

**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.

<b>Printed Name</b>	<b>Title</b>
_____	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: \_\_\_\_\_  
(Seal) \_\_\_\_\_  
Notary