

RESOLUTION NO.: 2013-3 DATED: May 25, 2013

**A RESOLUTION AUTHORIZING APPLICATION
TO THE DIRECTOR OF INDUSTRIAL RELATIONS, STATE OF CALIFORNIA
FOR A CERTIFICATE OF CONSENT TO SELF INSURE
WORKERS' COMPENSATION LIABILITIES**

At a meeting of the Board of Directors
(enter title)

of the Fallen Leaf Lake CSD
(enter name of public agency, district),

a Community Service District organized and existing under the laws of the State of California,
(enter type of agency)

held on the 25th day of May, 2013, the following resolution
was adopted:

RESOLVED, that the President of the Board
(enter position titles)

be and they are hereby severally authorized and empowered to make application to the Director of Industrial Relations, State of California, for a Certificate of Consent to Self Insure workers' compensation liabilities on behalf of the

Fallen Leaf Lake CSD
(enter name of district)

and to execute any and all documents required for such application.

I, Tom Bacchetti, the undersigned President
(enter name) (enter title)

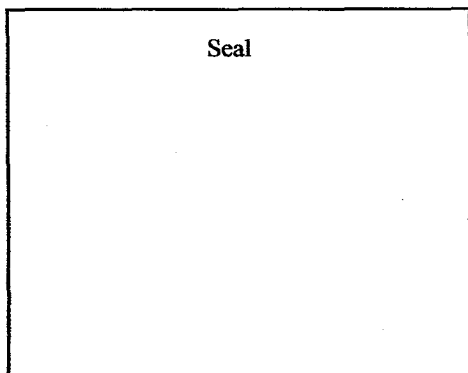
of the Board of the said Fallen Leaf Lake CSD
(enter name of agency)

a Community Service District, hereby certify that I am the President
(enter type of agency) (enter title)

of said Fallen Leaf Lake CSD, that the foregoing is a full, true and correct copy of the
(enter type of agency)

resolution duly passed by the Board at the meeting of said Board held on the day and at the place therein specified and that said resolution has never been revoked, rescinded, or set aside and is now in full force and effect.

IN WITNESS WHEREOF: I HAVE SIGNED MY NAME AND AFFIXED THE SEAL OF THIS



Fallen Leaf Lake CSD,
(enter type of agency)

THIS _____ DAY OF _____, 20____.

(Signature)