STATE OF CALIFORNIA

HOTEL/MOTEL TRANSIENT OCCUPANCY TAX WAIVER
(EXEMPTION CERTIFICATE FOR STATE AGENCIES)
STD. 236 (NEW 9-91)

HOTEL/MOTEL OPERATOR: RETAIN THIS WAIVER FOR YOUR FILES TO SUBSTANTIATE YOUR REPORTS. PARTICIPATION BY OPERATORS IS STRICTLY VOLUNTARY.

TO:
HOTEL/MOTEL ADDRESS (Number, Street, City, State, ZIP Code)

This is to certify that I, the undersigned traveler, am a representative or employee of the State agency indicated below; that the charges for occupancy at the above establishment on the dates set forth below have been, or will be paid by the State of California; and that such charges are incurred in the performance of my official duties as a representative or employee of the State of California.

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<th>OCCUPANCY DATES</th>
<th>AMOUNT PAID</th>
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STATE AGENCY NAME
HEADQUARTERS ADDRESS
TRAVELLER'S NAME (Printed or Typed)

I hereby declare under the penalty of perjury that the foregoing statements are true and correct.

EXECUTED AT: (City)  TRAVELLER'S SIGNATURE  DATE SIGNED

, CALIFORNIA