

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.]