OMB NUMBER: 3064-0122
EXPIRATION DATE: 09/30/2016

Federal Deposit Insurance Corporation

# LEGAL SERVICES AGREEMENT
# E-BILLING AMENDMENT

LEGAL SERVICES AGREEMENT EFFECTIVE DATE (*MM/DD/YYYY*)
/ /

## SECTION I – OUTSIDE COUNSEL INFORMATION

NAME OF LAW FIRM

FEDERAL TAX IDENTIFICATION NUMBER

BRANCH/OFFICE LOCATION (*Each office of a multiple office firm must complete a separate E-billing Amendment form.*)

## SECTION II – AMENDED INFORMATION (*Please make appropriate changes to Firm Name, Address, Telephone/Fax Numbers, and Name of Contact Attorney.*)

NAME OF LAW FIRM

FEDERAL TAX IDENTIFICATION NUMBER (*Structural changes that result in a new Tax ID Number may require a new Legal Services Agreement application; see E-billing Deskbook.*)

| ADDRESS | CITY | STATE | ZIP CODE | E-MAIL ADDRESS |
|---|---|---|---|---|
| | | | | |

| NAME OF CONTACT ATTORNEY | TELEPHONE NUMBER (include Area Code) | FAX NUMBER (include Area Code) |
|---|---|---|
| | ( ) - | ( ) - |

| A (ADD) OR D (DELETE) | BILLABLE INDIVIDUAL (First Middle Last) Alphabetical Order by Last | TIMEKEEPER ID | STATE LICENSES | POSITION P (Partner) A (Associate) PP (Paraprofessional) O (Other) - specify | YEARS IN PRACTICE | MINORITY STATUS A (Asian American) B (Black American) H (Hispanic American) N (Native American) | GENDER (M or F) | STANDARD RATE | PERCENT (%) DISCOUNT | PROPOSED FDIC RATE |
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## SECTION III - SIGNATURES

| SUBMITTED BY (*Name and Signature of Law Firm's Authorized Representative*) | TITLE | DATE SIGNED (*MM/DD/YYYY*) / / |
|---|---|---|
| NAME OF FDIC DELEGATED APPROVING OFFICIAL (*Please print legibly or type*) | TITLE | DATE SIGNED (*MM/DD/YYYY*) / / |
| SIGNATURE OF FDIC DELEGATED APPROVING OFFICIAL | LEGAL DIVISION OR OFFICE | EFFECTIVE DATE (*MM/DD/YYYY*) / / |

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