OMB NUMBER: 3064-0122 EXPIRATION DATE: 07/31/2013

Federal Deposit Insurance Corporation

NON-LITIGATION BUDGET FORM

Matter Number Matter Number Matter Caption
Institution Number
PART I - NON-LITIGATION BUDGET INFORMATION Attorneys' Fees: Hourly Rate: \$
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Attorneys' Fees: Hourly Rate: \$
Hourly Rate: \$
Fixed Fee: \$
Fixed Fee: \$
TOA Fee: \$
Contingent Fee:
Specify Nature of Non-Litigation work to be Performed (Attach additional sheet(s) as necessary.) Estimated Hours for Completion: Estimated Completion Date (MM/DD/YYYY): PART II - LAW FIRM BUDGET ACKNOWLEDGMENT I acknowledge that the budget information contained herein is correct to the best of my knowledge and written approval of the Legal Division is required for any increase in the total budget amount. Authorized Law Firm Delegate's Signature Date (MM/DD/YYYY) Name and Title of Authorized Law Firm Delegate (Please type or print)
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Telephone Number (Include area code) FAX (Include area code)
Leiennone Number (include area code)
TAX [metade area code)
PART III - BUDGET AUTHORIZATION FOR OUTSIDE COUNSEL TO PROCEED
FDIC Attorney (Recommending approval of budget) Date Budget Approved (MM/DD/YYYY)
Signature of Delegated Authority Date Budget Approved (MM/DD/YYYY)

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