

RESOLUTION NO.: 009 DATED: 9/28/10

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 Directors  
(enter title)

of the Crestline Sanitation District  
(enter name of public agency, district),

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

held on the 28th day of September, 2010, the following resolution  
was adopted:

RESOLVED, that the Title of person signing application Chairman, Board of Directors  
(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

Crestline Sanitation District  
(enter name of district)

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

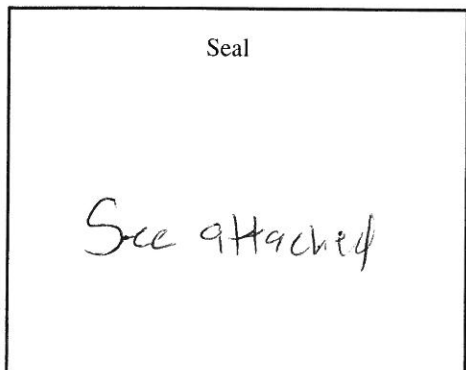
I, Matthew Philippe, the undersigned Chairman  
(enter name) (enter title)

of the Board of the said Crestline Sanitation District,  
(enter name of agency)

a special district, hereby certify that I am the Chairman  
(enter type of agency) (enter title)

of said Crestline Sanitation District, 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and that said resolution has never been revoked, rescinded, or set aside and is now in full force and effect.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



Special District,  
(enter type of agency)

THIS 28th DAY OF September, 2010.

Matthew Philippe  
(Signature)

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California

County of San Bernardino }

On \_\_\_\_\_ before me, Carl Whaley, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Matthew Philippe  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal Above

Signature [Handwritten Signature]  
Signature of Notary Public

**OPTIONAL**

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

**Description of Attached Document**

Title or Type of Document: Resolution # 009

Document Date: 9-28-10 Number of Pages: 2

Signer(s) Other Than Named Above: None

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: Matthew Philippe

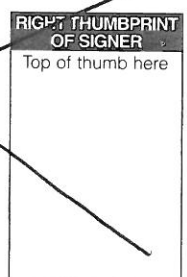
- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: Board of Dir.



Signer Is Representing: Fresh Air Sanitation Dist

Signer's Name: \_\_\_\_\_

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_



Signer Is Representing: \_\_\_\_\_