

EXHIBIT 8

West Lake Deficit Cost Submission Form

To: RDA

From: NICTD

In accordance with the attached West Lake Operating Deficit Calculation, NICTD hereby certifies that the West Lake Operating Deficit is \$_____ for the period beginning _____ through _____ in accordance with the terms of the Governance Agreement.

NICTD Authorized Signature

Title: _____

Date: _____

Enclosure: West Lake Operating Deficit Calculation dated _____