

**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.]