STATE OF NEBRASKA

Department of Banking & Finance

APPLICATION TO DECREASE CAPITAL STOCK

Name and address of institution:

| Name | | | |
|----------------|--------|-------|----------|
| Street Address | | | |
| City | County | State | Zip Code |

- 1. Attach a copy of the stockholder meeting minutes which authorizes the proposed reduction of paid-in capital stock.
- 2. Provide information which verifies that the resulting paid-in capital stock will meet or exceed the minimum requirements as set forth in <u>Neb</u>. <u>Rev</u>. <u>Stat</u>. § 8-101 to § 8-1,140 (Reissue 1998, Cum. Supp. 2002), and will not impair the security of the institution's depositors.
- 3. A notice containing a statement of the amount of any proposed reduction of paid-in capital stock must be published by the institution for four weeks in some newspaper of general circulation in the county where the bank is located.
- 4. If the Department authorizes this request, as disclosed in <u>Neb</u>. <u>Rev</u>. <u>Stat</u>. § 8-128 (Cum. Supp. 2002), the bank is required to notify this Department when the transaction has been consummated.

CERTIFICATION

I, being authorized by the stockholders, make application to the Department of Banking and Finance to decrease the paid-in capital stock as disclosed within this document. I also certify that the information contained in this application has been examined carefully by me and is true, correct, and complete, and is current as of the date of this submission. I acknowledge that any misrepresentation or omission of a material fact constitutes fraud and may subject me to legal sanctions.

Signed this ______ day of ______, ____.

Signature (President or Cashier)

Print or Type name and Title