

STATE OF WISCONSIN
Department of Financial Institutions



Division of Banking
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ACKNOWLEDGEMENT OF
DIRECTORS

The following undersigned directors of the _____ of _____,
(Name of Bank) *(City)*
Wisconsin, acknowledge that each of us has read and reviewed the report of examination and the accompanying
Administrator's letter covering the examination of our institution made by the Division of Banking as of _____,
20____. *(month)* *(day)*
The report and letter were reviewed, together with the written report of the bank's Board of Directors or
Examining Committee, by the directors at a _____ meeting held on the _____ day of _____,
20____. *(Indicate regular or special)* *(month)*

We assure the Division of Banking that the matters directed to our attention in the report and letter will receive the appropriate consideration and you will be advised of the necessary action taken to ensure correction.

| | | |
|-------------------|-------------------|-------------------|
| _____ Director | _____ Director | _____ Director |
| _____ Director | _____ Director | _____ Director |
| _____ Director | _____ Director | _____ Director |
| _____ Director | _____ Director | _____ Director |
| _____ Director | _____ Director | _____ Director |
| _____ Director | _____ Director | _____ Director |

NOTE: In signing this form, all Directors acknowledge that they have had the opportunity to thoroughly study the examination report and the accompanying letter and are familiar with the contents of the report.

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