



MISSOURI DIVISION OF FINANCE

VERIFICATION OF CONSOLIDATED REPORTS OF CONDITION AND INCOME

Report at the close of business: _____

Note: This verification of Consolidated Reports of Condition and Income must be signed by an authorized officer and the correctness of the report must be attested to by not less than three directors.

I, _____
Name and Title of Officer Authorized to Sign Report

Of the named bank do hereby declare that the Consolidated Reports of Condition and Income (including the supporting schedules) electronically filed with Federal authorities for this report date have been prepared in conformance with the instructions issued by the appropriate Federal regulatory authorities and are true to the best of my knowledge and belief.

The Consolidated Reports of Condition and Income are to be prepared in accordance with Federal regulatory authority instructions.

We, the undersigned directors, attest to the correctness of the Consolidated Reports of Condition and Income (including the supporting schedules) electronically filed with Federal authorities for this report date and declare that it has been examined by us and to the best of our knowledge and belief has been prepared in conformance with the instructions issued by the appropriate Federal regulatory authorities and is true and correct.

Director

Signature of Officer Authorized to Sign Report

Director

Date of Signature

Director

http://_____
Primary Internet Web Address of Bank
(Home Page), if applicable.
(Example: www.examplebank.com)

Legal Title of Main Bank

FDIC Certificate # _____

City