BANK CASHIER'S CERTIFICATE

NORTH DAKOTA DEPARTMENT OF FINANCIAL INSTITUTIONS
BANKING AND TRUST COMPANIES DIVISION
SFN 2155 (Rev. 7-2021)

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

STATE OF NORTH DAKOTA)
) ss
COUNTY OF _____)

Name of Bank
Name of Cashier

I, the above named cashier of the above named bank, hereby certify that funds for the increase of _____ _____ Dollars in the capital stock of the aforesaid bank has been provided by _____ _____ by the Board of Directors of said bank on _____ day of _____, _____, effective immediately upon the issuance by the North Dakota Secretary of State of his certificate in evidence of such increase, making the total capital stock of said bank $ _____ .

CORPORATE
SEAL

_____
Cashier

STATE OF NORTH DAKOTA)
) ss
COUNTY OF _____)

On this _____ day of _____, _____, before me a Notary Public, personally appeared _____ known to me to be the person who is described in and who executed the within instrument and acknowledged to me that this individual executed the same.

SEAL

_____
Notary Public

My Commission expires _____