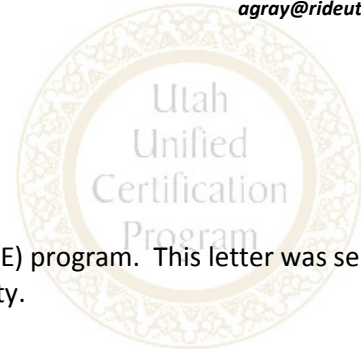


Andrew Gray, UUCP Certifying Official
Utah Transit Authority
Civil Rights Section / UUCP
669 West 300 South
Salt Lake City, UT 84101
Phone (801) 287-3533 Fax (801) 287-4520
agray@rideuta.com



RE: Disadvantaged Business Enterprise (DBE) Annual Update

Dear DBE owner,

Thank you for participating in the Disadvantaged Business Enterprise (DBE) program. This letter was sent to you because the anniversary date of your certification will expire shortly.

According to the Code of Federal Regulations, 49 Part 26.83(j), each year, on the anniversary date of certification, DBE firms are asked to submit an Annual Update, including an affidavit certifying that no changes to ownership or control have taken place within their organization. The following documents must be submitted with your Annual Update Affidavit to show that your firm continues to meet the Small Business Administration (SBA) business size criteria and the overall gross receipts cap.

- **Most Recent Federal Business and Personal income tax returns (with all schedules and W2's), Please check and make sure they are signed.** A tax record is an official document and needs to have a signature.
- **Personal Net Worth Statement.** This does not include any business obligations. Just personal. If you have ownership with a spouse or other, please report only your portion.
- **Balance Sheet.**
- **Income Statement.**
- **Affidavit of no change. Signed and Notarized.**

The UUCP will use this information to validate continued eligibility in the DBE program by verifying that no changes have taken place in the ownership, disadvantaged status, and control, size of the firm or information in your application.

Please return the completed Affidavit of No Change and supporting documentation to the address below on or before 30 days of the date of this letter.

Andrew Gray, Certifying Official
Utah Transit Authority
Civil Rights Section / UUCP
669 West 200 South
Salt Lake City, UT 84101

Please fill out the following:

Authorized Name of Firm: _____

Street Address: _____

Mailing Address (if different): _____

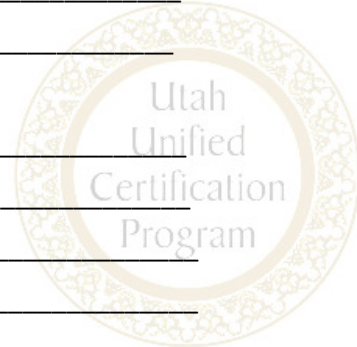
Business telephone number: _____ FAX Number: _____

E-mail address: _____

Mobile Phone Number: _____

Name of contact person: _____

Name of person(s) who prepared this affidavit: _____



In addition to the information requested above, and the Annual Update information below, please provide copies of the following documents:

1. **Business federal income tax return:**

Most recent business tax return with all filed schedules and all attachments. **Please make sure they are signed.**

2. **Current BALANCE SHEET**

3. **Current INCOME STATEMENT for the company.**

4. **Personal federal tax return:**

Owner(s) most recent tax return with all filed schedules and attachments **(including W2's)**.

5. **Personal net worth statement*:** (This form is attached)

Personal net worth means the net value of the assets of an individual remaining after total liabilities are deducted. An individual's personal net worth includes only his or her own share of assets held jointly or as community property with the individual's spouse.

(Note: to qualify as a disadvantaged individual (***Concessions see note below**), personal net worth, as defined above, cannot exceed \$1.32 million, minus the equity of individual's ownership interest in primary residence and business).

*There is no established personal net worth limit for airport concessions.

Concessions are NOT required to submit personal net worth statements.

6. **Business size criteria:** Please note that your firm must continue to meet the size standard for the DBE program (\$22.41 three year average gross receipts based upon tax returns for non concessions and \$52.47 million for concessions) and cannot exceed the SBA size limitations, for your particular industry, on an annual basis. See SBA NAICS Codes to determine size limitations at the following web site:

www.sba.gov/size/sizetable2002.pdf.

Change in Firm

If there have been changes in the firm since your certification or last annual update, that would affect your ability to meet all of the DBE requirements listed above, you must attach a letter explaining the changes, along with supportive documentation. This information will be reviewed by the UUCP to determine **if continued** eligibility in the DBE program is **warranted**.

