



**BANK ORGANIZATION CERTIFICATE**  
NORTH DAKOTA DEPARTMENT OF FINANCIAL INSTITUTIONS  
BANKING AND TRUST COMPANIES DIVISION  
SFN 2152 (6-2024)

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

Name of Bank

That we, whose names are hereunto subscribed, have this day united ourselves together to form an association for carrying on the business of banking under the laws of the State of North Dakota, and have adopted and executed Articles of Association, and have duly forwarded such articles to the North Dakota Secretary of State; that we do hereby file the following as our Certificate of Organization as required by North Dakota Century Code Section 6-02-04.

**FIRST**  
The name of said corporation

**SECOND**  
The place where the business of discount and deposit are to be carried on is

Address	City	State
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**THIRD**  
The amount of the capital stock and the amount into which its shares are to be divided is

**FOURTH**  
The names and residence of the shareholders and the number of shares held by each of them are as follows:

NAME	RESIDENCE	NUMBER OF SHARES

**FIFTH**  
The period at which this corporation shall commence business shall be within one year from date of its charter, or upon date of preliminary examination and delivery of charter by the Commissioner of the Department of Financial Institutions.

IN WITNESS WHEREOF, the undersigned have set their hands on this date


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 Other Authorized Officer	
Commission Expiration Date	