



**APPLICATION FOR ACQUISITION
OF A WYOMING BANK OR BANK HOLDING
COMPANY**

Wyoming Statutes 13-9-306 through 13-9-311

We, the undersigned company (hereinafter referred to as "Applicant"), desiring to acquire a Wyoming Bank or Wyoming Bank Holding Company, in accordance with Wyoming Statutes, make application to the State Banking Commissioner for approval to acquire a Bank or Bank Holding Company.

1. The name and address of the Wyoming Bank or Bank Holding Company being acquired:

Name _____

Address _____

City, State, Zip _____

Date the Bank was chartered to do business in Wyoming _____

2. The name, address and telephone number of the Applicant:

Name _____

Address _____

City, State, Zip _____

Telephone Number _____

3. The name of the Chief Executive Officer: _____

4. The name, address and telephone number of the designated officer responsible for the application:

Name _____

Address _____

City, State, Zip _____

Telephone Number _____

Application Attachments Must Include:

1. Names and addresses of directors of the Applicant and the percentage of outstanding shares of that institution owned directly or beneficially by each director.
(See Attachment Form #1)
2. Names and addresses of the executive officers of the Applicant, (no more than 20) and their percentage of outstanding shares owned directly or beneficially.
(See Attachment Form #2)
3. The most recent official statement of condition of the Applicant.
4. A copy of the most recent federal income tax return of the Applicant, including all schedules and addenda.
5. A copy of the most recent directors' audit of the Applicant.
6. A copy of the two (2) most recent copies of examination reports of the Applicant, from all regulatory authorities.
7. A copy of the most recent record of compliance and rating of the Applicant under the Community Reinvestment Act.
8. Historical (previous five (5) years), compilation of loan loss reserve account of the Applicant.
9. Application fee of \$4,500.
10. A copy of the application filed with the proper Federal Regulatory Agency and any correspondence pertaining to the application.

Attachment Form 1

Date _____

We, the undersigned directors of the Applicant, have hereunto set our hands and seals on the date set forth above.

Share percentage owned directly _____

Share percentage owned beneficially _____

Signature _____

Typed Name _____

Typed Address _____

City, State, Zip _____

Share percentage owned directly _____

Share percentage owned beneficially _____

Signature _____

Typed Name _____

Typed Address _____

City, State, Zip _____

Share percentage owned directly _____

Share percentage owned beneficially _____

Signature _____

Typed Name _____

Typed Address _____

City, State, Zip _____

Share percentage owned directly _____

Share percentage owned beneficially _____

Signature _____

Typed Name _____

Typed Address _____

City, State, Zip _____

Attach additional forms as necessary.

Attachment Form 2

Date _____

We, the undersigned executive officers (no more than 20) of the Applicant, have hereunto set our hands and seals on the date set forth above.

Share percentage owned directly _____

Share percentage owned beneficially _____

Signature _____

Typed Name _____

Typed Address _____

City, State, Zip _____

Share percentage owned directly _____

Share percentage owned beneficially _____

Signature _____

Typed Name _____

Typed Address _____

City, State, Zip _____

Share percentage owned directly _____

Share percentage owned beneficially _____

Signature _____

Typed Name _____

Typed Address _____

City, State, Zip _____

Share percentage owned directly _____

Share percentage owned beneficially _____

Signature _____

Typed Name _____

Typed Address _____

City, State, Zip _____

Attach additional forms as necessary.