

Return for Credit Payments to Issuers of Qualified Bonds

Part I Information on Entity That Is To Receive Payment of Credit Check box if Amended Return

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|---|---|
| 1 Name of entity that is to receive payment of the credit | 2 Employer identification number (EIN) |
| 3 Number and street (or P.O. box no. if mail is not delivered to street address) | Room/suite |
| 4 City, town, or post office, state, and ZIP code | |
| 5 Name and title of officer or legal representative whom the IRS may call for more information | 6 Telephone number of officer or legal representative () |

Part II Reporting Authority

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|--|--|
| 7 Issuer's name (if same as line 1, enter "SAME" and skip lines 8, 9, 11, 15, and 16) | 8 EIN |
| 9 Number and street (or P.O. box no. if mail is not delivered to street address) | Room/suite |
| 10 Report number (For IRS Use Only) | 8 |
| 11 City, town, or post office, state, and ZIP code | 12 Date of issue |
| 13 Name of issue | 14 CUSIP number |
| 15 Name and title of officer or legal representative whom the IRS may call for more information | 16 Telephone number of officer or legal representative () |
| 17a Type of issue | Issue price 17b |

Part III Payment of Credit

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| 18 Interest payment date to which this payment of credit relates (MMDDYYYY) | |
| 19 Interest payable to bondholders on the interest payment date | 19 |
| 20 Amount of credit payment to be received as of the interest payment date (complete line 20a OR line 20b only): | |
| a Build America bonds. Multiply line 19 by 35% (0.35) | 20a |
| b Recovery zone economic development bonds. Multiply line 19 by 45% (0.45) | 20b |
| 21 Adjustment to previous credit payments (complete line 21a OR line 21b only): | |
| a Net increase to previous payments (attach explanation) | 21a |
| b Net decrease to previous payments (attach explanation) | 21b () |
| 22 Amount of credit payment to be received. Combine line 20a or line 20b with line 21a or line 21b | 22 |
| 23 Is this the final interest payment date? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 24 If the entity identified in Part I is not the issuer, check this box to indicate that the entity is authorized to receive payment and related return information on behalf of the issuer | <input type="checkbox"/> |

Sign Here Under penalties of perjury, I declare that I have examined this return, and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

10/29/09
Tom Jensen CEO

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|---------------------------------|--|------|---|------------------------|
| Paid Preparer's Use Only | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN |
| | Firm's name (or yours if self-employed), address, and ZIP code | EIN | Phone no. () | |