

**CERTIFICATION**

TO:           The Administrator  
              National Credit Union Administration

THRU:       The Regional Director  
              (NCUA Region)  
              (City), (State)

DATE: \_\_\_\_\_

The attached Application and Agreements for Insurance of Accounts and attachments thereto of the \_\_\_\_\_ Credit Union have been reviewed.

Based upon the application and our knowledge of its current operations and conditions gained through our regular credit union supervisory program under the applicable laws and regulations of our State,

I certify that this credit union **Meets**       **Does not meet**

the requirements of the Federal Credit Union Act for insurance of its member accounts.

I recommend the **Approval**       **Disapproval**  of insurance.

In support of this decision, the material described below is included:

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Oklahoma State Bank Commissioner