

Federal Deposit Insurance Corporation
NOTIFICATION OF PERFORMANCE OF BANK SERVICES

Name and Address of Bank *(Include Street, City, State and ZIP Code)*

Name and Address of Regional Director *(Mail to the appropriate Regional Director (DCP) for your institution.)*

┌	┐
└	┘

In compliance with the requirement of the Bank Service Company Act, we hereby notify the Federal Deposit Insurance Corporation of bank services provided by the servicer reported below.

Corporation Title of Servicer	Location of Premises Where Services Are Performed
Address of Servicer's Corporate Headquarters	
Name of Managing Officer At Processing Location	Bank's Principal Contact At Center <i>(If other than Managing Officer)</i>
Telephone Number At Processing Location () -	Telephone Number of Principal Contact () -

Application(s) Processed And Services Performed *(Indicate both present and planned services.)*

Title of Officer Authorized To Sign Notification	Telephone Number () -
Signature of Authorized Officer	Date Signed

PAPERWORK REDUCTION ACT NOTICE

Public reporting for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Paperwork Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th Street, Washington, D.C. 20429, and the Office of Management and Budget, Paperwork Reduction Project (3064-0029), Washington, D.C. 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.