

Please return completed form to Department of Finance, P.O. Box 83720, Boise, ID 83720-0031, or by email to: <u>tracy.english@finance.idaho.gov</u>.

I hereby atte	st that a	t the annu	ıal m	neeting of the	shareho	olders of				,
(Bank or, if	applicat	ole, Bank	Hold	ling Compan	y) headq	uartered in _				
(City), Idaho	o, held	this		day of		, _	(year)	, the follow	ving
individuals	were	elected	or	continued	their	unexpired	terms	as	directors	of
				(Bank) for th	e ensuin	g year:				
		DEG								
NAME		KES		ENTIAL ADI	JKESS				TELEPHO	INE
headquartere	ed in			the Board of _(City), Idaho duals were elo	o, held t	this da	y of		·	,
Attest	-	C						Presi		
Allesi								_		
								_Chie	f Exec. Off	icer
Board Secret	tary							_CFO	/Cashier	

EXECUTIVE OFFICERS	
NAME/TITLE	EMAIL
INFORMATION FOR THE SERVICE	OF GARNISHMENTS:
Contact Name/Title:	
Address at which garnishment pap	pers must be served (if they may be served at any branch, please
ndicate):	