

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		
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 thisday of,, In the presence of:						
State of	County of					
Signed and sworn to (or affirmed) before me this	Date					
Name(s) of Individual(s) Making	Statement					
		Affix Notary Stamp				
Signature of Notary Public or Otl	her Authorized Officer					
Commission Expiration Date						

SFN 2094 (6-2024) Page 2 of 2		
STATE OF NORTH DAKOTA,) DEPARTMENT OF) FINANCIAL INSTITUTIONS)		
KNOW ALL MEN BY THESE PRESENTS that I have examined the for	egoing Certificate of Organiza	tion and the By-Laws
By-Laws Adopted By		
and have found and determined that said Certificate and By-Laws com Code, and have also found and determined that the organization of this purposes of said Chapter 6-06, N.D.C.C., and I hereby certify that I have	credit union will benefit the m	embers of it and be consistent with the
Date Certified		
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 NO DEPARTMEN		
Date Filed for Record and Certificate Issued		
Secretary of State		
By Deputy		