

BANK CORPORATION EXPIRATION DATE & OFFICER SCHEDULE

Name of Bank

City _____

Date _____

Division of Banking
1714 Lincoln Avenue Ste 2
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)