

Federal Deposit Insurance Corporation  
**NOTIFICATION OF PERFORMANCE OF BANK SERVICES**

Name and Address of Bank *(Include Street, City, State and ZIP Code)*

Name and Address of Regional Director *(Mail to the appropriate Regional Director (DCP) for your institution.)*

In compliance with the requirement of the Bank Service Company Act, we hereby notify the Federal Deposit Insurance Corporation of bank services provided by the servicer reported below.

Corporation Title of Servicer	Location of Premises Where Services Are Performed
Address of Servicer's Corporate Headquarters	
Name of Managing Officer At Processing Location	Bank's Principal Contact At Center <i>(If other than Managing Officer)</i>
Telephone Number At Processing Location (     )     -	Telephone Number of Principal Contact (     )     -
Application(s) Processed And Services Performed <i>(Indicate both present and planned services.)</i>	

Title of Officer Authorized To Sign Notification	Telephone Number (     )     -
Signature of Authorized Officer	Date Signed

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