



Board of Governors of the Federal Reserve System



Notice of Mutual Holding Company Reorganization—FR MM - 10(o)-1

The information in this form is required by law: 12 U.S.C. § 1467a(o); 12 CFR Part 239 (Mutual Holding Companies).

The Federal Reserve System ("FRS") will use the information specified in this form to review requests from savings associations to conduct mutual holding company reorganizations.¹

	to conduct mutual holding company reorganizations. ¹							
reorganize to bed immediately upor Association"). In Association) here	come a federally charte n becoming a mutual ho connection therewith,	that the "Reorganizing pered mutual holding compolding company, intends the Reorganizing Associanization Plan and such	pany (and, if applicable to acquire the "Acquire iation (and the Acquire	e, ee ee				
			Date of Notice	e:				
			Month / Day / Ye	ar				
Name of Reorganizing Association			Name of Acquiree Association (if applicable)					
Street Address			Street Address					
City	State	Zip Code	City	State	Zip Code			
			this submission Yes As reference the the the the the the the the the th	nt request confidential treat on? equired by the General Inst request for confidential trea information for which confid ght is separately bound and	tructions, a letter justifying tment is included. dential treatment is being			

¹ Public reporting burden for this collection of information is estimated to average 60 hours per response, including the time to gather and maintain data in the required form, to review instructions and to complete the information collection. The FRS may not conduct or sponsor, and an organization is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, NW, Washington, DC 20551; and to the Office of Management and Budget, Paperwork Reduction Project (7100-0121), Washington, DC 20503.

Name				Name			
Title/Organization			Title/Organization Street Address				
Street Address							
City	State	Zip Code		City	State	Zip Code	
Area Code / Phone Numb	per		Area Code / Phone Number				
Email Address				Email Address			
Certification							
-		n this application ha			ormation (12 CFR nt for the information.	Part 261), requesting	
is current as of the date of this submission to the best of my knowledge and belief. I acknowledge that any misrepresentation or omission of a material fact constitutes fraud in the inducement and may subject me to legal sanctions provided by 18 U.S.C. §1001 and §1007.				I acknowledge that approval of this application is in the discretion of the Board. Actions or communications, whether oral, written, or electronic, by the Board or its employees in connection with this filing, including approval if granted, do not constitute a contract either express or implied, or any other obligation binding upon the			
individual and subm Reserve System application, that the individual, to provide or to object to public applicant and the in any such information request by the applicant	aitted to the Board of ("Board") in (or examplicant has the example such information to crelease of such in avolved individual croph, except to the example cant or the individual or can or the individual or can	ormation pertaining f Governors of the F in connection with authority, on behalf to the Board and to conformation. I certify the property of the property of the step of the s	rederal n) this of the consent hat the case of written rdance	or any officer or em communications wil its supervisory, regul laws and regulations	nployee of the United I not affect the ability of atory, or examination p s. I further acknowledge dified by any employed	tity of the United States States. Such actions o of the Board to exercise bowers under applicable that the foregoing may e or agency of the Board	
Signed this	_day of	Month '	 Year	Signature of Chief Execut	tive Officer or Designee of Ro	eorganizing Association	
				Print or Type Name			
				Title			
Signed this	day of	,					
Day		Month	Year	Signature of Chief Execut applicable)	tive Officer or Designee of Ad	cquiree Association (if	
				Print or Type Name			
				_ Title			

