

**SOUTH CAROLINA ASSOCIATION OF GOVERNMENTAL ORGANIZATIONS
(SCAGO) CERTIFICATES OF PARTICIPATION, SERIES 2011A**

Sinking Fund Account Deposit Request

Date: / /
 mm / dd / year

To: Regions Bank
 Columbia, South Carolina
 Fax: 803.929.2717

School District: _____

District Contact: _____

E-mail Address: _____ Telephone No. _____

The above-referenced school district (the "School District") has heretofore received a disbursement from the Disbursement Account (as such term is defined in the Trust Agreement dated as of July 1, 2011 (the "Trust Agreement"), between South Carolina Association of Governmental Organizations and Regions Bank, as trustee (the "Trustee") established for the benefit of the School District. The undersigned authorized representative of the School District does hereby execute and deliver this Request to direct the Trustee to deposit \$_____ [previously] [currently] delivered to the Trustee into the Sinking Fund Account (as such term is defined in the Trust Agreement) established for the benefit of the School District.

By: _____

It's: _____

The Trustee hereby acknowledges receipt of the above-mentioned funds and agrees to deposit them in accordance with the above-mentioned instructions.

REGIONS BANK, as Trustee

By: _____

It's: Corporate Trust Officer