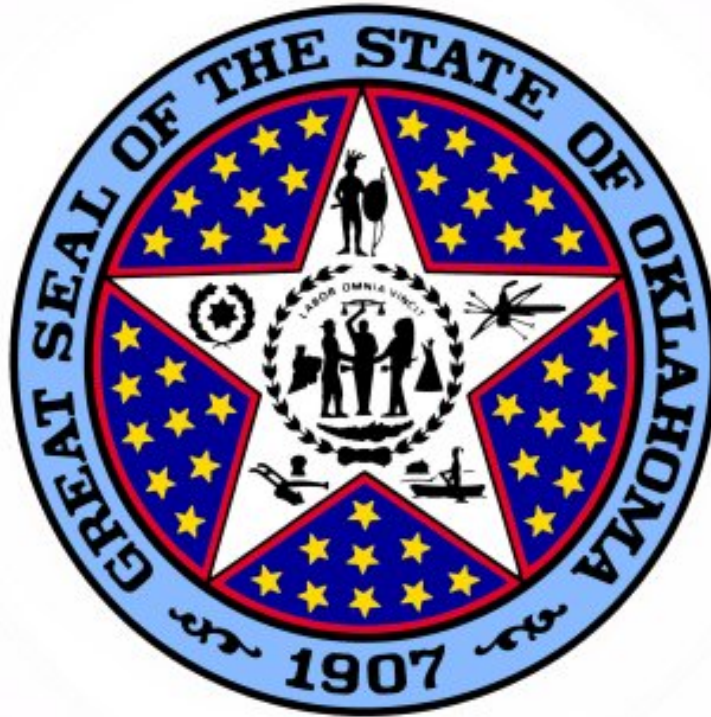


**APPLICATION FOR CERTIFICATE TO MAINTAIN AND OPERATE
A FIXED OR MOBILE BRANCH**

(Title 6 O.S. Sections 501.1 and 501.2)



**STATE OF OKLAHOMA
STATE BANKING DEPARTMENT**

NAME OF APPLICANT _____

ADDRESS OF MAIN OFFICE:

STREET _____ **CITY** _____

COUNTY _____ **STATE** _____ **ZIP CODE** _____

SIGNATURE OF PRESIDENT OR VICE PRESIDENT

DATE

ATTEST: CASHIER OR SECRETARY

DATE

REV: May 2008

TYPE OF FACILITY _____ Fixed Branch
 _____ Mobile Branch
 _____ Interstate Branch

LOCATION OF PROPOSED BRANCH. IF A MOBILE BRANCH, LIST ALL LOCATIONS TO BE SERVICED BY MOBILE BRANCH. (Attach additional pages, if necessary).

STREET _____ CITY _____

COUNTY _____ STATE _____ ZIP CODE _____

ATTACH COPIES OF DOCUMENTS DISCLOSING AN OWNERSHIP OR LEASEHOLD INTEREST IN THE PROPERTY TO BE SERVICED BY MOBILE BRANCH.

PROPOSED NAME TO BE USED FOR ADVERTISING THE BRANCH (Must comply with Title 6 O.S. Section 1417)

LOCATION OF ALL BRANCHES THAT THE APPLICANT OPERATES OTHER THAN THE BRANCH PROPOSED IN THIS APPLICATION. INCLUDE LOCATIONS BEING SERVICED BY MOBILE BRANCHES. (Attach additional pages, if necessary).

Location (City or Town)	Type of Facility
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

REQUESTS FOR ADDITIONAL INFORMATION OR OTHER COMMUNICATIONS ABOUT THIS APPLICATION SHOULD BE DIRECTED TO:

Name _____ Title _____

Email Address _____ Telephone No. () _____

Street Address _____ State _____ Zip Code _____

FIXED ASSET EXPENDITURES

TEMPORARY FACILITY

Are temporary quarters anticipated? _____ Yes. _____ No. If yes, complete the following:

Street Address _____

Distance from the Permanent Facility: _____ (Note, this address must be within 1,000 feet of the location of the proposed permanent branch, and this temporary branch must be scheduled to permanently close not later than 1 year after the temporary branch is first opened.)

Description of Temporary Facility: _____

Total Cost or Monthly Rental of Temporary Facility: _____

MOBILE FACILITY

Mobile facility is _____ Owned _____ Leased Total Cost or Monthly Rental: \$ _____

License Number of mobile facility: _____

Description of mobile facility: _____

PERMANENT FACILITY

_____ Description of Facility

This facility will be _____ Owned _____ Leased		TOTAL COST
IF OWNED	Land	
	Building	
	Furniture and Equipment	
	TOTAL FIXED ASSET EXPENDITURE	
IF LEASED	Leasehold Improvements	
	Furniture and Equipment	
	TOTAL FIXED ASSET EXPENDITURE	

Terms of Lease (Include renewal or purchase options) NOTE: If no formal lease had been entered into, outline below or in an attachment the Applicant's plans for providing a facility and its plans for arriving at the terms and conditions of a future feasible lease agreement. If an insider is a party to any lease contract submitted in connection with this application, explain the manner in which lease payments were determined. *Submit an executed copy of lease or other contract for the confidential use of the State Banking Department.*

STATUTORY AND REGULATORY FACTORS

1. In the space below or in an attachment, indicate how the proposal complies with applicable state law governing the establishment of branch offices (see Title 6 O.S. Sections and 501.2 and Banking Board Rule 85:10-9-2).
2. Interstate Branch Establishment - In the space below or in an attachment, indicate how the proposal complies with applicable state and federal laws governing the establishment of interstate branches (see Title 6 O.S. Section 501.1).

Also, attach a copy of current host state law relating to interstate branching.

