LIST OF OFFICERS

Name of Institution: _____

Address of Institution: _____
Street City Zip

Year: _____

List the names of the following officers of the institution. If there is more than one of a particular officer, attach additional pages. If there is no officer with the title shown, leave that line blank.

Printed Name	**Title**
_____	President
_____	Senior/Executive Vice President
_____	Senior/Executive Vice President
_____	Senior/Executive Vice President
_____	Cashier
_____	Assistant Cashier
_____	Secretary
_____	Assistant Secretary
_____	Compliance Officer
_____	Internal Control Officer

STATE OF OKLAHOMA)
COUNTY OF _____) ss.

I, _____, President/Cashier/Secretary of the above-named institution, hereby certify that the above is a full and correct list of the names of the above-described officers.

_____
President/Cashier/Secretary

Signed and attested before the undersigned on _____ by_____, as

_____ of the above-named institution.

My commission expires:_____ _____
Notary

(Seal)