| State of California - Department of Fish and Wildlife<br><b>2024 ENVIRONMENTAL DOCUMENT FILING FEE</b><br><b>CASH RECEIPT</b><br>DFW 753.5a (REV. 01/01/24) Previously DFG 753.5a | Print     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
|                                                                                                                                                                                   | RECEIPT N |
|                                                                                                                                                                                   | 36 — 0    |
|                                                                                                                                                                                   | STATE CLE |

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| Print | StartOver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Save                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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UMBER:

1232024 - 032

ARINGHOUSE NUMBER (If applicable)

DOCUMENT NUMBER

## 2021120526 SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY. LEAD AGENCY DATE LEADAGENCY EMAIL San Bernardino County, LUSD 01232024

| COUNTY/STATE AGE | NCY OF FILING |
|------------------|---------------|
| San Barnardina   |               |

San Bernardino

| PROJECT TITLE | - |
|---------------|---|
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## Duke Warehouse at Slover/Alder Avenue Project

| PROJECT APPLICANT NAME                                                                                                                                                                             | PROJECT APPLICANT EMAIL |                | PHONE NUM | PHONE NUMBER   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------|-----------|----------------|--|
| Duke Realty, LP                                                                                                                                                                                    |                         |                | (909) 38  | 7-3067         |  |
| PROJECT APPLICANT ADDRESS                                                                                                                                                                          | CITY                    | STATE          | ZIP CODE  |                |  |
| 385 Noth Arrowhead Ave. First Floor                                                                                                                                                                | San Bernardino          | CA             | 92415     |                |  |
| PROJECT APPLICANT (Check appropriate box)                                                                                                                                                          |                         |                |           |                |  |
| Local Public Agency     School District                                                                                                                                                            | Other Special District  | State A        | gency     | Private Entity |  |
| CHECK APPLICABLE FEES:                                                                                                                                                                             |                         |                |           |                |  |
| Environmental Impact Report (EIR)                                                                                                                                                                  |                         | \$4,051.25 \$  |           | 4,051.25       |  |
| Mitigated/Negative Declaration (MND)(ND)                                                                                                                                                           |                         |                |           |                |  |
|                                                                                                                                                                                                    |                         |                |           |                |  |
| Certified Regulatory Program (CRP) document - payment due di                                                                                                                                       | rectly to CDEVV         | \$1,377.25 \$  | <u>.</u>  | 0.00           |  |
| <ul> <li>Exempt from fee</li> <li>Notice of Exemption (attach)</li> <li>CDFW No Effect Determination (attach)</li> <li>Fee previously paid (attach previously issued cash receipt copy)</li> </ul> |                         |                |           |                |  |
| U Water Right Application or Petition Fee (State Water Resources                                                                                                                                   | Control Board only)     | \$850.00 \$    |           | 0.00           |  |
| County documentary handling fee                                                                                                                                                                    |                         | \$             | -         | 50.00          |  |
| ☐ Other                                                                                                                                                                                            |                         | \$             |           |                |  |
| PAYMENT METHOD: OHP                                                                                                                                                                                |                         | Ŷ              |           | )              |  |
| □ Cash □ Credit □ Check ☑ Other                                                                                                                                                                    | TOTAL                   | RECEIVED \$    |           | 4,101.25       |  |
|                                                                                                                                                                                                    |                         |                |           |                |  |
| SIGNATORE AGENC                                                                                                                                                                                    | Y OF FILING PRINTED N   | NAME AND TITLE |           |                |  |
| X Jessica Ruiz, Deputy Clerk                                                                                                                                                                       |                         |                |           |                |  |
|                                                                                                                                                                                                    |                         |                |           |                |  |