

APPENDIX C-1
CERTIFICATE OF ALLOCATION OF VOLUME CAP

The following information is provided pursuant to the requirements of Section 149(e)(2)(F) of the Internal Revenue Code and IRS Form 8038:

1. **Name of Issuer:**
2. **Issuer's Employer Identification Number:**
3. **Issuer's Address:**
4. **Date of Issue:**
5. **Name of Issue:**
6. **CUSIP Number:**

I, Mark Conine, President of the Arkansas Development Finance Authority, pursuant to authority established by Arkansas Code Ann § 15-5-601 *et. seq.*, hereby certify that the above-named Issue meets the requirements of Section 146 of the Internal Revenue Code.

Mark Conine
President
Arkansas Development Finance Authority

Date: _____