

STATE OF ARKANSAS
STATE BANK DEPARTMENT
JOINT OATH OF DIRECTORS

STATE OF ARKANSAS

}ss.

COUNTY OF _____

We, the undersigned, having been elected directors of _____

_____,
(Bank or Bank Holding Company, Town)

Arkansas, do solemnly swear that we will diligently and honestly administer the affairs of the bank/bank holding company so far as the duty devolves on us, and that we will not knowingly violate, nor willingly permit to be violated, any provision of the law.

Name (*please print*)

Name (*please print*)

Mailing Address

Mailing Address

City State Zip

City State Zip

Telephone

Telephone

Signature

Signature

Subscribed and sworn to before me this ____ day of _____, _____.

My Commission Expires _____.

Notary Public

(Cashier should answer the following questions.)

How many directors are authorized by your Articles of Agreement? ____

How many directors were elected for the year? _____