

Certificate of Designation  
For Service of Notice of Claim

of

TOWN OF AUGUSTA

(Pursuant to Section 53 of the General Municipal Law)

It is hereby certified that:

**FIRST:** TOWN OF AUGUSTA is a public corporation as defined in Section 66 of the General Construction Law of the State of New York.

**SECOND:** The name of the public corporation is: TOWN OF AUGUSTA

**THIRD:** The principal location of the public corporation is in the county of: ONEIDA

**FOURTH:** The public corporation hereby designates the Secretary of State of the State of New York as its agent upon whom a Notice of Claim against the public corporation may be served.

**FIFTH:** The name, post office address and email address of an officer, person or designee, nominee or other agent-in-fact to which the Secretary of State shall transmit a copy of any Notice of Claim served upon the Secretary of State as the Public Corporation's agent is:

Post Office Address:   SONYA FURNESS TOWN CLERK  
                                  185 NORTH MAIN  
                                  ORISKANY FALLS, NY 13425

Email Address:           SOFURNESS@GMAIL.COM

**SIXTH:** The time limit for service of a Notice of Claim upon the public corporation is: 90 DAYS AFTER CLAIM ARISES

**SEVENTH:** Any statutory provisions uniquely pertaining to the public corporation and the commencement of an action or proceeding against it are as follows: NOT PROVIDED

**EIGHTH:** The New York State Vendor Identification Number (Vendor ID) for the public corporation is: 1000002616

*Note: If the public corporation does not have a Vendor ID issued by the Office of the State Comptroller*

*the Department of State will contact the public corporation regarding issuance of a Vendor ID when fees for service of Notices of Claim are available for distribution. The public corporation will not receive distributions of its share of fees for service of Notices of Claim until it has been assigned a Vendor ID by the Office of the State Comptroller.*

**NINTH:** Distributions to the public corporation for its share of fees for service of Notices of Claim will be sent to the following Remittance Address:

SUZANNE COLLINS TOWN SUPERVISOR  
2319 NORTH RD  
ORISKANY FALLS, NY 13425

*Note: The Remittance Address for public corporations with a Vendor ID must match the public corporation's Remittance Address in the New York State Vendor Management System. If the Remittance Address provided does not match the address on file in the New York State Vendor Management System, the public corporation's share of fees cannot be distributed. To update the public corporation's Remittance Address on file in the New York State Vendor Management System the public corporation must access and update its vendor record at [www.osc.state.ny.us](http://www.osc.state.ny.us).*

Date: July 18, 2013

SUZANNE M COLLINS

TOWN SUPERVISOR

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Signature

\_\_\_\_\_  
Title of Signer