No Change Affidavit

1. I (insert name of DBE firm owner(s), _____),
swear¹ (or affirm) that there have been no changes _____ changes _____ (*attach supporting documents and only fill out
2 & 3 below*) in (*name of DBE firm*) _____ circumstances affecting its ability to meet the
size, disadvantaged status, ownership, or control requirements of 49 CFR Part 26 and 13 CFR Part 121. I swear (or
affirm) there have been no material changes in the information provided with (*name of DBE firm*)
_____ application for certification, except for any changes about which I have provided written
notice to the **Utah Uniform Certification Program (UUCP)** pursuant to 49 CFR § 26.83(i).

2. I swear (or affirm) that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or
cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the
groups identified in 49 CFR § 26.5, without regard to my individual qualities. I further swear (or affirm) that my
personal net worth does not exceed \$1.32 million and that I am economically disadvantaged because my ability to
compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as
compared to others in the same or similar line of business who are not socially and economically disadvantaged.

3. I specifically swear (or affirm), (*insert name of DBE firm*) _____ continues to
meet the Small Business Administration (SBA) business size criteria and the overall gross receipts cap of 49 CFR Part 26
and, (*insert name of DBE firm*) _____ average annual gross receipts (as defined by
SBA rules) over the previous three fiscal years (*insert DBE firm's three year average*) _____. I
provide the attached size and gross receipts documentation to support this affidavit.

Signature _____ **Date** _____

Signature _____ **Date** _____

Signature _____ **Date** _____

Signature _____ **Date** _____

On this _____ day of _____, 20____, before me appeared name(s) _____

_____ to me personally known, who, being duly sworn, did execute the foregoing
affidavit and did state that he or she was properly authorized by (name of firm)

_____, to execute the affidavit and did so as his or her free
act and deed.

(SEAL/STAMP)

Notary Public _____ Commission Expires _____

1 Knowingly and willfully providing false information to the Federal government is a violation of 18 U.S.C. Section 1001 (False Statements) and
could subject you to fines, imprisonment or both.

Date:	Personal Net Worth Statement (Each Owner must complete)	Rev. 1/05/04
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Complete this form for: (1) each proprietor, or (2) each limited partner, each general partner, (3) each stockholder, or (4) any person(s) or entities upon which the disadvantaged status is dependant upon.

Business Name	
Disadvantaged Owner's Name	Business Phone:
Residence Address	Residence Phone:
City, State & Zip Code	

ASSETS		LIABILITIES	
Cash on hand & in Banks	\$	Accounts Payable	\$
Savings Account	\$	Notes Payable to Banks and Others	\$
IRA or Other Retirement Account	\$	(Describe in Section 2)	
Accounts & Notes Receivable	\$	Installment Account (Auto)	\$
Life Insurance-Cash Surrender Value Only	\$	Mo. Payments	\$
(Complete Section 8)		Installment Account (Other)	\$
Stocks and Bonds	\$	Mo. Payments	\$
(Including Corporate Stock)		Loan on Life Insurance	\$
(Describe in Section 3a or 3b)		Mortgages on Real Estate	\$
Real Estate	\$	(Describe in Section 4)	
(Describe in Section 4)		Unpaid Taxes	\$
Automobile-Present Value	\$	(Describe in Section 6)	
Other Personal Property	\$	Other Liabilities	\$
(Describe in Section 5)		(Describe in Section 7)	
Other Assets	\$		
(Describe in Section 5)	\$		
Total Assets	\$	Total Liabilities	\$
		Total Net Worth =	\$
		(Assets minus Liabilities)	
		Deductions:	
		Subtract - Owner's Percent of Equity in	\$
		Primary Residence	
		Subtract - Owner's Percent of Equity in	\$
		DBE firm	
		Equals = Personal Net Worth	\$

Section 1. Source of Income		Contingent Liabilities	
Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims & Judgments	\$
Real Estate Income	\$	Provisions for Federal Income Tax	\$
Other Income (Describe below)*	\$	Other Special Debt	\$

Section 2. Notes Payable to Banks and Others. (Use attachments. Each attachment must be identified and signed.)

Name and Address of Note holder(s)	Original Balance	Current Balance	Payment Amount	Frequency Monthly etc	How Secured or Type of Collateral

Section 3a. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotations/Exchange	Date of Quotation/Exchange	Total Value

Section 3b. Corporate Stock or Ownership Value in Company (List value of stock or Ownership value in company)

Section 4. Real Estate Owned (List each parcel separately. Use attachment if necessary. Each attachment must be identified as part of this statement and signed.)

Type of Property	Property A	Property B	Property C
	Address		
Date purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Tax Lien Type	To Whom Payable	Amount	Attached to What Property?

Section 7. Other Liabilities. (Describe in Detail.)

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Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

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I authorize the UUCP to make inquiries as necessary to verify the accuracy of the statements made. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of verifying Economic Disadvantage or obtain certification as a Disadvantaged Enterprise. I understand FALSE statements may result in possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Owner's Signature:	Date:	SSN Number:
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