RESOLUTION NO. 05-10

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		
of the FORT ORD REUSE AUTHORITY , (enter name of public agency)		
a <u>QUAS</u> - <u>QUUMMULA</u> <u>Afformation</u> and existing under the laws of the State of California, (enter type of agency)		
held on the <u>8</u> day of <u>)</u> <u>)</u> <u>)</u> <u>)</u> <u>)</u> <u>)</u> <u>,</u> 2005, the following resolution was adopted: RESOLVED, that the <u>Chair and or Executive Officer</u> (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		
(enter name of agency)		
and to execute any and all documents required for such application.		
I, <u>ILA METTEE - MCCUTCHON</u> , the undersigned <u>Chair</u> (enter name) (enter title)		
of the Board of the said <u>FOET ORD REUSE AUTHORITY</u> , (enter name of agency)		
a <u>GOVEnmuh</u> <u>apence</u> , hereby certify that I am the <u>Chair</u> (enter type of agency) (enter title)		
of said FORT ORD REVSE AUTHORITY 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at the meeting of said Board held on the day and at the place therein specified and that said resolution has never been revoked, rescinded, or set aside and is now in full force and effect.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

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O (enter type of	fagency)
THIS J & DAY OF)ul , 20 05,
Ma Mitter-	NEL
(Signati	ire)

(FORA seal or notarized signature)