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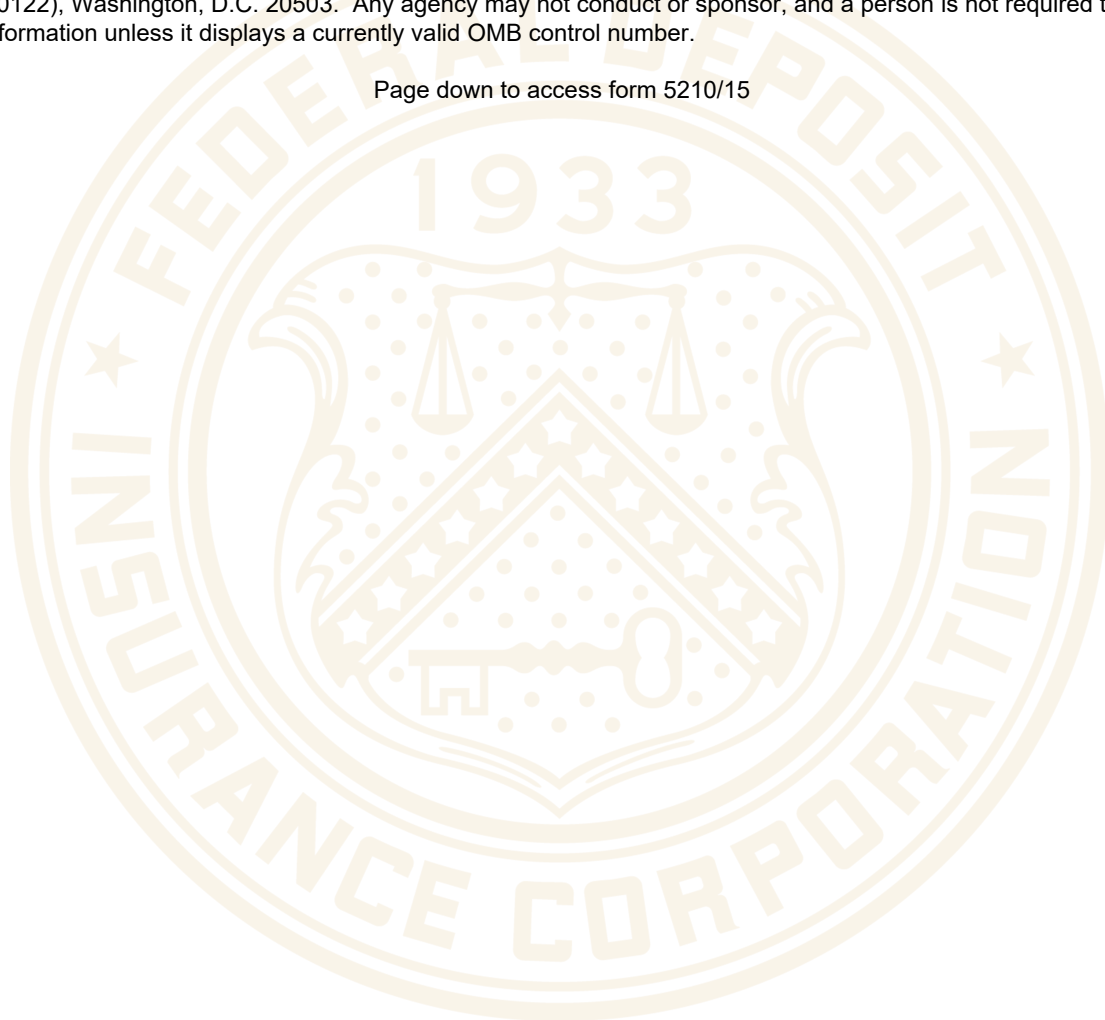
Federal Deposit Insurance Corporation  
**LEGAL SUPPORT SERVICES (LSS) PROVIDER BUDGET**

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Federal Deposit Insurance Corporation  
**LEGAL SUPPORT SERVICES (LSS) PROVIDER BUDGET****INSTRUCTIONS:** Please provide all information requested.**SECTION I - INSTITUTION INFORMATION**

1. Matter Number	2. Matter Caption
3. Institution Type: <input type="radio"/> Bank <input type="radio"/> Thrift Institution Number:	4. LSS Firm/Provider Name

**SECTION II - BUDGET INFORMATION**

5. Fees <input type="radio"/> Hourly Rate ( <i>Rate Schedule must be attached</i> ) <input type="radio"/> Fixed Fee ( <i>Specify</i> ): <input type="radio"/> Contingent Fee ( <i>Specify</i> ): % of	6. Estimated Recovery Value
7. Specify Nature of Work to be Performed	

8. Complete the following.

Action	Fee	Expense	Total
Court Services Reporting Services			
Appraisal			
Copy/Imaging Services			
Escrow Services			
Registered Agent Services			
Title Company Services			
Other Services ( <i>Specify</i> ):			
Grand Total of Budget			

9. Estimated Hours for Completion:

10. Estimated Completion Date:

**SECTION III - LSS FIRM/PROVIDER BUDGET ACKNOWLEDGMENT**

I acknowledge that the budget information contained herein is correct to the best of my knowledge and written approval of the FDIC Legal Division is required for any increase in the total budget amount.

11. Name of Authorized LSS	12. Title of Authorized LSS	13. Telephone	14. Fax
15. Signature of Authorized LSS		16. Date	

**SECTION IV - BUDGET AUTHORIZATION FOR LSS FIRM/PROVIDER TO PROCEED**

17. Signature of FDIC Attorney ( <i>Recommending Approval of Budget</i> )	18. Date
19. Signature of FDIC Delegated Authority	20. Date Budget Approved