



**STATE OF KANSAS
OFFICE OF THE STATE BANK COMMISSIONER**

2020 LIST OF DIRECTORS, OFFICERS, AND STOCKHOLDERS and OATH OF DIRECTORS

In accordance with K.S.A. 9-1114, I certify the following list of stockholders for _____, _____,
(Name of Bank or Trust Company) (City)

In the County of _____, State of Kansas. The stockholder information is current as of January 1, 2020.
(County)

Below is a list of all directors elected at the annual meeting of this bank or trust company held on _____, and all officers elected by the board of directors at a meeting held on _____. Biographical information, including past and current business and professional affiliations, for any new officer or director is also attached.

Holding Company Information Only

NAME OF HOLDING COMPANY	ADDRESS OF HOLDING COMPANY	NUMBER <u>AND PERCENTAGE</u> OF BANK OR TRUST COMPANY SHARES OWNED BY THE HOLDING COMPANY

Directions: Please list alphabetically all stockholders, directors and officers. Please note that per K.S.A. 9-1115(a), the board of directors shall elect a President, one or more Vice President(s), a Secretary, and a Cashier. Additional pages may be attached, as necessary. Designate any directors using a "D" in the D Column. If a holding company is the sole stockholder, do not include in the table below.

Bank/Trust Company Information Only

NAME	D	OFFICIAL TITLE	ADDRESS <small>(Street and/or P.O. Box, City, State, Zip)</small>	SHARES OWNED <small>(in Bank or Trust Co., <u>not</u> ownership in holding co.)</small>	OATH OF DIRECTORS ORIGINAL SIGNATURES
					I, the undersigned director of the bank or trust company, do solemnly swear that I will diligently and honestly administer the affairs of the bank or trust company, and I will not knowingly or willfully permit any of the laws relating to banks and trust companies to be violated. I declare under penalty of perjury that the foregoing statement is true and correct.

Bank/Trust Company Information Only

NAME	D	OFFICIAL TITLE	ADDRESS	SHARES OWNED	OATH OF DIRECTORS ORIGINAL SIGNATURES
TOTAL DIRECTORS:*		TOTAL SHARES:			Attach additional sheets as necessary.

* The number of directors reported must correspond with the allowed number provided in the bank's Articles of Incorporation. If not, make necessary notation(s) on an additional sheet of paper as to why.

I certify that the above information is true and correct.

Dated: _____

(Signature of President or Cashier)

**Within 15 days of the annual election of directors and officers, please forward this list to:
Office of the State Bank Commissioner, 700 S.W. Jackson, Suite 300, Topeka, Kansas 66603-3796.**