



State of Washington

Office of Financial Management, Forecasting Division, General Administration Building, PO Box 43113, Olympia, WA 98504-3113

RECEIVED
AUG 22 2016
OFM FORECASTING
43124 3124

ANNEXATION AND MUNICIPAL BOUNDARY CHANGE CERTIFICATE
For all Annexations and Boundary Line Adjustments - Including Street Right-of-Way Adjustments

IMPORTANT: The following documents must be attached with this certificate (RCW 35.13.260, 35A.14.700, 43.62.040):

- 1. Three copies of the final ordinance containing the legal description of the boundary change area;
2. Three copies of a map clearly showing the boundary change area and existing city limits on an 8 1/2"x11" or 8 1/2"x14" size paper.
3. The original Field Enumeration sheets used to enumerate the population and housing of the boundary change area and all summary tabulation sheets.
4. If this is a mutual boundary change between governments, include a copy of the other government's (city/town or county) agreement to the change.

City/Town City of Everett County Snohomish County

Name of the Annexation (if any) Smith Island Municipal Annexation

Original Ordinance Number 3506-16 Amending Ordinance Number (if applicable) N/A

Date Passed 8-10-16 Date Passed

Date Published 8-18-16 Date Published

Ordinance Effective Date 8-30-16 Ordinance Effective Date

Boundary Change Effective Date 8-30-16 Boundary Change Effective Date

Authorizing Statute(s) RCW 35.13.180

Was a Boundary Review Board hearing required? Yes No X If yes, date of hearing

Has this annexation been filed with the county? Yes X No Date filed with county N/A 8/19/2016 R.H.

Has the city/town attorney reviewed the legal requirements associated with this annexation? Yes X No

Annexation Area (in acres) +/- 27.35 acres Census: Housing Units Zero

Occupied Housing Units Zero

Population Zero

CERTIFICATION: I hereby certify that, to effect the above annexation, all legal requirements have been satisfied, and that the data set forth in this certificate, including the attached documents, are true and correct.

Mayor [Signature] Date 8/18/16

[CITY SEAL] Attest: City/Town Clerk [Signature] Date 8/18/16

OFFICE OF FINANCIAL MANAGEMENT ONLY

The requirements of RCW 35.13.260 or 35A.14.700 and 43.62.040 have been met. I recognize this annexation as a part of the city for the purpose of developing official population estimates (RCW 43.62.020). This certification is for the limited purpose referenced above.

Date Received 8/22/16

Date Approved 8/21/16 8/30/16

OFM File Number 2016-046

State Certifying Official [Signature]

Provisional Approval Yes

Date Provisional Status Cleared

(White) Office of Financial Management
(Canary) Department of Transportation
(Pink) Return to City/Town

Approved as to form: [Signature]

No Carbon Paper Needed
Do not Separate Form
Return all Three Copies