STATE OF NEBRASKA

Department of Banking & Finance

NOTICE OF CHANGE OF CONTROL by Gift, Inheritance, or Collection of Debt

General Information

Review the general guidelines listed below before completing the attached form.

INTRODUCTION

No individual, corporation, partnership, trust, association, joint venture, pool, syndicate, sole proprietorship, unincorporated organization, or any other form of entity acting personally or as an agent shall acquire shares of a state-chartered bank or trust company, through collection of a debt previously contracted in good faith or through inheritance or a bona fide gift, without notifying the Department of Banking and Finance within thirty days after the acquisition. Such notice is required pursuant to Neb. Rev. Stat. sections 8-1501 to 8-1505.

NOTICE CONTENT REQUIREMENTS

Section 8-1504 provides the statutory basis for the contents of the attached notice. In order to be properly filed in accordance with sections 8-1501 to 8-1505, a notice must be substantially complete and responsive to every item. Attach additional sheets as necessary. If the answer to any question is "no", "none", or "not applicable", so indicate. Contact the Legal Division of the Department if there are questions concerning the sufficiency of answers.

DEPARTMENTAL PROCEDURE

When substantially complete notice is received by the Department, the Director will issue a letter of acknowledgement to the acquiring party or designated correspondent indicating the date of receipt and compliance with the notice provision.

STATE OF NEBRASKA

Department of Banking & Finance

NOTICE OF CHANGE OF CONTROL BY GIFT, INHERITANCE, OR COLLECTION OF DEBT

1.

2.

Ge	neral Information					
a.	This transaction affects the shares of:		Financial Institution Financial Institution's Hold Both	ing Company		
b.	Name and address of financial institution affected by this transaction:					
	Name					
	Street Address					
	City	St	ate	Zip Code		
c.	Name, address, telephone number and fax number of the institution's holding company, if any:					
	Name					
	Street Address					
	City		State	Zip Code		
	Telephone Number		Fax Number			
d.	Name, address, telephone and fax number of person to whom inquires concerning this notice may be directed:					
	Name					
	Street Address					
	City		State	Zip Code		
	Telephone Number		Fax Number			
Ty	pe of transaction:		Gift Inheritance Collection of Debt			

3.	Type of shares being acquired:	☐ Preferred	☐ Common	ı				
	a. At the institution to be acquired, the number of voting shares authorized:							
	b. Total number of voting shares outst		Existing	Pro forma				
	c. Number of voting shares involved i	n this transaction:						
4.	Attach any documentation, which will sul in Item #2. Such documentation will be k		nsaction falls under one o	of the categories listed				
5.	Provide the following:							
Nam	e and address of each acquiror/transferee	Number of shares now owned, controlled, or held	Number of shares to be sold/transferred	Number of shares after completion				
TOT	AL							
Tota	l as a percent of shares outstanding	%	%	%				
Nam	e of each seller/transferor	Number of shares now owned, controlled, or held	Number of shares to be sold/transferred	Number of shares after completion				
TOT	AL							
	l as a percent of shares outstanding	%	%	%				

6.	Describe in detail any plans or proposals that any acquiror may have to liquidate the financial institution or holding company to be acquired, to sell its assets, to merge it with any company, or to make any significant change is its business strategy or corporate structure.
<u>CE</u>	<u>TIFICATION</u>
con	cify that the information contained in this notice been examined carefully by me and is true, correct, and olete, and is current as of the date of this submission. I acknowledge that any misrepresentation or omission of terial fact constitutes fraud and may subject me to legal sanctions.
Sign	ed this,
Sign	ature
Prir	or Type Name
Titl	(If applicable)
— Nar	e of Firm (If applicable)