

## Voluntary Liquidation Report of Condition at Commencement of Liquidation

### Applicant

Name		Charter no.	
Current street address			
City	County	State	Zip code

### Parent Company Identifying Information (if applicable)

Name			
Street			
City		State	Zip code

### Contact Person

Name		Title	
Employer			
Street			
City		State	Zip code
Telephone no.		Fax no.	E-mail address

Report of condition at commencement of liquidation filed pursuant to 12 CFR 5.48(e)(4)

Liquidation start date:

Liquidation account outstanding balance (if applicable):

I, the undersigned, being the liquidating agent/correspondent, certify the attached report of assets and liabilities (*for the most recent month end*) to be a true statement, to the best of my knowledge and belief.

---

(Liquidating agent) (*Correspondent for committee*)

---

(Committee member)

---

(Committee member)

---

(Committee member)

---

(Committee member)

---

Signature date:

***[A majority of the liquidating committee must sign this document.]***