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3. TYPE OF FILING    Regular Rulemaking (Gov.   Certificate of Compliance: The agency officer named below certifies that this agency compiled with the provisions of Gov. Code §11346. 2-11347.3 either before the emergency regulation was adopted or withdrawn nonemergency filing (Gov. Code §\$11349.3, 11349.4)   Emergency (Gov. Code, §11349.3, 11349.4)   Emergency (Gov. Code, §11340.1)   Resulations of Gov. Code, §11346.1(b)   Print Only	(List all section number(s) individually. Attach additional sheet if needed.)	1380.19, 1430.10, 1	430.12,	1430.14, 14	30.45	
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4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §113-361 (Script Parts of Cardon)  5. EFFECTIVE DATE OF CHANGES (Gov. Code, §\$ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)  Effective January 1, April 1, July 1, or Secretary of State Regulatory Effect (Specify)  6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY Department of Finance (Form STD. 399) (SAM §6660)  7. CONTACT PERSON Sarah Cardoni  8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.  TYPED NAME AND TITLE OF SIGNATORY	Regular Rulemaking (Gov. Code §11346)  Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)  Emergency (Gov. Code,	below certifies that this are provisions of Gov. Code before the emergency rewithin the time period recommendation.  Resubmittal of disapprov	gency com §§11346.2 gulation wa juired by si ed or witho	iplied with the -11347.3 either as adopted or tatute.	(Gov. Code, §11346	Regulatory Effect (Cal. Code Regs., title 1, §100)
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)    Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))					IAL ADDED TO THE RULEMAK	
Department of Finance (Form STD. 399) (SAM §6660)  Telephone Number Sarah Cardoni  Telephone Number 916-597-6894  Telephone	Effective January 1, April 1, July 1	I, or Effective on filing	ng with [	§100 Change		The state of the s
7. CONTACT PERSON Sarah Cardoni 916-597-6894 FAX NUMBER (Optional) Sarah.cardoni@cdfa.ca.gov  8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.  SIGNATURE OF AGENCY HEAD OR DESIGNEE Arima Kozina Digitally signed by Asima Kozina Date: 7025 9422 99:29:33 97:00°  TYPED NAME AND TITLE OF SIGNATORY  TYPED NAME AND TITLE OF SIGNATORY	Department of Finance (Form STE		ONSULTATI [			— · · · · · · · · · · · · · · · · · · ·
8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.  SIGNATURE OF AGENCY HEAD OR DESIGNEE Arima Kozina Digitally signed by Arima Kozina Date: 2025 0422 09:29:33 07:00°  TYPED NAME AND TITLE OF SIGNATORY	7. CONTACT PERSON				FAX NUMBER (Opt	
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