Expedited Interchange of Principal and Branch Office Application and Certification Form

Name of Applicant Address of Applicant (Principal office) (Street, City, Zip, County) Filing officer (Name, Title, Phone Number) All Questions Must Be Answered Are you Requesting Expedited Processing? (If no, complete form 115 Inter) Current Location of Principal Office (Street, City, Zip, County) Proposed Branch Office to be Interchanged (Street, City, Zip, County) Proposed Branch Office to be Interchanged (Street, City, Zip, County) When did applicant commence business? (Must be more than 3 years old) Most recent examination rating (CAMELS- Agency State-FDIC-OTS-FRB) Date Composite Rating (Must be 1 or 2) Management Rating (Must be at least 2) Most recent CRA rating (if applicable) /date (Must be 5.0% or greater) Capital: Teri Risk Based Ratio/date (Must be 5.0% or greater) Capital: Total Risk-Based Ratio/date (Must be 10% or greater) Board Resolution Submitted/Dated Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary) Ihereby certified that the above is true and correct.	Form (INTER) EX	
(Street, City, Zip, County) Filing officer (Name, Title, Phone Number) All Questions Must Be Answered Are you Requesting Expedited Processing? (If no, complete form 115 Inter) Current Location of Principal Office (Street, City, Zip, County) Proposed Branch Office to be Interchanged (Street, City, Zip, County) Proposed Branch Office to be Interchanged (Street, City, Zip, County) When did applicant commence business? (Must be more than Syears old) Most recent examination rating (CAMELS- Agency State-FDIC-OTS-FRB) Date Composite Rating (Must be at least 2) Most recent CRA rating (if applicable) /date (Must be satisfactory or better) Capital: Tier 1 Risk Based Ratio/date (Must be 5.0% or greater) Capital: Total Risk-Based Ratio/date (Must be 10% or greater) Capital: Total Risk-Based Ratio/date (Must be 10% or greater) Capital: Total Risk-Based Ratio/date (Must be 10% or greater) Capital: Total Risk-Based Ratio/date (Must be 10% or greater) Capital: Total Risk-Based Ratio/date (Must be 10% or greater) Capital: Total Risk-Based Ratio/date (Must be 10% or greater) Capital: Total Risk-Based Ratio/date (Must be 10% or greater) Capital: Total Risk-Based Rat	Name of Applicant	
Filing officer (Name, Title, Phone Number) All Questions Must Be Answered Are you Requesting Expedited Processing? (If no, complete form 115 Inter) Current Location of Principal Office (Street, City, Zip, County) Proposed Branch Office to be Interchanged (Street, City, Zip, County) When did applicant commence business? (Must be more than 3 years old) Most recent examination rating (CAMELS- Agency State-FDIC-OTS-FRB) Date Composite Rating (Must be 1 or 2) Management Rating (Must be at least 2) Most recent CRA rating (if applicable)/date (Must be satisfactory or better) Capital: Leverage Ratio/date (Must be 6.0% or greater) Capital: Ter 1 Risk Based Ratio/date (Must be 10% or greater) Board Resolution Submitted/Dated Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary) I hereby certified that the above is true and correct.	Address of Applicant (Principal office)	
All Questions Must Be Answered Are you Requesting Expedited Processing? (fi no, complete form 115 Inter) Current Location of Principal Office (Street, City, Zip, County) Proposed Branch Office to be Interchanged (Street, City, Zip, County) When did applicant commence business? (Must be more than 3 years old) Most recent examination rating (CAMELS- Agency State-FDIC-OTS-FRB) Date Composite Rating (Must be 1 or 2) Management Rating (Must be at least 2) Most recent CRA rating (if applicable) /date (Must be satisfactory or better) Capital: Leverage Ratio/date (Must be 10% or greater) Capital: Total Risk-Based Ratio/date (Must be 10% or greater) Board Resolution Submitted/Dated Describe the availability of the proposed office to is prospective customers. (Attach separate sheet if necessary)	(Street, City, Zip, County)	
