

**NORTH CAROLINA MEDICAL CARE COMMISSION
REVENUE BOND ISSUE
SERIES 2009**

-BID FORM-

**SOLICITATION OF TRUSTEE SERVICES
(BOND TRUSTEE AND MASTER TRUSTEE)]**

1. General Information

a. Institution: _____

Address: _____

Contact: _____

Phone Number: _____

Email Address: _____

b. Relationship of your institution to the organization actually providing trustee services:

no difference subsidiary parent holding company

other: please specify: _____

c. Is your institution authorized to exercise trust powers in North Carolina?

Yes No

d. Is your institution a North Carolina-based bank?

Yes No

e. Is your institution a registered transfer agent under Section 17A (c) of the Securities and Exchange Act of 1954 and therefore eligible to act as Bond Registrar?

Yes No

2. Experience

a. Has your institution ever served as Master Trustee for a hospital, life care center financing?

Yes No

If yes, please attach a list of such financings for the past three calendar years.

b. Has your institution ever served as Bond Trustee for a hospital or life care center financing?

If yes, please attach a list of such financings (from 1990 to present), including issue amount, hospital and life care center name and appropriate contact person.

3. Fees and Expenses as Bond Trustee

a. Initial or commitment fee to act as Bond Trustee for this proposed financing:

\$ _____

Does this quote include all legal fees and related out-of-pocket expenses?

_____ Yes _____ No

If no, are you willing to commit to a cap on such fees and expenses?

_____ Yes _____ No

If yes, cap amount: \$ _____

If no, estimated legal fees and related out-of-pocket expenses:

\$ _____

Name of legal counsel: _____

Phone number: _____

_____ In-house _____ Outside: name of firm: _____

Does previous quote include all other fees and/or out-of-pocket expenses (not including any annual administrative fees)?

_____ Yes _____ No

If no, estimated additional fees and/or out-of-pocket expenses:

\$ _____

b. Annual administrative fees to serve as Bond Trustee for the proposed issue:

Payable: _____ semiannually _____ annually _____ other: _____

_____ in advance _____ in arrears

Does this quote include all legal and other fees and out-of-pocket expenses?

_____ Yes _____ No

If no, please explain: _____

This administrative fee schedule quote shall remain in effect until:

_____, 20__

4. Variable Fees and Expenses

- a. In addition to annual administrative fees, some Bond Trustees will charge service fees (mostly relating to their issuing and paying functions) on a per transaction basis (e.g., \$3.50 for transfer of Bondholder accounts). Does your institution anticipate such service fees?

_____ Yes _____ No

If Yes, please attach a schedule of such fees, as well as calculate the total annual cost (netting out any annual administrative fee and showing calculations) based upon the following assumed occurrences during the first year following issuance of the bonds.

- b. Do you charge for bond redemption either at maturity or upon a call by the issuer?

_____ Yes _____ No, these costs are included in annual administrative fees

If yes, please explain:

- c. Do you charge for establishing and maintaining sinking funds?

_____ Yes _____ No

If yes, set-up fee: \$ _____ Annual administrative fee: \$ _____

- d. Do you charge for terminating a trust?

_____ Yes _____ No

If yes, please explain:

5. Miscellaneous

- a. Does your institution now possess the technical and professional capabilities to monitor arbitrage rebate compliance, per the federal tax law?

_____ Yes _____ No

- b. Has your institution ever served as Bond Trustee for a financing in which Capital Appreciation Bonds, limited current coupon bonds or similar deferred interest securities were utilized?

- c. Please provide three references familiar with your institution's work as a Bond Trustee for a hospital, life care center, or pooled financing bond issue.

Name: _____

Firm: _____

Address: _____

Phone Number: _____

Name: _____

Firm: _____

Address: _____

Phone Number: _____

Name: _____

Firm: _____

Address: _____

Phone Number: _____

- d. Please list those New York banks which you have a correspondent relationship and which could serve as Issuing and paying Agent on this financing (if necessary).

e. Has your institution ever served as Master or Bond Trustee for a financing that went into default?

_____ Yes _____ No

If yes, please briefly describe the events leading to default, your institution's response, and the ultimate resolution.

6. Master Trustee

Please submit a separate bid to serve as Master Trustee for the proposal financing including, but not limited to, acceptance, annual, legal and other fees. Include the expiration date of the fee quote.

Please submit a list of financings for which your institution has served as Master Trustee (from 1990 to present).

Please provide three references familiar with your institution's work as Master Trustee for hospital or life care center financing.

Name: _____

Firm: _____

Address: _____

Phone Number: _____

Name: _____

Firm: _____

Address: _____

Phone Number: _____

Name: _____

Firm: _____

Address: _____

Phone Number: _____

I certify that the above is true and correct.

Signature: _____

Name: _____

Title: _____

Provide a schedule indicating total fees for Bond Trustee services for the first five years of the bond issue.

Please submit two copies of the completed form to the Health Care Facility for which the bonds are to be issued and one copy to:

Christopher B. Taylor, CPA, Assistant Secretary
North Carolina Medical Care Commission
701 Barbour Drive
Raleigh, North Carolina 27609