3. If the proposed branch will be located on real property owned by the bank, has Applicant obtained the prior written approval of the Commissioner to purchase the real estate as required by Title 6 O.S. Section 414(A)(4)?

_____ Yes. _____ No.

If yes, attach a copy of the letter. If no, then attach a letter requesting approval to purchase the real estate. This letter should provide the legal description and street address of the property and the projected purchase price. Also provide the current general ledger balances of fixed asset accounts and Tier 1 capital plus loan loss allowance.

4. Will the projected cost of the facility result in an investment in fixed assets that exceeds the limit of Title 6 O.S. Section 414(A)?

_____ Yes. _____ No.

5. Will the projected cost of the facility result in an investment in fixed assets that exceeds the limitation imposed by a letter previously issued to your bank by this office under Title 6 O.S. Section 414(A)?

_____ Yes. _____ No.

If yes to either (4) or (5), attach a letter requesting approval of the excess investment (see Title 6 O.S. Section 414(A)). This letter should indicate the projected costs of land, building, equipment, capitalized leases and/or leasehold improvements for the proposed relocated office, current general ledger balances of fixed asset accounts, including property acquired for future expansion, and all booked and unbooked portions of construction accounts.

6. Will the bank own the building and lease space to others for non-bank use?

_____ Yes. _____ No. If yes, indicate the approximate percentage of total building space to be leased to others: _____.

7. Describe how the bank proposes to finance the cost of the banking house or other fixed assets in connection with the application, other than carrying same as a bank asset. If a loan is involved, provide details.

RELATIONSHIPS AND ASSOCIATIONS WITH APPLICANT

Are any architects, real estate brokers, the sellers or lessors of land, buildings or equipment otherwise directly or indirectly associated with the applicant? ____Yes. ____ No. If yes, complete the following table.

NAME	ITEM (Mark Appropriate Column)			RELATIONSHIP OR ASSOCIATION WITH APPLICANT (Specify Director, Officer, 5% Stockholder, or their relatives. Designate any business interests of the aforementioned.)
	Land	Building	Equipment	

If fixed or mobile assets are to be purchased from a related party, evidence of the reasonableness of the cost(s) must be provided. Attach copies of recent bids, independent appraisals, or comparable purchases or leases in the area and/or other supporting evidence for the confidential use of the State Banking Department. Also attach a copy of the board resolution approving details of the transaction with the related party.

FEES PAID IN CONNECTION WITH THE APPLICATION

NAME OF RECIPIENT	TYPE OF FEES PAID (Mark Appropriate Column)			RELATIONSHIP OR ASSOCIATION WITH APPLICANT (Specify Director, Officer, 5% Stockholder, or their relatives. Designate any business interests of the aforementioned.)	AMOUNT
	Legal	Consulting	Other		

OUTLINE CHANGES IN SENIOR MANAGEMENT WHICH HAVE OCCURRED SINCE THE LAST EXAMINATION.

ATTACH TO THIS APPLICATION A BALANCE SHEET FOR APPLICANT AS OF THE MOST RECENT MONTH END.

INDICATE THE AMOUNT OF FIXED ASSETS SHOWN ON PAGE 3 OF THIS APPLICATION WHICH ARE ALREADY CAPITALIZED AND INCLUDED ON THE ATTACHED BALANCE SHEET.

FUTURE EARNINGS PROSPECTS DATA

ESTIMATED AVERAGE DEPOSITS FOR THE PROPOSED FACILITY

INSTRUCTIONS: Average deposits for the second, third and fourth years are computed by adding figures at the end of the preceding year to the totals at the end of the subject year and dividing by two. Round all amounts to nearest thousand.

AVERAGE DURING

DESCRIPTION	1 ST YEAR	2 ND YEAR	3 RD YEAR	4 TH YEAR
AVERAGE DEPOSIT VOLUME:				
A. Demand deposits				
B. Interest bearing deposits				
Total estimated average deposit volume (A plus B)				

ESTIMATED INCOME AND EXPENSES FOR THE PROPOSED FACILITY

INSTRUCTIONS: Gross income is calculated by multiplying the estimated average deposit volume above by the bank-wide rate of gross earnings to average assets for the latest available year. ANY DEPARTURE FROM THIS FORMULA MUST BE EXPLAINED IN THE COMMENTS SECTION ON PAGE 7. Round all amounts to the nearest thousand.

ESTIMATED AMOUNT

DESCRIPTION	1 ST YEAR	2 ND YEAR	3 RD YEAR	4 TH YEAR
1. Gross Income (@ %)				
EXPENSES:				
Salaries and employee benefits				
Interest on time and savings deposits (@ %)				
Net occupancy expense (details on page 7)				
Furniture and equipment (depreciation, rental, etc.)				
Provision for loan losses				
Other operating expenses:				
Advertising				
Stationery and supplies				
Telephone				
Legal fees				
Postage				
Computer services				
Assessments by regulatory authorities				
Miscellaneous				
2. Total Estimated Expenses				
ESTIMATED NET PROFIT OR (LOSS) (Line 1 less Line 2)				

ESTIMATED INCOME AND EXPENSES FOR THE PROPOSED FACILITY (Continued)

DESCRIPTION	1 ST YEAR	2 ND YEAR	3 RD YEAR	4 TH YEAR
OCCUPANCY EXPENSES:				
Rent				
Depreciation				
Utilities (gas, electricity, and power)				
Maintenance (including janitor's salary)				
Insurance				
Real estate taxes				
Other occupancy expenses				
If leased - (a) leasehold improvements				
- (b) furniture and equipment				
TOTAL OCCUPANCY EXPENSES				
Less: Rental income anticipated				
Net Occupancy Expense (Should agree with the amount shown on page 6)				

COMMENTS: