INFORMATION WORKSHEET

Issuer: In ært Name:	Cusip #
Required In: Please send the	formation he following information for the most recently ended fiscal year.
2) Updat	rial Events Check List (please fill out, sign and return) te Tax Base and Operating Data (see attached appendices) of 2017 Audit (please forward a copy)
List of Mate	rial Events* – Please note if any of the following events occurred in the most recently ended fiscal year. (Click the box of <u>all</u> that apply)
	Principal and interest payment delinquencies
	Non-payment related defaults, if material
	Unscheduled draws on debt service reserves reflecting financial difficulties
	Unscheduled draws on credit enhancements reflecting financial difficulties
	Substitution of credit or liquidity providers, or their failure to perform
	Adverse tax opinions, Internal Revenue Service (IRS) notices or events affecting the tax status of
	the security
	Modifications to rights of security holders, if material
	Bond calls, if material
	Tender offers
	Defeasances
	Release, substitution, or sale of property securing repayment of the securities, if material
	Rating changes
	Bankruptcy, insolvency, receivership or similar event
	Merger, consolidation, or acquisition if material
	Appointment of a successor or additional trustee, or the change of name of a trustee, if material
	Notices of failures to provide annual financial information on or before the date specified in the
	written agreement
	No Material Events occurred during Fiscal Year 2017

^{*}Notice of material events must now be provided in both a timely manner and not more than 10 business days after the occurrence of the event (formally the notice was only required to be provided in "a timely manner"

Name:	Title:	1	Issuer:	
Address:	City:	State:	Zip Code:	
Γelephone:	Fax:	Email Address:		
	T T	E SUBMIT INFOR	RN NO LATER THAN MARCH 30, 2018 MATION ELECTRONICALLY. · moldiges@hilliard.com	
		THANK YOU!		