CERTIFICATE OF ORGANIZATION

NORTH DAKOTA DEPARTMENT OF FINANCIAL INSTITUTIONS

CREDIT UNION DIVISION

SFN 2094 (8-2021)

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

We, the undersigned, all being residents of the State of North Dakota, hereby apply to the State Credit Union Board for permission to organize a credit union under the provisions of Chapter 6-06 of the North Dakota Century Code, and have executed in triplicate this Certificate of Organization by the terms of which all of the subscribers agree to be bound.

1. Name of Credit Union			
Location and Place of Business (Address)	City	State	ZIP Code

2. The names and addresses of the subscribers to this Certificate and the number of shares subscribed by each are as follows:

Name	Address	Number of Shares Subscribed

3. The par value of the shares of this Credit Union shall be (shares cannot exceed $50.00 each)
$

4. IN WITNESS WHEREOF we have hereunto set our hands and seals this _____ day of _____, _____.
In the presence of

STATE OF NORTH DAKOTA,)
) ss.
COUNTY OF _____)

On this _____ day of _____, _____. before me, a Notary Public in and for the said County, personally appeared

_____

_____

_____

_____

to me known to be the persons described in and who executed the foregoing instrument and acknowledged that each executed the same as their free act and deed.

_____
Notary Public

_____ County, North Dakota

My commission expires_____

STATE OF NORTH DAKOTA,)
DEPARTMENT OF)
FINANCIAL INSTITUTIONS)
)

KNOW ALL MEN BY THESE PRESENTS that I have examined the foregoing Certificate of Organization and the By-Laws adopted by the _____

_____

_____

and have found and determined that said Certificate and By-Laws comply with the provisions of Chapter 6-06 of the North Dakota Century Code, and have also found and determined that the organization of this credit union will benefit the members of it and be consistent with the purposes of said Chapter 6-06, N.D.C.C., and I hereby certify that I have approved the organization of said credit union this _____ day of _____, _____.

_____
Commissioner of Financial Institutions
of the State of North Dakota

By _____
Assistant Commissioner

CERTIFICATE OF ORGANIZATION

Name of Credit Union	County in North Dakota	City in North Dakota

STATE OF NORTH DAKOTA
DEPARTMENT OF STATE

Filed for record and certificate issued this _____ day of _____ _____.

_____
Secretary of State

By _____
Deputy