State of Arkansas Arkansas State Bank Department Candace A. Franks, Bank Commissioner 400 Hardin Road, Suite 100 Little Rock, Arkansas 72211-3502

Application for Certificate of Authority

(Please type)

Pursuant to the provisions of The Arkansas Banking Code of 1997, § 23-48-1001, the undersigned as the duly authorized and acting president, chairman, or registered agent in the State of Arkansas, of the foreign corporation for which this statement is submitted, under oath hereby state:

a. The name of the bank is:
b. Web address:
Ic. Fictitious name to be used in Arkansas:
No registered out-of-state bank shall conduct any business in this state under a fictitious name unless it first files a fictitious name application with the Commissioner.)
2. The state or foreign country under whose laws it is chartered:
Ba. Date of formation:
Bb. Period of duration:
4. The street address of the principal office is:
5. The address of the registered office in Arkansas is designated to be:
5. The name of the registered agent at the Arkansas office is:

7. The number and par value, if any, of s by residents of Arkansas:	shares of the bank's capital stock owned or to be owned
of similar import) duly authenticated by t	leted application a certificate of existence (or document he bank supervisory agency which chartered the bank or rporate records of banking institutions in the state or
Witness the hand and seal of the corporate the bank on this theday of	tion executed under oath by the undersigned in behalf of, 20
	Name of Authorized Officer (please type)
	Signature of Authorized Officer
	Title of Position Held by Authorized Officer (please type)

Fee: \$300.00