

REPORT ON DEBT OBLIGATION

(Pursuant to Tennessee Code Annotated Section 9-21-151)

1. Public Entity:
 Name: _____
 Address: _____

 Debt Issue Name: _____
 If disclosing initially for a program, attach the form specified for updates, indicating the frequency required.

2. Face Amount: \$ _____
 Premium/Discount: \$ _____

3. Interest Cost: _____ % Tax-exempt Taxable
 TIC NIC
 Variable: Index _____ plus _____ basis points; or
 Variable: Remarketing Agent _____
 Other: _____

4. Debt Obligation:
 TRAN RAN CON
 BAN CRAN GAN
 Bond Loan Agreement Capital Lease
 If any of the notes listed above are issued pursuant to Title 9, Chapter 21, enclose a copy of the executed note with the filing with the Office of State and Local Finance ("OSLF").

5. Ratings:
 Unrated
 Moody's _____ Standard & Poor's _____ Fitch _____

6. Purpose:

| | | BRIEF DESCRIPTION |
|---|---------|-------------------|
| <input type="checkbox"/> General Government | _____ % | _____ |
| <input type="checkbox"/> Education | _____ % | _____ |
| <input type="checkbox"/> Utilities | _____ % | _____ |
| <input type="checkbox"/> Other | _____ % | _____ |
| <input type="checkbox"/> Refunding/Renewal | _____ % | _____ |

7. Security:
 General Obligation General Obligation + Revenue/Tax
 Revenue Tax Increment Financing (TIF)
 Annual Appropriation (Capital Lease Only) Other (Describe): _____

8. Type of Sale:
 Competitive Public Sale Interfund Loan _____
 Negotiated Sale Loan Program _____
 Informal Bid

9. Date:
 Dated Date: _____ Issue/Closing Date: _____

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12. Recurring Costs:

No Recurring Costs

| | AMOUNT (Basis points/\$) | FIRM NAME (If different from #11) |
|--------------------------------|-----------------------------|--------------------------------------|
| Remarketing Agent | _____ | _____ |
| Paying Agent / Registrar | _____ | _____ |
| Trustee | _____ | _____ |
| Liquidity / Credit Enhancement | _____ | _____ |
| Escrow Agent | _____ | _____ |
| Sponsorship / Program / Admin | _____ | _____ |
| Other _____ | _____ | _____ |

13. Disclosure Document / Official Statement:

None Prepared

EMMA link _____ or

Copy attached

14. Continuing Disclosure Obligations:

Is there an existing continuing disclosure obligation related to the security for this debt? Yes No

Is there a continuing disclosure obligation agreement related to this debt? Yes No

If yes to either question, date that disclosure is due _____

Name and title of person responsible for compliance _____

15. Written Debt Management Policy:

Governing Body's approval date of the current version of the written debt management policy _____

Is the debt obligation in compliance with and clearly authorized under the policy? Yes No

16. Written Derivative Management Policy:

No derivative

Governing Body's approval date of the current version of the written derivative management policy _____

Date of Letter of Compliance for derivative _____

Is the derivative in compliance with and clearly authorized under the policy? Yes No

17. Submission of Report:

To the Governing Body: on _____ and presented at public meeting held on _____

Copy to Director to OSLF: on _____ either by:

Mail to: 505 Deaderick Street, Suite 1600
James K. Polk State Office Building
Nashville, TN 37243-1402

OR

Email to: StateAndLocalFinance.PublicDebtForm@cot.tn.gov

18. Signatures:

| | AUTHORIZED REPRESENTATIVE | PREPARER |
|-------|---------------------------|----------|
| Name | _____ | _____ |
| Title | _____ | _____ |
| Firm | _____ | _____ |
| Email | _____ | _____ |
| Date | _____ | _____ |