BANK ORGANIZATION CERTIFICATE

NORTH DAKOTA DEPARTMENT OF FINANCIAL INSTITUTIONS
BANKING AND TRUST COMPANIES DIVISION
SFN 2152 (Rev. 7-2021)

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

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 this _____ day of _____, _____.

STATE OF NORTH DAKOTA)
)ss
County of _____)

On this _____ day of _____, ____, before me personally appeared _____

_____

_____

_____

known to me to be the persons who are described in and who executed the foregoing certificate of organization, and each of them acknowledged to me that they executed the same.

_____
Notary Public

My Commission expires _____