

Voluntary Liquidation Report of Condition at Commencement of Liquidation

Applicant

Name		Charter no.	
Current street address			
City	County	State	Zip code

Parent Company Identifying Information (if applicable)

Name			
Street			
City		State	Zip code

Contact Person

Name		Title	
Employer			
Street			
City		State	Zip code
Telephone no.		Fax no.	E-mail address

Report of condition at commencement of liquidation filed pursuant to 12 CFR 5.48(e)(4)

Liquidation start date:

Liquidation account outstanding balance (if applicable):

I, the undersigned, being the liquidating agent/correspondent, certify the attached report of assets and liabilities (*for the most recent month end*) to be a true statement, to the best of my knowledge and belief.

(Liquidating agent) (*Correspondent for committee*)

(Committee member)

(Committee member)

(Committee member)

(Committee member)

Signature date:

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