| FDEP I.D. Number | Facility Name* | Site Address | Facility Cos Estimate** (total of Require Action amounts |
|---------------------|----------------|--------------|--|
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SCHEDULE A Dated:

^{* -} Removal of a facility from a standby trust fund or trust fund agreement, in accordance with FDEP regulations, requires prior written permission from the FDEP Tallahassee Office. Authorization will be addressed to the Trustee and will specify agreement by date.

^{** -} For each facility, enter the most recent Department approved facility cost estimate amount, or subsequently increased amount.