GENERAL INSTRUCTIONS: Complete this form in pen or by typewriter. One (1) completed copy of this schedule should be filed with the State Aid Unit for each note which is directly related to an approved building project. This form should be completed EACH school year for EACH NOTE sold or renewed. AID ON THESE PAYMENTS SHOULD BE CLAIMED ON FORM SA-109. This schedule should be submitted along with the SA-109 as soon as possible but not later than March 1 of each year.

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
OFFICE OF MANAGEMENT SERVICES
STATE AIDED PROGRAMS
WEST HALL #507, EDUCATION BUILDING
ALBANY, NEW YORK 12234

BOND ANTICIPATION NOTE SCHEDULE
SA-135 (BOCES)
(1/11)

Name of District: ____________________________ District Code: ____________
County: _______________ BOCES: ____________ BOCES Code: ____________

<table>
<thead>
<tr>
<th>1. Original Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voter Authorization Date ____________________________</td>
</tr>
<tr>
<td>AMOUNT</td>
</tr>
<tr>
<td>_________</td>
</tr>
</tbody>
</table>

| 2. Accrued Interest Received $ ____________________ Premium Received $ ____________________ |

<table>
<thead>
<tr>
<th>3. Renewals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Renewal</td>
</tr>
<tr>
<td>2nd Renewal</td>
</tr>
<tr>
<td>3rd Renewal</td>
</tr>
<tr>
<td>4th Renewal</td>
</tr>
<tr>
<td>AMOUNT</td>
</tr>
<tr>
<td>_________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Principal/Interest to be paid when BAN or BAN Renewal matures.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINCIPAL</td>
</tr>
<tr>
<td>_________</td>
</tr>
</tbody>
</table>

* If less than a full year

| 5. Amount of Note to be Redeemed from Sale of Bonds $ ____________________ |

<table>
<thead>
<tr>
<th>6. Project(s) included in this BAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROJECT NAME</td>
</tr>
<tr>
<td>_________</td>
</tr>
<tr>
<td>$</td>
</tr>
<tr>
<td>$</td>
</tr>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

TOTAL |

I hereby certify that the information contained in this schedule is true and correct to the best of my knowledge, information and belief.

Date: ____________________________ Signed: ____________________________ (Superintendent of Schools)

School official to be contacted regarding this form.

Name: ____________________________ Tel. No.: ____________________________