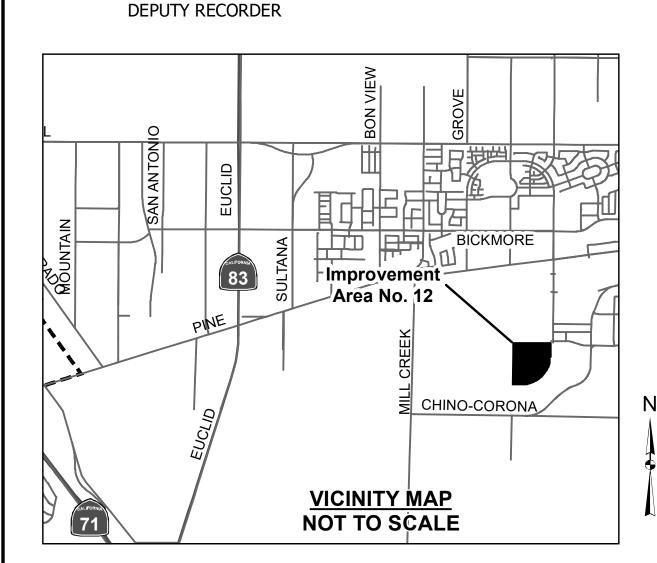
I HEREBY CERTIFY THAT THE WITHIN MAP SHOWING THE PROPOSED BOUNDARY OF COMMUNITY FACILITIES DISTRICT NO. 2003-3, IMPROVEMENT AREA No. 12 OF THE CITY OF CHINO, SAN BERNARDINO COUNTY, STATE OF CALIFORNIA, WAS APPROVED BY THE CITY COUNCIL OF THE CITY OF CHINO AT A REGULAR MEETING THEREOF, HELD ON THE ____ DAY OF ______,20____, BY IT'S RESOLUTION CITY CLERK, CITY CHINO FILED IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO THIS ____ DAY OF ______, 20___. BY: CITY CLERK, CITY OF CHINO SAN BERNARDINO COUNTY RECORDER'S CERTIFICATE THIS MAP HAS BEEN FILED UNDER DOCUMENT NUMBER _____ THIS _____ DAY OF _____, 20____, AT ____ __ M., IN BOOK ____ OF __ AT PAGE _____, AT THE REQUEST OF CITY OF CHINO IN THE AMOUNT OF \$. JOSIE GONZALES

ASSESSOR-RECORDER-COUNTY CLERK

SAN BERNARDINO COUNTY





THIS MAP CORRECTLY SHOWS THE LOT OR PARCEL OF LAND INCLUDED WITHIN THE BOUNDARIES OF THE COMMUNITY Webb FACILITIES DISTRICT. FOR DETAILS CONCERNING THE LINES AND DIMENSIONS OF LOTS OR PARCELS REFER TO THE SAN BERNADINO COUNTY ASSESSOR'S MAPS FOR FISCAL YEAR 2025-2026.

PROPOSED BOUNDARY MAP

COMMUNITY FACILITIES DISTRICT NO. 2003-3 IMPROVEMENT AREA No. 12 CITY OF CHINO SAN BERNARDINO COUNTY, STATE OF CALIFORNIA

