

Federal Deposit Insurance Corporation
Franchise Marketing Survey

EXPIRATION DATE:

TO: Project Offering Participant

RE: Project # _____

Thank you for your participation in this FDIC Franchise Marketing project. Your feedback will help us improve the marketing process and we appreciate your input.

1. Were the documents provided in the Offering Information Folder clear and complete?
 Yes No

2. Was the resulting transaction consistent with the offering materials?
 Yes No

3. Did you consider submitting a bid with a Value Appreciation Instrument?
 Yes No Why not?

3. Was the ~~IntraLinks site~~ **FDIC virtual Data room** organized and easy to use?
 Yes No

4. Was the information provided in the FDIC's data room sufficient in order to analyze the transaction?
 Yes No

5. Did the transaction schedule allow you enough time to review and analyze the offering and perform due diligence?
 Yes No

6. Please provide your comments and suggestions on how we can improve the transactions, the marketing and/or the bid process?

7. Would you like an FDIC representative to contact you regarding your response to this survey?
 Yes No

If yes, please provide your name and contact information _____

Thank you for taking a few minutes of your valuable time to complete this survey.

ESTIMATED REPORTING BURDEN

Paperwork Reduction Act Notice: Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the FDIC, Washington, DC 20429; and to the Office of Management and Budget, Paperwork Reduction Project (3064-0127), Washington, DC 20504.