



REPORT OF RECOVERY ZONE BOND ISSUANCE

Issuance of Recovery Zone Bonds should be reported to the Department of Economic Development using this form. Complete one Report for each bond issue. Please type or print.

Part A Bond Issuer

| | | | | |
|-----------------------------------------|--------|----------------------------------------|--------|-----|
| Name of Issuer | | Issuer's Federal Identification Number | | |
| Issuer's Street Address | County | City or Town | | Zip |
| Issuer's Mailing Address (if different) | PO Box | City or Town | | Zip |
| Name of Issuer's Spokesperson | Title | Telephone | E-mail | |
| Name of Bond Counsel for Issuer | Firm | Telephone | E-mail | |
| Address | PO Box | City or Town | State | Zip |

Part B Description of Project of Financing

| | | | |
|--------------------------------------|--------------|-------|-----|
| Project Name | | | |
| Project's Street Address | City or Town | | Zip |
| Principal Beneficiary Name | | | |
| Principal Beneficiary Street Address | City or Town | State | Zip |

Part C Bonds, Terms and Conditions

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------|
| Name of Bonds | CUSIP number of bond with latest maturity if assigned | Interest Rate(s) |
| Term of Bond Issue (Principal Amortization Period) | Date Bonds Issued | Expiration Date (Including Extension) |
| Type of Bond Issued | Disposition of Bond Proceeds | |
| <input type="checkbox"/> Recovery Zone Economic Development Bonds Type of bond issued _____ <input type="checkbox"/> Recovery Zone Facility Bonds Type of bond issued _____ | Land | |
| | New Building Construction | |
| | Capital Improvements | |
| | Machinery & Equipment | |
| | Issuance Expenses | |
| | Other _____ | |
| | Total amount of bond issuance | |

Attestation of Issuer

I certify that the above information is accurate to the best of my knowledge and that I am authorized to submit this report on behalf of the bond issuer.

Signature of Issuer's Spokesperson

Date

Printed Name of Issuer's Spokesperson

Title

Signature of County/City Allocatee

Signature of County/City Representative

Date

Printed Name of County/City Representative

Title

Send to: Department of Economic Development
Recovery Zone Bond
301 West High Street
PO Box 1157
Jefferson City, MO 65102

Phone: (573) 751-5097
Fax: (573) 522-5033