OMB NUMBER: 3064-0122 EXPIRATION DATE: 12/31/2019

Federal Deposit Insurance Corporation

LEGAL INVOICE FOR FEES AND EXPENSES

| SECTION I – LAW FIRM AND INSTITUTION INFORMATION | | | | | | |
|---|--------------------------|---|---|--------------------------------------|----------|--|
| Matter Number | | Matter Caption | | | | |
| | | | | | | |
| Institution Number | Name of Institution | | | | | |
| | | | | | | |
| | City | City | | State | ZIP Code | |
| | | | | Otato | 211 0000 | |
| Federal Tax Number | Firm's Name | Firm's Name | | | | |
| | | | | | | |
| | Address | Address | | | | |
| | | | | | | |
| Vendor Number | City | | | State | ZIP Code | |
| | | | | | | |
| Law Firm Contact Attorney | | | Telephone Number (Include Area Code) | | | |
| | | | | | | |
| Law Firm Accounts Receivable Contact | | | | Telephone Number (Include Area Code) | | |
| | | | | | | |
| FDIC Office Location | FDIC Attorney | FDIC Attorney | | Telephone Number (Include Area Code) | | |
| | | | | | | |
| SECTION II - CURRENT BILLING | INFORMATION | | | ı | | |
| Invoice Number: | Billing Period Date (MM/ | Billing Period Date (MM/DD/YYYY) From: / / Through: / / | | | | |
| FEES BILLED | EXPENSI | EXPENSES BILLED | | GRAND TOTAL | | |
| | | | | | | |
| SECTION III - CERTIFICATION | , | | | | | |
| I certify that the information contained for legal services and disbursements re Division's Outside Counsel Deskbook. | | | | | | |
| Name of Authorized Law Firm Representative (Print legibly of | | type) | Title of Authorized Law Firm Representative | | | |
| Signature of Authorized Law Firm Representative | | | Date | | | |
| | | | | | | |

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