

Sworn and subscribed to before me this

Signature of Notary Public or Other Authorized Officer

County

Commission Expiration Date

OATH OF TRUST DIRECTOR

NORTH DAKOTA DEPARTMENT OF FINANCIAL INSTITUTIONS BANKING AND TRUST COMPANIES DIVISION SFN 2145 (6-2024)

1200 Memorial Hwy Bismarck ND 58504 Telephone (701) 328-9933 Fax Number (701) 328-0290 Email: dfi@nd.gov

State of					
County of					
We, having been duly elected as officer	rs of:				
Bank/Trust Company Name					
City		County			State of
do colombly avecar that I will average the	o Constitution of the	Lipited States and the Os	natitutian -f	the Ctate of New	th Dokata
do solemnly swear that I will support the and that I will, as far as the duty devolv	e Constitution of the es upon me, admin	e United States and the Co ister the affairs of said trus	nstitution of t company c	the State of No liligently and ho	าก Dakota nestly, and
will not knowingly violate or permit to be	e violated any of the	e provisions of the law of sa	aid State und	der which said ti	
was organized, or the laws or acts ame	indatory thereor. So	ee North Dakota Century C	ode Section	1 0-05-06.	
PRINTED NAME	S	IGNATURE		ADDRESS	
	x				
	X				
	X				
	X				
	x				
	x x				
	x x x				
	X X X				

The election of the above directors has been noted in the minutes of record of the Trust Company on this date:

Signature of Secretary

Affix Notary Stamp