

# BANK CORPORATION EXPIRATION DATE & OFFICER SCHEDULE

\_\_\_\_\_  
Name of Bank

City \_\_\_\_\_

Date \_\_\_\_\_

Division of Banking  
1601 N. Harrison Avenue Ste 1  
Pierre, South Dakota 57501

Complying with the provisions of SDCL 51A-3-36, we herewith submit the bank's corporate expiration date and the names of the officers elected by the Board of Directors for the year 20\_\_\_\_\_.

The bank's corporate existence will expire on \_\_\_\_\_.

(51A-3-23 allows a bank to extend its corporate existence one year in advance of this date for an additional twenty-year period)

NAME	TITLE OF OFFICER
_____	Chairman of the Board
_____	President
_____	Chief Executive Officer
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Respectfully submitted,

\_\_\_\_\_  
(Print Name and Title)

By \_\_\_\_\_  
(Signature)