

**EXTRACT OF MINUTES  
RESOLUTION OF GOVERNING BODY**

At a duly called meeting of the governing body of \_\_\_\_\_ (the “Volume Cap Allocation Recipient”) held on the \_\_\_\_ day of \_\_\_\_\_, the following resolution was introduced and adopted.

**WHEREAS**, the State of Georgia (the “State”), as required by Section 1400U-1(a)(3)(A) of the Internal Revenue Code of 1986, as amended (the “Code”), has reallocated to the Volume Cap Allocation Recipient \$\_\_\_\_\_ of the national recovery zone economic development bond limitation and \$\_\_\_\_\_ of the national recovery zone facility bond limitation that was allocated to the State pursuant to Section 1400U-1(a)(1) of the Code; and

**WHEREAS**, as permitted by Section 1400U-1(a)(3)(A) of the Code, the Volume Cap Allocation Recipient desires to waive to the State \$\_\_\_\_\_ of the national recovery zone economic development bond limitation and \$\_\_\_\_\_ of the national recovery zone facility bond limitation that was reallocated to the Volume Cap Allocation Recipient by the State as described above;

**NOW, THEREFORE, BE IT RESOLVED** by the governing body of the Volume Cap Allocation Recipient that, as permitted by Section 1400U-1(a)(3)(A) of the Code, the Volume Cap Allocation Recipient hereby waives to the State \$\_\_\_\_\_ of the national recovery zone economic development bond limitation and \$\_\_\_\_\_ of the national recovery zone facility bond limitation that was reallocated to the Volume Cap Allocation Recipient by the State pursuant to Section 1400U-1(a)(3)(A) of the Code.

**BE IT FURTHER RESOLVED** by the governing body of the Volume Cap Allocation Recipient that the Volume Cap Allocation Recipient has not and shall not assign to another person the national recovery zone economic development bond limitation or the national recovery zone facility bond limitation waived to the State pursuant to this resolution.

The undersigned certifies that the above resolution has not been repealed or amended and remains in full force and effect.

Dated: \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Attesting Officer