

Report of Condition at Commencement of Liquidation

Name of liquidating bank _____

Charter number _____ Located at _____
(city, county, state)

The business of which was acquired by _____
(purchasing bank, if applicable)

Liquidation effective on _____
(date of liquidation)

I, the undersigned, being (the liquidating agent/correspondent for the liquidating committee), certify the attached report of assets and liabilities (or call report) to be a true statement, to the best of my knowledge and belief.

(Liquidating Agent) (Correspondent for Committee)

(Committee Member)

(Committee Member)

(Committee Member)

(Date Signed)

(Committee Member)

[A majority of the liquidating committee must sign this document.]