**Notice of Commencement of Fiduciary Activities**

Date

Director for District Licensing

Northeastern District

Office of the Comptroller of the Currency

340 Madison Avenue, Fifth Floor

New York, New York 10017-4613

Re: Fiduciary Powers Request, Control Number

Dear Director:

Per the (*approval/conditional approval*) granted to us on (*date*), we commenced fiduciary activities on (*date*). This information is provided to complete your records.

Sincerely,

—Signature—

Name and Title