All Questions Must Be Answered Are you Requesting Expedited Processing? (fi no, complete form 115 Inter) Current Location of Principal Office (Street, City, Zip, County) Proposed Branch Office to be Interchanged (Street, City, Zip, County) When did applicant commence business? (Must be more than 3 years old) Most recent examination rating (CAMELS- Agency State-FDIC-OTS-FRB) Date Composite Rating (Must be 1 or 2) Management Rating (Must be at least 2) Most recent CRA rating (if applicable) /date (Must be satisfactory or better) Capital: Leverage Ratio/date (Must be 10% or greater) Capital: Total Risk-Based Ratio/date (Must be 10% or greater) Board Resolution Submitted/Dated Describe the availability of the proposed office to is prospective customers. (Attach separate sheet if necessary)		
All Questions Must Be Answered Are you Requesting Expedited Processing? (If no, complete form 115 Inter) Current Location of Principal Office (Street, City, Zip, County) Proposed Branch Office to be Interchanged (Street, City, Zip, County) When did applicant commence business? (Must be more than 3 years old) Most recent examination rating (CAMELS- Agency State-FDIC-OTS-FRB) Date Composite Rating (Must be 1 or 2) Management Rating (Must be at least 2) Most recent CRA rating (if applicable) /date (Must be 5.0% or greater) Capital: Tier 1 Risk Based Ratio/date (Must be 6.0% or greater) Capital: Tier 1 Risk Based Ratio/date (Must be 6.0% or greater) Board Resolution Submitted/Dated Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary)		
Are you Requesting Expedited Processing? (ff no, complete form 115 Inter) Current Location of Principal Office (Street, City, Zip, County) Proposed Branch Office to be Interchanged (Street, City, Zip, County) When did applicant commence business? (Must be more than 3 years old) Most recent examination rating (CAMELS- Agency State-FDIC-OTS-FRB) Date Composite Rating (Must be 1 or 2) Management Rating (Must be at least 2) Most recent CRA rating (if applicable) /date (Must be satisfactory or better) Capital: Leverage Ratio/date (Must be 6.0% or greater) % Capital: Total Risk-Based Ratio/date (Must be 6.0% or greater) % Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary) % I hereby certified that the above is true and correct. %		
(If no, complete form 115 Inter) Current Location of Principal Office (Street, City, Zip, County) Proposed Branch Office to be Interchanged (Street, City, Zip, County) When did applicant commence business? (Must be more than 3 years old) Most recent examination rating (CAMELS- Agency State-FDIC-OTS-FRB) Date Composite Rating (Must be 1 or 2) Management Rating (Must be 1 or 2) Management Rating (Must be at least 2) Most recent CRA rating (if applicable) /date (Must be satisfactory or better) Capital: Leverage Ratio/date (Must be 5.0% or greater) Capital: Total Risk-Based Ratio/date (Must be 6.0% or greater) Capital: Total Risk-Based Ratio/date (Must be 6.0% or greater) Board Resolution Submitted/Dated Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary)		
Current Location of Principal Office (Street, City, Zip, County) Proposed Branch Office to be Interchanged (Street, City, Zip, County) When did applicant commence business? (Must be more than 3 years old) Most recent examination rating (CAMELS- Agency State-FDIC-OTS-FRB) Date Composite Rating (Must be 1 or 2) Management Rating (Must be at least 2) Most recent CRA rating (if applicable) /date (Must be satisfactory or better) Capital: Leverage Ratio/date (Must be 5.0% or greater) Capital: Tier 1 Risk Based Ratio/date (Must be 6.0% or greater) Capital: Tier 1 Risk Based Ratio/date (Must be 10% or greater) Board Resolution Submitted/Dated Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary)		
(Street, City, Zip, County) Proposed Branch Office to be Interchanged (Street, City, Zip, County) When did applicant commence business? (Must be more than 3 years old) Most recent examination rating (CAMELS- Agency State-FDIC-OTS-FRB) Date Composite Rating (Must be 1 or 2) Management Rating (Must be 1 or 2) Most recent CRA rating (if applicable) /date (Must be stifsactory or better) Capital: Leverage Ratio/date (Must be 5.0% or greater) Capital: Tier 1 Risk Based Ratio/date (Must be 10% or greater) Board Resolution Submitted/Dated Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary) I hereby certified that the above is true and correct.		
