

Notice: Reduction of Permanent Capital

Date

Licensing Manager, District
Comptroller of the Currency
Street Address
City, State, ZIP Code

Re: Reduction of Permanent Capital

Dear Licensing Manager:

The (name of bank and charter number) notifies you according to 12 CFR 5.46 that its capital structure changed as approved by you on (date).

It is hereby certified that, as of (date), the following changes were made in the outstanding (common/preferred stock and/or surplus) of this bank according to the provisions of its Articles of Association:

(For stock) Reduction in the (common/preferred) stock of the bank from \$ (amount) to \$ (amount) by [describe how the reduction was effected].

(For surplus) Reduction in the surplus of the bank from \$ (amount) to \$ (amount) by [describe how the reduction was effected].

I hereby certify that (name of bank) shareholders approved this change in capital structure according to law, regulations, and this bank's Articles of Association. A secretary's certificate of shareholder approval and a certified copy of the change in the Articles of Association are attached.

(If necessary) The bank (has prepared/will prepare) proxy materials under 12 CFR 11 and (has filed/will file) such proxy materials with the Securities and Corporate Practices Division.

(If the decrease results in a change in the bank's capital category under 12 USC 1831o and 12 CFR 6) The sale of stock resulted in the bank's capital category under 12 USC 1831o and 12 CFR 6 changing from (former capital category) to (new capital category).

(If the decrease results in a change in the bank's legal lending limit) As a result, under 12 CFR 32.4(a)(2), the bank's legal lending limit calculation changed on (date). In addition, all other statutory limits based on resulting capital changed on (date).

I hereby declare that the changes in the (name of bank) capital structure comply fully with all applicable laws and regulations.

President, Vice President, or Cashier

Subscribed and sworn to before me this _____ day of _____, _____.

State of _____

County of _____

(SEAL OF NOTARY)

Notary Public

If you have questions, please contact (name, address, city, state, ZIP Code) at (telephone and FAX number).

Sincerely,

Signature

Name and Title

Enclosure(s)
Secretary's Certificate