CERTIFICATE OF HIGHWAY MILEAGE YEAR ENDING FEBRUARY 10, 2000

Fill out form, make and file copy with the Town Clerk, and mail ORIGINAL, before February 20, 2000 to: VT Agency of Transportation, Technical Services Division, Drawer 33, Montpelier, VT 05633.

We, the Selectman or Trustee or Alderman of LUDLOW

County

on an oath state that the mileage of highways, according to Title 19, V.S.A, Sec #305, added 1985, is as follows:

| PARTI_ | CHANGES | TOTALS - Plea | se fill in a | nd calculate tota | 2/5 |
|--------------|----------|---------------|--------------|-------------------|------|
| 1 (1)(1) 1 - | CHAINGES | IUIALS - I IU | se mu m un | in cuicuinie ioid | een. |

| Town Highways | Previous Mileage | Added Mileage | Substracted Mileage | Total | Scenic Highways |
|------------------|---------------------|------------------|------------------------|--------|--------------------|
| Class 1 | 0.000 | | | 0.000 | 0.000 |
| Class 1 Lane | 0.000 | | | 0.000 | |
| Class 2 | 4.090 | | | 4.090 | 0.000 |
| Class 3 | 49.290 | | | 49.290 | 0.000 |
| State Highway | 11.817 | | | 11.817 | 0.000 |
| Class 4 | 3.460 | | | 3.460 | 0.000 |
| Total | 65.197 | | | 65.197 | 0.000 |
| | | | | | |

^{*} Class 1 Lane Mileage and Class 4 is NOT included in total.

Representative, Agency of Transportation

| ART II - INFORMATION AND DESCRIPTION OF CHANGES SHOWN ABOVE. |
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| 1. NEW HIGHWAYS: Please attach Selectman's "Certificate of Completion and Opening". |
| 2. DISCONTINUED: Please attach SIGNED copy of proceedings (minutes of meeting). |
| 3. RECLASSIFIED/REMEASURED: Please attach SIGNED copy of proceedings (minutes of meeting). |
| 4. SCENIC HIGHWAYS: Please attach a copy of order designating/discontinuing Scenic Highways. |
| F THERE ARE NO CHANGES IN MILEAGE: Check box and sign below. [X] |
| ART III - SIGNATURES - PLEASE SIGN. Selectman/ Alderman/ Trustees Signatures: |
| Clerk Signagture: Nettre C. Cruber Date Filed: 4eb 8, 2000 |
| ease sign ORIGINAL and return it for Transportation signature. |
| GENCY OF TRANSPORTATION APPROVAL: Signed copy will be returned to T/C/V Clerk. APPROVED: DATE: |