(Street, City, Zip, County) Proposed Branch Office to be Interchanged (Street, City, Zip, County) When did applicant commence business? (Must be more than 3 years old) Most recent examination rating (CAMELS- Agency State-FDIC-OTS-FRB) Date Composite Rating (Must be 1 or 2) Management Rating (Must be 1 or 2) Most recent CRA rating (if applicable) /date (Must be stifsactory or better) Capital: Leverage Ratio/date (Must be 5.0% or greater) Capital: Tier 1 Risk Based Ratio/date (Must be 10% or greater) Board Resolution Submitted/Dated Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary) I hereby certified that the above is true and correct.	Current Location of Principal Office	
Proposed Branch Office to be Interchanged (Street, City, Zip, County) When did applicant commence business? (Must be more than 3 years old) Most recent examination rating (CAMELS- Agency State-FDIC-OTS-FRB) Date Composite Rating (Must be 1 or 2) Management Rating (Must be at least 2) Most recent CRA rating (if applicable) /date (Must be satisfactory or better) Capital: Leverage Ratio/date (Must be 5.0% or greater) Capital: Tier 1 Risk Based Ratio/date (Must be 6.0% or greater) Capital: Total Risk-Based Ratio/date (Must be 10% or greater) Board Resolution Submitted/Dated Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary) Ihereby certified that the above is true and correct.	*	
(Street, City, Zip, County) When did applicant commence business? (Must be more than 3 years old) Most recent examination rating (CAMELS- Agency State-FDIC-OTS-FRB) Date Composite Rating (Must be 1 or 2) Management Rating (Must be at least 2) Most recent CRA rating (if applicable) /date (Must be satisfactory or better) Capital: Leverage Ratio/date (Must be 5.0% or greater) Capital: Tier 1 Risk Based Ratio/date (Must be 6.0% or greater) Capital: Total Risk-Based Ratio/date (Must be 10% or greater) Board Resolution Submitted/Dated Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary)		
When did applicant commence business? (Must be more than 3 years old) Most recent examination rating (CAMELS- Agency State-FDIC-OTS-FRB) Date Composite Rating (Must be 1 or 2) Management Rating (Must be 1 or 2) Most recent CRA rating (if applicable) /date (Must be satisfactory or better) Capital: Leverage Ratio/date (Must be 5.0% or greater) Capital: Tier 1 Risk Based Ratio/date (Must be 6.0% or greater) Capital: Total Risk-Based Ratio/date (Must be 10% or greater) Board Resolution Submitted/Dated Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary) I hereby certified that the above is true and correct.		
(Must be more than 3 years old) Most recent examination rating (CAMELS- Agency State-FDIC-OTS-FRB) Date Composite Rating (Must be 1 or 2) Management Rating (Must be at least 2) Most recent CRA rating (if applicable) /date (Must be satisfactory or better) Capital: Leverage Ratio/date (Must be 5.0% or greater) Capital: Tier 1 Risk Based Ratio/date (Must be 6.0% or greater) Capital: Total Risk-Based Ratio/date (Must be 10% or greater) Board Resolution Submitted/Dated Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary) Ihereby certified that the above is true and correct.		
Most recent examination rating (CAMELS- Agency State-FDIC-OTS-FRB) Date Composite Rating (Must be 1 or 2) Management Rating (Must be at least 2) Most recent CRA rating (if applicable) /date (Must be satisfactory or better) Capital: Leverage Ratio/date (Must be 5.0% or greater) Capital: Tier 1 Risk Based Ratio/date (Must be 6.0% or greater) Capital: Total Risk-Based Ratio/date (Must be 10% or greater) Board Resolution Submitted/Dated Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary) I hereby certified that the above is true and correct.		
