

State of Arkansas
Arkansas State Bank Department
Susannah T. Marshall, Bank Commissioner
1 Commerce Way, Suite 303
Little Rock, Arkansas 72202

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:

1a. The name of the bank is: _____

1b. Web address: _____

1c. 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:

3a. Date of formation: _____

3b. 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:

6. The name of the registered agent at the Arkansas office is:

7. The number and par value, if any, of shares of the bank's capital stock owned or to be owned by residents of Arkansas:

8. The bank shall deliver with the completed application a certificate of existence (or document of similar import) duly authenticated by the bank supervisory agency which chartered the bank or other official having custody of the corporate records of banking institutions in the state or country under whose law it is chartered.

Witness the hand and seal of the corporation executed under oath by the undersigned in behalf of the bank on this the _____ day of _____, 20__.

Name of Authorized Officer (please type)

Signature of Authorized Officer

Title of Position Held by Authorized Officer
(please type)

Fee: \$300.00