

STATE OF ARKANSAS
STATE BANK DEPARTMENT
JOINT OATH OF DIRECTORS

STATE OF ARKANSAS

COUNTY OF _____

} SS

We, the undersigned, having been elected directors of _____,
(Bank or Bank Holding Company, City)

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 _____, 20_____.

My Commission Expires _____.

Notary Public

(Secretary should answer the following questions)

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

How many directors were elected for the year? _____