administrative Rules of the Council of Bond Oversight (the "Council"), every Local Governmental Entity in Oklahoma whose obligations are not subject to Council approval must file notice of the sale of obligations within ten (10) days following the date funds become available to the issuer. The Council requires that the information on this "Notice by Local Governmental Entity" form be provided to the State Bond Advisor's Office within the time period referenced above (see Title 62, Oklahoma Statutes, Section 695.9C). Please provide all requested information. Attach additional sheets if needed.

General Information

Name of Issuing Entity:_____

Issuer Address: _____ **Telephone Number**:_____
_____
_____

Issuer Beneficiary and/or Jurisdiction:_____

Issue or Project Title:_____

Size of Issue:_____ **Issue Dated Date**:_____
Issue Delivery Date:_____

Method of Sale: Competitive:_____ Negotiated:_____ Private Placement:_____

Costs of Issuance Information

Underwriter/Purchaser:_____

Total Underwriter Spread (if negotiated sale – include all underwriter's counsel costs):

As $/000 par value: _____ or As total dollars:_____

Bond Counsel: Firm Name:_____

Fee:_____ Expenses:_____

Financial Advisor: Firm Name:_____

Fee:_____ Expenses:_____

Notice by Local Governmental Entity

Issuer:_____

Trustee: Institution's Name:_____

Acceptance Fee:_____ Annual Fee:_____

Expenses:_____

Financial Printer: Printer Name:_____ Printing Cost:_____

Rating Agencies: Moody's:_____ S&P:_____

Fitch:_____ Other:_____

Bond Insurance: Insurer:_____ Premium:_____

Other: Firm:_____ Service Provided:_____

Fee:_____ Expense:_____

Other: Firm:_____ Service Provided:_____

Fee:_____ Expense:_____

Other: Firm:_____ Service Provided:_____

Fee:_____ Expense:_____

Sale Results

Attach principal redemption schedule showing coupon rates, reoffering yields, and call provisions.

True Interest Cost:_____% Net Interest Cost:_____%

Prepared by:_____

Contact Information: Telephone Number:_____
Address:_____
Address:_____
Address:_____