



STATE OF KANSAS OFFICE OF THE STATE BANK COMMISSIONER

APPLICATION FOR ELIGIBLE BANKS

Mark the box which applies:

- New Branch, in state (K.S.A. 9-1111)
- New Branch, out of state (Special Order 1997-2 and K.S.A. 9-1111)
- Relocate an Existing Branch (K.S.A. 9-1111)
- Relocate a Main Office (K.S.A. 9-1804)
- Relocate a Main Office and Retain Existing Office as a Branch (K.S.A. 9-1804 & K.S.A. 9-1111)
- Interchange of Main Office and Branch Office (K.S.A. 9-1804 & K.S.A. 9-1111)

(Name of Bank)

(Current Street Address and Mailing Address of Main Office)

(City, County, State, Zip Code)

(Name and Telephone Number of Person to Contact Regarding Application)

An original application and the applicable filing fee should be submitted to:

Office of the State Bank Commissioner
700 SW Jackson Street, Suite 300
Topeka, Kansas 66603

Remittance of a filing fee of \$500 for a short distance main office relocation and office interchange, and \$1,000 for all other applications, is required pursuant to K.A.R. 17-22-1. It should also be understood that the cost of on-site examinations or investigations in connection with this application will be the responsibility of the applicant.

The application is available to members of the public, subject to limitations imposed by federal or state statutes.

If the applicant is of the opinion that disclosure of commercial or financial information would likely result in substantial harm to the competitive position of the bank, or that disclosure of information of a personal nature would result in a clearly unwarranted invasion of personal privacy, confidential treatment of such information may be requested.

Information for which confidential treatment is requested should be (1) specifically identified in the public portion of the application (by reference to the confidential section), (2) separately bound, and (3) labeled "Confidential."

CONFIDENTIAL

Pursuant to K.S.A. 9-1111 and K.S.A. 9-1804, and for purposes of processing various applications, eligible banks must meet certain criteria. Please complete the following:

- (1) The bank must have received a composite rating of 1 or 2 under the uniform financial institutions rating system as a result of its most recent federal or state examination;

Date of Last Examination and Composite Rating: _____

- (2) The bank must meet the following three criteria for a well capitalized bank, as reported on the most recent Report of Condition:

- a. Has a total risk based capital ratio of 10% or greater;

Total risk based capital ratio and date of Report of Condition: _____

- b. Has a tier one risk based capital ratio of 6% or greater;

Tier one risk based capital ratio and date of Report of Condition: _____

- c. Has a leverage ratio of 5% or greater;

Leverage ratio and date of Report of Condition: _____

- (3) The bank cannot be subject to a cease and desist order, consent order, prompt corrective action directive, written agreement, memorandum of understanding or other administrative agreement with its primary Federal regulator or the Office of the State Bank Commissioner.

Is the bank subject to any regulatory action? _____

I hereby certify that the above information is correct.

(Bank)

By: _____

Title: _____

Date: _____

Please submit the following information with regard to the proposed new office. The State Bank Commissioner may request more information, if deemed necessary.

1. Provide the complete official name and address of the proposed new office. (NOTE: The name selected for any proposed branch bank shall not be the name of any other bank or branch bank doing business within a 15 mile radius of the same city or town, nor shall the name selected be required to contain the name of the applicant bank. If the name selected for the proposed branch bank does not contain the name of the applicant bank, the branch bank shall provide in the public lobby of such branch bank, a public notice that it is a branch bank of the applicant bank.)
2. Describe the geographic area to be served by the proposed location.
3. Provide a physical description of the proposed new office and state whether the proposed premises and fixed asset costs comply with applicable statutory limits. (NOTE: If additional costs of the proposed new office, when added to current fixed assets, equal more than 50% of the bank's capital accounts as defined, a letter requesting permission to exceed the 50% limit will need to be submitted to the State Bank Commissioner. The letter should also explain how compliance with K.S.A. 9-1102(a)(3) will be achieved.)
4. Describe any additions and/or changes in staff and management for the proposed new office.
5. Explain how the proposed new office will be useful and describe the chances for success, including the impact the new office will have on the overall condition of the bank.

If relocating a main office to a different city complete the following, otherwise advance to #7:

6. Provide a five year projection of deposits after the relocation. (Pursuant to K.S.A. 9-901 the minimum capital of a bank or trust company is to be at least \$250,000 or an amount equal to 8% of estimated deposits five years after the relocation of the bank's or trust company's place of business.)
7. Provide a letter from the Historic Preservation Department of the State Historical Society indicating that the proposed new office and/or site that it is to be located on is not included, or eligible for inclusion, in the National Register for Historical Places.
8. Provide a copy of the application made to the bank's primary Federal regulator.
9. Provide proof of publication, regarding the notice of application. (See attached information.)
10. Provide any additional information or comments, not requested in the above items, if it is deemed pertinent to support the need for the proposed new office.

Questions concerning this application may be addressed to:

Dana S. Hampton, Director of Corporate Activities
Office of the State Bank Commissioner
700 SW Jackson Street, Suite 300
Topeka, Kansas 66603-3714
(785) 296-2266 FAX (785) 296-0168

In support of this application, applicant has hereby made the aforementioned statements and representations, and submits this information, based upon the factors as outlined for the purpose of inducing the State Bank Commissioner of the State of Kansas to approve the application for the previously listed Kansas bank.

Applicant hereby authorizes the State Bank Commissioner of the State of Kansas to conduct any investigation, examination or review of the condition of the applicant bank and to provide any other material as requested by the State Bank Commissioner.

ATTESTATION

Applicant affirms that the information contained in this application has been prepared at the direction of the Board of Directors and that it is accurate and complete to the Applicant's best knowledge and belief.

(Applicant)

By _____
(Authorized Officer)

Title _____

(SEAL)

ATTEST:

(Corporate Secretary)