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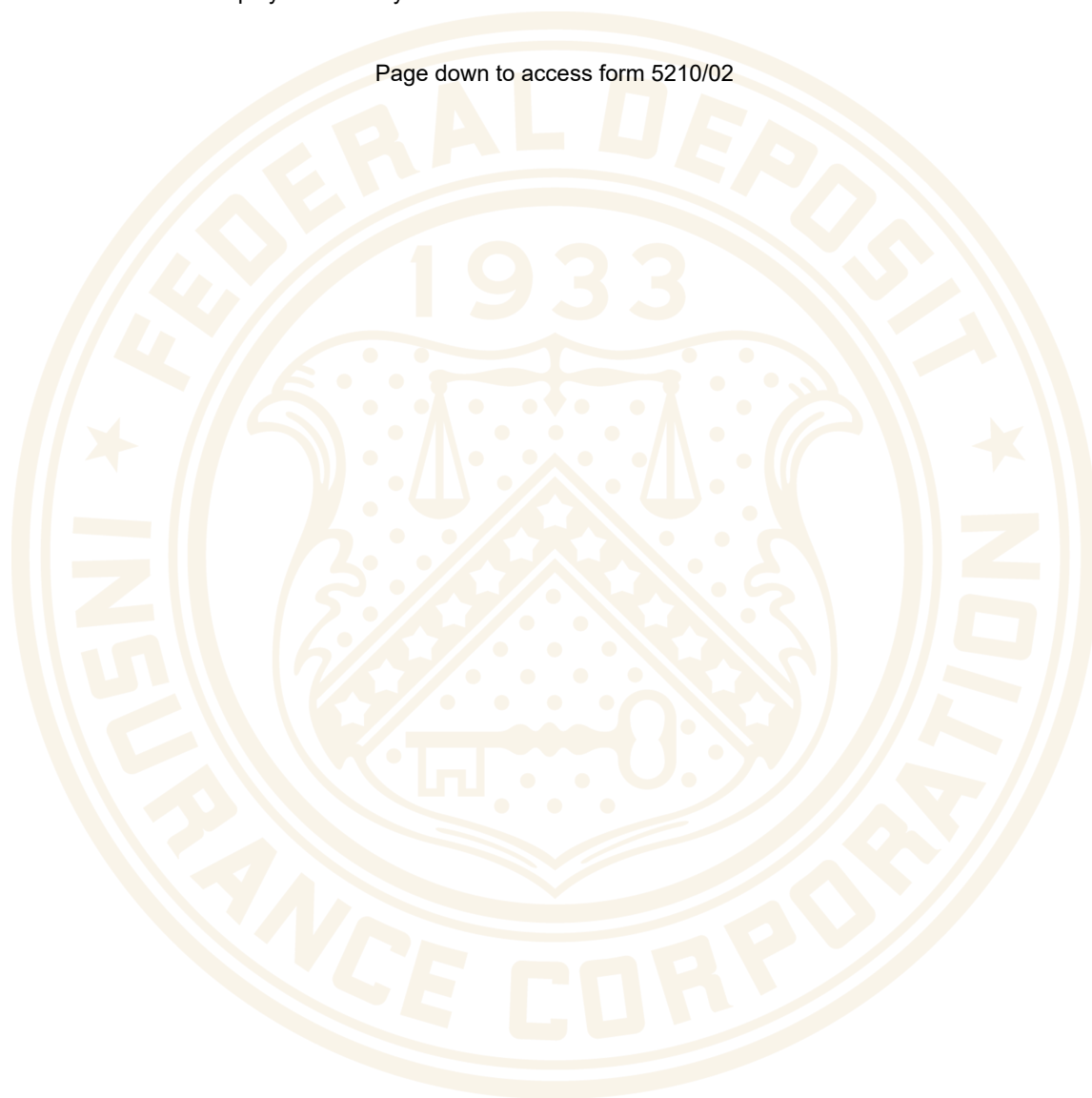
Federal Deposit Insurance Corporation  
**LEGAL SUPPORT SERVICES (LSS) PROVIDER  
INVOICE FOR FEES AND EXPENSES (IF&E)**

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**INSTRUCTIONS:** Please provide all requested information.

**SECTION I - GENERAL INFORMATION**

1. Matter Number	2. Matter Caption
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**SECTION II - FIRM AND INSTITUTION INFORMATION**

3. Financial Institution Name	4. Institution Number	
5. Financial Institution Address ( <i>City, State, ZIP Code</i> )		
6. LSS Provider Name	7. Federal Tax ID Number	
8. LSS Provider Address ( <i>City, State, ZIP Code</i> )		
9. LSS Firm Provider Contact	10. Telephone	
11. LSS Firm Provider Accounts Receivable Contact	12. Telephone	
13. FDIC Office Location	14. FDIC Attorney	15. Telephone

**SECTION III - CURRENT BILLING INFORMATION**

16. Invoice Number	17. Billing Period Date From: _____ Through: _____
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18. Complete the following billing information

Action	Fees Billed	Expenses Billed
Court Reporting Services		
Appraisal Services		
Copy/Imaging Services		
Escrow Services		
Registered Agent Services		
Title Company Services		
Other Services ( <i>Specify</i> ):		
	Fees Invoiced Subtotal:	
	Expenses Invoiced Subtotal:	
	Invoice Grand Total:	

**SECTION IV - CERTIFICATION**

I certify that the information contained herein is true and correct to the best of my knowledge and belief, and that all charges for legal services and disbursements reflected herein are in accordance with our retention agreement with the FDIC Legal Division.

19. Name of LSS Provider	20. Title of LSS Provider
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21. Authorized Signature	22. Date
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