

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.]