

WHAT TYPE OF INFORMATION ARE YOU PROVIDING? (Check all that apply)

A. Annual Financial Information and Operating Data pursuant to Rule 15c2-12

(Financial information and operating data should not be filed with the MSRB.)

Fiscal Period Covered: _____

B. Audited Financial Statements or CAFR pursuant to Rule 15c2-12

Fiscal Period Covered: _____

C. Notice of a Material Event pursuant to Rule 15c2-12 (Check as appropriate)

- | | |
|--|--|
| 1. <input type="checkbox"/> Principal and interest payment delinquencies | 6. <input type="checkbox"/> Adverse tax opinions or events affecting the tax-exempt status of the security |
| 2. <input type="checkbox"/> Non-payment related defaults | 7. <input type="checkbox"/> Modifications to the rights of security holders |
| 3. <input type="checkbox"/> Unscheduled draws on debt service reserves reflecting financial difficulties | 8. <input type="checkbox"/> Bond calls |
| 4. <input type="checkbox"/> Unscheduled draws on credit enhancements reflecting financial difficulties | 9. <input type="checkbox"/> Defeasances |
| 5. <input type="checkbox"/> Substitution of credit or liquidity providers, or their failure to perform | 10. <input type="checkbox"/> Release, substitution, or sale of property securing repayment of the securities |
| | 11. <input type="checkbox"/> Rating changes |

D. Notice of Failure to Provide Annual Financial Information as Required

E. Notice of change of fiscal year end: New Fiscal Year End _____

F. Other Secondary Market Information (Specify): _____

I hereby represent that I am authorized by the issuer or obligor or its agent to distribute this information publicly and authorize the Municipal Advisory Council of Texas (Texas MAC) operating as DisclosureUSA.org to submit the materials submitted with this coversheet to the NRMSIRs and SIDs, (ii) understand and agree that there is no contractual, agency, fiduciary or other relationship between me and Texas MAC, except to that Texas MAC as an independent contractor will use commercially reasonable efforts to transmit to the NRMSIRs and SIDs, in accordance with the time frames established by Muni Council and agreed to by Texas MAC, the documents submitted by me to Texas MAC, and (iii) understand and agree that Texas MAC has no responsibility to review the materials submitted to determine whether they satisfy the related continuing disclosure agreements. I acknowledge that the scanning process may be subject to occasional errors and that Texas MAC has not represented (and hereby disclaims any implied warranty) that the scanning and posting process will be error free. Texas MAC will notify me, by email as designated below, when the documents have been scanned and posted to www.disclosureUSA.org and I agree to review the posted documents promptly and notify Texas MAC of any errors within 15 days after such notification. The sole remedy of the undersigned for any errors by Texas MAC in scanning and posting the submitted documents shall be to have the error corrected or to receive a refund of the scanning charge, and then only if such error has been identified to Texas Mac in writing within 15 days after Texas MAC has notified the undersigned of the posting. I hereby authorize Texas MAC to retain the documents I submit for such time as Texas MAC determines in its sole discretion, but not less than 30 days. After 30 days, Texas MAC may dispose of the documents as it determines appropriate without notice to me. By signing below I agree that the relationship, rights and duties between Texas MAC and the issuer, obligor or agent indicated below are subject to the Terms and Conditions posted at the above referenced website.

Signature: _____ **Date:** _____

Contact Information:

Circle Contact Type: Issuer / Obligor / Dissemination Agent/ Other _____

Name _____ Title _____

Employer _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Email Address _____ Issuer/Obligor Web Site Address _____

Payment Method: Visa MasterCard American Express Check* (enclosed) –Indicate Check # _____

Credit Card Account Number _____ Expiration Date: _____

Cardholder Name: _____

Billing Address: _____ City _____ State _____ Zip Code _____

Total Amount Due: # of Documents enclosed** _____ x \$45.00 = \$ _____

*Check should be payable to: Municipal Advisory Council of Texas **Exclude coversheet from document count