

1200 Memorial Hwy Bismarck, ND 58504 Telephone (701) 328-9933 Fax Number (701) 328-0290

Email: dfi@nd.gov

Name of Bank			City		
At close of business June 30,bank, do hereby certify that we have ma opinion that the assets of the bank are r	ade a thorough examination o	f the condition of the	ne above-named, and		
For all questions requesting yes/no, plearesponses, you may attach additional sl		oonse with an "X".	If additional space is	needed for your	
Indicate the frequency of reconciliations (e.g. daily, weekly, monthly, quarterly, or other)					
The maleute and mequency of recommendations (	Internal Audit Requirements	Data of Last	Performed By	Frequency	
Cash					
Due from Correspondent Accounts					
Investments					
Loans and Leases					
Deposit Liabilities					
Accrual, Income and Expense Accounts					
2. Does the bank reconcile and review nonledger assets?  Yes No  3. Examining Committee reconciled and reviewed nonledger assets?  Yes No					
Does the bank periodically review other r	eal estate owned to ensure that	the amount carried is	not in excess of the cu	rrent value?	
Indicate which major operational policies     For example, asset/liability, funds manag			e Board of Directors.		
Policy		Date of Board Review			
II. LOANS, LEASES, AND DISCOUNT	-s				
1. Does the bank have a written loan policy?  2. Date of last review and approval by the Board of Directors			Directors		
3. Does the bank have procedures in place to determine if the loan policy is being adhered to?					
Yes No If yes, describe:  4. Does the bank have an internal "watch list" which identifies problem loans and leases?					
Yes No					
5. Since the last Report of Examining Committee, were there any instances in which a loan determined to be "nonbankable" was not immediately removed from the banks's books?					
Yes No If yes, describe:					

III. INVESTMENTS					
Does the bank have a written investment policy?  Yes No	2. Date of last review and approval by the Board of Directors				
3. Does the bank have procedures in place to determine if the investment is being adhered to?					
Yes No If yes, describe:  4. Does the investment policy address all investment types held by the bank in its portfolio?					
Yes No					
IV. EQUITY CAPITAL					
1. Has the bank established sufficient procedures to review entries made to capital accounts and income and expense categories for appropriateness?  Yes  No					
2. If no, has the Examining Committee reviewed those entries?  Yes No					
V. TRUST DEPARTMENT (if applicable)					
Does the bank have an appropriate system of internal controls and procedures to verify trust and agency accounts?  Yes No					
VI. BANK SUBSIDIARIES (if applicable)					
Is the value the bank carries for each subsidiary supported by the value of the subsidiary?  Yes No					
VII. AUDIT					
Indicate what best describes the bank's audit function:					
Autonomous audit department or auditor employed by the bank					
Full-time employee who performs other bank tasks					
Staff perform various balance duties	Staff perform various balance duties				
Reliance on external audit performed by an independent accountant					
Other (describe):					
Does the designated audit include a review of employee deposit accounts for unusual transactions?      Date      No					
3. Does the Board of Directors review the internal/external audit report?		Date			
4. Who is responsible for ensuring the loan function is in compliance with the following laws and regulations?					
FRB Regulation 0, 23A & 23B (if applicable)	Legal Lending Limit				
Appraisal Requirements	Consumer, etc.				
Dated thisday of					
EXAMINING COMMITTEE					
PRINTED NAME	SIGNATURE				
	x				
	X				
	X				
	X				
	X				