THE C	State of Calify Secretary of S STATEMENT OF FACT ROSTER OF PUBLIC AGE (Government Code section 5305)	itate FS NCIES FIL	-ING
Instr	ructions:		
1.	Complete and mail to: Secretary of State, P.O. Box 942870, Sacramento, CA 94277-28	3984	
2.	A street address must be given as the official r the address of the presiding officer.		
3.	Complete addresses as required.	(Office Use Only)	
<ul> <li>If you need additional space, attach information on an 8½" X 11" page, one sided and legible.</li> <li>New Filing Update Legal name of Public Agency:</li> </ul>			
County: Official Mailing Address: Name and Address of each member of the governing board: Chairman, President or other Presiding Officer (Indicate Title):			
Nam	Name: Address:		
Secretary or Clerk (Indicate Title):			
Name:          Address:           Members:			
Nam	ne: Addre	ess:	
	ne: Address:		
	me: Address: me: Address:		
RETUR	RN ACKNOWLEDGMENT TO: (Type or Print)		
NAME	Γ	1	Date
ADDRE	ESS	-	Signature
CITY/STATE/ZIP			Typed Name and Title

SEC/STATE NPSF 405 Rev 04/2015