STATE OF ARKANSAS

STATE BANK DEPARTMENT

OATH OF DIRECTOR

STATE OF ARKANSAS						
County of	SS.		,	having	been	elected
director of			,			
(Bank or Arkansas, do solemnly swear affairs of the bank/bank hold that I will not knowingly violation of the law.	ing compan	ll dilig y so fa	ently and ar as the d	honestly uty devolv	ves on	me, and
Name (please print)						
Mailing Address						
City St	ate	Zip				
Telephone						
Signature						
Subscribed and sworn to before	re me this _		lay of		, 2	20
My Commission Expires			·			
			I	Notary Pul	blic	
(Cashier sho	uld answer	the fol	lowing que	estions.)		
How many directors are author	orized by you	ur Arti	icles of Agr	reement? _		
How many directors were elec	ted for the y	ear? _				