

APPENDIX A-2
APPLICATION TO CARRYFORWARD VOLUME CAP

Name of Issuer:	
Amount of Volume Cap requested to be Carryforward:	
Name of Principal User:	
Arkansas Statutory Authorization for and Type of Bond	Arkansas Code Annotated §15-5-601 et. Seq.; 26 U.S.C.A. §146
Carryforward purpose: (26 USC § 146(f))	
Description of project (i.e., proposed job creation, location, and type of project, etc.)	
If Applicable:	
a) Date of filing Appendix A-1	a)
b) Date of Reservation of Volume Cap	b)
c) No. of Reservation Period Extensions	c)
Bond Counsel name, mailing address, e-mail address, and telephone number:	

By: _____
 Bond Counsel

RECEIPT OF APPLICATION TO CARRYFORWARD VOLUME CAP

The above Application to Carryforward Volume Cap is received by the Arkansas Development Finance Authority this _____ day of _____, 202__, _____ o'clock ____m.

(S E A L)

 Arkansas Development Finance Authority

NOTICE OF CARRYFORWARD DETERMINATION

Volume Cap in the amount of \$ _____ is allocated from the 202____ state ceiling to be carried forward by _____ (Name of Issuer) set forth in the above application.

_____ (Name of Issuer) is granted permission to carryforward volume cap in the amount of \$ _____, previously accepted as a reservation of volume cap on _____, for the purpose set forth in the above application.

The above Application to Carryforward Volume Cap is denied.

 Mark Conine, President
 Arkansas Development Finance Authority

(S E A L) Date: _____