

Check box if the bank or bank holding company is a Sub Chapter S Corporation

Date _____

STATE OF ARKANSAS
STATE BANK DEPARTMENT

We, _____, PRESIDENT OR CHAIRMAN and _____,
(signed) (signed)

CASHIER OR SECRETARY OF _____,
(legal title of bank or bank holding company or trust company) (City)

_____, do hereby certify that below is a full and complete list of stockholders of the above
(state)

named bank/bank holding company or trust company and the amount of stock held by each:

NAME	CITY, STATE	OWNED SHARES

Total _____