

NOTIFICATION FOR THE ESTABLISHMENT OF A LIMITED PURPOSE OFFICE
submitted to the
ARKANSAS STATE BANK DEPARTMENT

By

Corporate Title of Notificant

Street Address

Charter Number

City

County

State

Zip Code

(hereinafter referred to as "**Notificant**")

hereby provides notice to the State Bank Commissioner for the establishment of a limited purpose office to be operated at the following location:

Street Address

City

County

State

Zip Code

The initial cost of the limited purpose office is estimated to be \$ _____

This location will be: Owned Leased

Please describe the noncore banking activities to be conducted:

Proposed opening date of the limited purpose office (must be at least thirty (30) days following the date of this notification):

Name, title, address, and telephone number of person(s) to whom inquiries concerning this notification may be directed:

I hereby certify that the bank's board of directors has authorized the filing of this notification and that to the best of my knowledge, it contains no misrepresentations or omissions of facts.

Authorized Signature

Date of Notification

Typed Name

Title

Telephone Number

AUTHORITY

A bank may establish a limited purpose office pursuant to the provisions of A.C.A. § 23-48-702(e) and Arkansas State Bank Department Rules and Regulations § 48-702.3.

In accordance with Arkansas State Bank Department Rules and Regulations § 48-702.3, an Arkansas state chartered bank may establish a limited purpose office in another state subject to the rules and regulations of the state which it seeks to establish the limited purpose office. The Arkansas state bank must also satisfy the notification requirement set forth in this section.

FICTITIOUS NAME

Pursuant to A.C.A. § 23-48-309 – Names of state banks and subsidiary trust companies; “No state bank or subsidiary trust company shall conduct any business in this state under a fictitious name unless it first files with the Commissioner a form supplied or approved by the Commissioner giving the following information:

- a) The fictitious name under which business is being or will be conducted by the applicant corporation;
- b) A brief statement of the character of business to be conducted under the fictitious name;
- c) The corporate name, state of incorporation, and location (giving city and street address) of the registered office in the state of the applicant corporation.”

If it is Notificant’s intention to use a fictitious name, a separate “Application for Fictitious Name” must be completed.

See Attachment – **Application for Fictitious Name**

PROCEDURES

A notification received by the State Bank Department (hereinafter "Department") will be reviewed for all requested documentation. The Bank Department may also request, on a case-by-case basis, any additional information as needed to process a notification.

Upon review of the notification and at his/her discretion, the Commissioner may request or require other relevant information by Notificant in support of the establishment of a limited purpose office.

SUPPORTING INFORMATION/DOCUMENTATION

Will the limited purpose office involve an increase in fixed assets (acquisition of real estate in any amount, or construction, remodel, or renovation of facilities in excess of \$250,000 for banks with total assets of less than \$1 billion, or \$500,000 for banks with total assets greater than \$1 billion)?

Yes No

If Yes, the bank must request prior approval for incurring these costs. Please describe land acquisition or building construction costs below.

State of Arkansas

ARKANSAS STATE BANK DEPARTMENT
APPLICATION FOR FICTITIOUS NAME

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

Pursuant to the provisions of The Arkansas Banking Code of 1997, the undersigned applicant hereby applies for the use of a fictitious name and submits herewith the following statements:

1. The name of the applicant and its date of qualification in Arkansas:

2. The home state of applicant:

3. The fictitious name under which business is being or will be conducted by the applicant entity:

4. The location (street address and city) of the office where the fictitious name will be used:

Street _____
City _____ Zip Code _____

5. The character of the business to be conducted under such fictitious name is:

6. The location (street address and city) of the registered office of applicant in Arkansas is:

Street _____
City _____ Zip Code _____

Signature _____

Chairman of the Board, President or other officers (If directors have not been selected, the incorporator may execute)

Address: _____

INSTRUCTIONS:

Prepare the fictitious name form in duplicate and send to the Arkansas State Bank Department, Little Rock, Arkansas. The duplicate bearing the file marks of the Commissioner will be returned to the state bank, registered out-of-state bank or subsidiary trust company. A.C.A. § 23-48-309

Fee: \$25.00