Agency State-FDIC-OTS-FRB) Date Composite Rating (Must be 1 or 2) Management Rating (Must be at least 2) Most recent CRA rating (if applicable) /date (Must be satisfactory or better) Capital: Leverage Ratio/date (Must be 5.0% or greater) Capital: Tier 1 Risk Based Ratio/date (Must be 6.0% or greater) Capital: Total Risk-Based Ratio/date (Must be 10% or greater) Board Resolution Submitted/Dated Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary) Ihereby certified that the above is true and correct.		
Composite Rating (Must be 1 or 2) Management Rating (Must be at least 2) Most recent CRA rating (if applicable) /date (Must be satisfactory or better) Capital: Leverage Ratio/date (Must be 5.0% or greater) Capital: Tier 1 Risk Based Ratio/date (Must be 6.0% or greater) Capital: Total Risk-Based Ratio/date (Must be 10% or greater) Board Resolution Submitted/Dated Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary) Ihereby certified that the above is true and correct.	e :	
Management Rating (Must be at least 2) Most recent CRA rating (if applicable) /date (Must be satisfactory or better) Capital: Leverage Ratio/date (Must be 5.0% or greater) % Capital: Tier 1 Risk Based Ratio/date (Must be 6.0% or greater) % Capital: Total Risk-Based Ratio/date (Must be 10% or greater) % Board Resolution Submitted/Dated % Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary) Ihereby certified that the above is true and correct.		
Most recent CRA rating (if applicable) /date (Must be satisfactory or better) Capital: Leverage Ratio/date (Must be 5.0% or greater) % Capital: Tier 1 Risk Based Ratio/date (Must be 6.0% or greater) % Capital: Total Risk-Based Ratio/date (Must be 10% or greater) % Board Resolution Submitted/Dated % Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary) Ihereby certified that the above is true and correct.		
(Must be satisfactory or better) Capital: Leverage Ratio/date (Must be 5.0% or greater) % Capital: Tier 1 Risk Based Ratio/date (Must be 6.0% or greater) % Capital: Total Risk-Based Ratio/date (Must be 10% or greater) % Board Resolution Submitted/Dated % Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary) Ihereby certified that the above is true and correct.		
Capital: Leverage Ratio/date (Must be 5.0% or greater) % Capital: Tier 1 Risk Based Ratio/date (Must be 6.0% or greater) % Capital: Total Risk-Based Ratio/date (Must be 10% or greater) % Board Resolution Submitted/Dated % Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary) Ihereby certified that the above is true and correct.		
Image: Construct of the proposed office to its prospective customers. (Attach separate sheet if necessary) 1000000000000000000000000000000000000		0/
Capital: Tier 1 Risk Based Ratio/date (Must be 6.0% or greater) % Capital: Total Risk-Based Ratio/date (Must be 10% or greater) % Board Resolution Submitted/Dated % Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary) Image: Comparison of the proposed office I hereby certified that the above is true and correct. Image: Comparison of the proposed office		90
Image: Constraint of the second structure Image: Constraint of the second structure Image: Constraint of the second structure Capital: Total Risk-Based Ratio/date (Must be 10% or greater) Image: Constraint of the second structure Image: Constraint of the second structure Board Resolution Submitted/Dated Image: Constraint of the second structure Image: Constraint of the second structure Image: Constraint of the second structure I hereby certified that the above is true and correct. Image: Constraint of the second structure Image: Constraint of the second structure		0/0
Image: A constraint of the second	A	70
Board Resolution Submitted/Dated		%
Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary) I hereby certified that the above is true and correct.		
to its prospective customers. (Attach separate sheet if necessary)	Board Resolution Submitted/Dated	
to its prospective customers. (Attach separate sheet if necessary)		
to its prospective customers. (Attach separate sheet if necessary)	D	
(Attach separate sheet if necessary) I hereby certified that the above is true and correct.		
I hereby certified that the above is true and correct.		
	(Attach separate sneet if necessary)	
	I hereby certified that the above is true and correct.	1
DATE : (Signature of Filing Officer)		
	DATE :	(Signature of Filing Officer)