STATE OF WISCONSIN Department of Financial Institutions



LIST & JOINT OATH OF DIRECTORS

Division of Banking PO Box 7876 Madison, WI 53707-7876 Telephone: (608) 261-7578 Fax: (608) 267-6889 TTY: 711 dfi.wi.gov

We, the undersigned directors of	of	of	(City)
Wisconsin, individually and sole	mnly swear that we will perform d	,	
administer the affairs of said ba	nk, and will not knowingly violate o	or permit a violation of any of	the provisions of
Chapters 220 to 224, Wisconsin	Statutes.		
Typed Name	Legal Residence	Signature	Term Length
	•		
I,, Secretary of the board of the above named bank, do solemnly swear that			
_	stockholders of said bank, held on		
named persons were duly elected	ed to serve as its Directors for term	ns pursuant to Section 221.06	603, Wisconsin
Statutes, and they have qualified	d as required by the provisions of S	Section 221.0602, Wisconsin	Statutes.
STATE OF WISCONSIN	l		
COUNTY OF	} ss.		
Subscribed and sworn to before	me onday of	, 20	
	, Notary Public. My com	missions expires	

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