

**IDAHO STATE BOARD OF EXAMINERS
Request for Recognition of Assignment**

"Assignor" as used herein is _____
Address _____

"Assignee" as used herein is _____
Address _____

"Board" as used herein is the State Board of Examiners, State of Idaho.

"Controller" as used herein is the Idaho State Controller and Secretary to the Board.

WHEREAS, the State of Idaho is or may be obligated to make payments to Assignor pursuant to its contractual or other obligations, more particularly described as follows:

WHEREAS, Assignor has agreed with Assignee to assign all rights of payment for the above obligations to Assignee as reflected by the attached Agreement; and

NOW THEREFORE, pursuant to I.C. Sec. 67-1027, Assignee requests the Board to specially approve assignment of the above obligations on the conditions listed below:

(1) Assignee agreed that its rights shall be subordinate to any claims the State of Idaho or any of its agencies or instrumentalities have or may have against Assignor now or in the future. These claims include, but are not limited to, contracts, tort claims, taxes, fines or penalties of any sort.

(2) If the state receives more than one claim against the amounts owed to Assignor, Assignee shall pay the state the total cost of evaluating such claims. These costs include, but are not limited to

reasonable attorney's fees for the evaluation of the conflicting claims and any expenses necessary for such evaluation, including but not limited to, photocopying, transcript costs or any travel costs as necessary. It is intended that the State of Idaho be made whole in the event that there is any dispute over the sums involved.

(3) As to any payments made by the state to Assignee on the above-referenced obligations, Assignee agrees to defend, indemnify and hold harmless the State of Idaho for any claims made against the state resulting from such payments to Assignee. It is intended that the State of Idaho be made whole in any dispute involving payments made to Assignee.

The undersigned certifies that he/she is duly authorized by Assignee to execute this Agreement.

DATED this ____ day of _____, 20____.

ASSIGNEE

ASSIGNOR

Signature: _____

Signature: _____

Name: _____

Name: _____

Title: _____

Title: _____

State of _____)
County of _____) : ss.

On this ____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said state, personally appeared _____ known to me to be the ASSIGNEE whose name is subscribed to the within and foregoing instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Notary Public for _____
Residing at _____
My commission expires _____
(SEAL)

State of _____)
 : ss.
County of _____)

On this ____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said state, personally appeared _____, known to me to be the ASSIGNOR whose name is subscribed to the within and foregoing instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Notary Public for _____
Residing at _____
My commission expires _____
(SEAL)

The Board, having duly considered the above request pursuant to I.C. Sec. 67-1027, specially approved the above request on _____, 20____. This assignment shall be effective seven (7) days after its approval by the State Board of Examiners.

Brandon D Woolf, Secretary
State Board of Examiners and
Idaho State Controller

Note: a) After the Assignee and Assignor have completed this form, please mail to:

Idaho State Controller
P.O. Box 83720
700 West State Street
Boise, Idaho 83720-0011

b) After the State Board of Examiners approves the assignment, an executed copy will be mailed to each party.

The Request for Recognition of Assignment form to be used pursuant to Idaho Code 67-1027. The form will be submitted to the State Board of Examiners for approval after it has been completed and returned to the State Controller's Office. For more information please contact the State Controller's Office, 208-334-3100, or brdexam@sco.idaho.gov.