

RESOLUTION NO.: 2009-16 DATED: November 4, 2009

**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 Phelan Pinon Hills Community Services District,
(enter name of public agency, district)

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

held on the 4th day of November, 2009, the following resolution
was adopted:

RESOLVED, that the Board President
(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**

Phelan Pinon Hills Community Services District
(enter name of district)

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

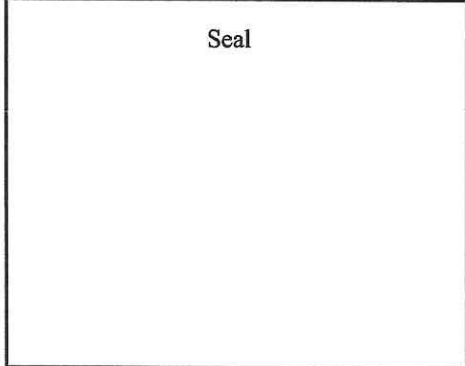
I, Al Morrissette, the undersigned President
(enter name) (enter title)

of the Board of the said Phelan Pinon Hills Community Services District,
(enter name of agency)

a Community Serices District, hereby certify that I am the President
(enter type of agency) (enter title)

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and that said resolution has never been revoked, rescinded, or set aside and is now in full force and effect.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



Community Services District,
(enter type of agency)

THIS 26 DAY OF January, 2010.

[Handwritten Signature]
(Signature)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of San Bernardino }

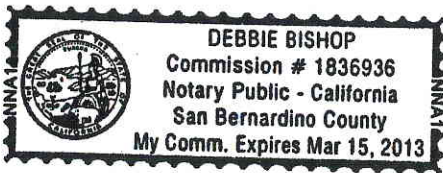
On Jan. 26, 2010 before me, Debbie Bishop Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Albert Morrisette
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 Debbie Bishop
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 2009-16

Document Date: 11-4-09 Number of Pages: 2 Incl. this page

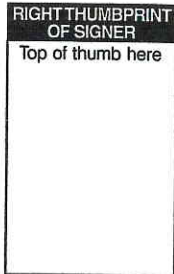
Signer(s) Other Than Named Above: none

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

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

Signer Is Representing: _____



Signer's Name: _____

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

Signer Is Representing: _____

