

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