Board of Governors of the Federal Reserve System



Notice of Mutual Holding Company Reorganization —FR MM-10(o)-1

	this form is require Part 239 (Mutual Hold	ed by law: 12 U.S.C. § ing Companies).	The Federal Reserve System ("FRS") will use the information specified in this form to review requests from savings associations to conduct mutual holding company reorganizations. Date of Notice: Month / Day / Year			
Association" intends mutual holding cor becoming a mutua "Acquiree Association Association (and the	s to reorganize to becompany (and, if applical holding company, on"). In connection the Acquiree Association and such other info	that the "Reorganizing ome a federally chartered cable, immediately upon intends to acquire the erewith, the Reorganizing tion) hereby submit(s) a primation and exhibits as				
Name of Reorganizing Association Street Address			Name of Acquiree Association (if applicable) Street Address			
			Does applicant request confidential treatment for any portion of this submission? Yes As required by the General Instructions, a letter justifying the request for confidential treatment is included. The information for which confidential treatment is being sought is separately bound and labeled "Confidential." No			

Public reporting burden for this collection of information is estimated to average 60 hours per response, including the time to gather and maintain data in the required form, to review instructions and to complete the information collection. The FRS may not conduct or sponsor, and an organization is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, NW, Washington, DC 20551; and to the Office of Management and Budget, Paperwork Reduction Project (7100-0340), Washington, DC 20503.

Name				Name				
Name				Name				
Title / Organization				Title / Organization Street Address				
Street Address								
City	State	Zip Co	de	City	State	Zip Code		
Area Code / Phone Numbe	5L			Area Code / Phone Number				
Email Address				Email Address				
Certification								
I certify that the information contained in this application has been examined carefully by me and is true, correct, and complete, and is current as of the date of this submission to the best of my knowledge and belief. I acknowledge that any misrepresentation or omission of a material fact constitutes fraud in the				by the applicant or the individual, submitted in accordance with the Instructions to this form and the Board's Rules Regarding Availability of Information (12 CFR Part 261), requesting confidential treatment for the information. I acknowledge that approval of this application is in the discretion of the Board. Actions or communications, whether oral, written, or electronic, by the Board or its employees in connection with this				
inducement and may subject me to legal sanctions provided by 18 U.S.C. §1001 and §1007.								
I also certify, with resvidual and submitted Reserve System ("Botion, that the application, that the application, to provide such is object to public release cant and the involved such information, exception."	d to the Board of Coard") in (or in conrect the number of the second to the Board of such information to the Board of such information to the dindividual consenting to the Board of such information of the second	Governors of nection with a control	of the Federal this applica- of the individ- consent or to that the appli- elease of any	filing, including appro either express or imp the agency, the Unite States, or any office actions or communica to exercise its super under applicable laws	eval if granted, do noticed, or any other ed States or any of a ror employee of ations will not affect roisory, regulatory, and regulations. If the waived or model.	not constitute a contract obligation binding upor ther entity of the United the United States. Such the ability of the Board or examination powers further acknowledge tha ified by any employee o		
Signed this	_ day of	onth	, 	Signature of Chief Executive	e Officer or Designee of I	Reorganizing Association		
				Print or Type Name	Title			
Signed this	_ day of		, .					
Day		onth	Year	Signature of Chief Executive (if applicable)	e Officer or Designee of <i>i</i>	Acquiree Association		
				Print or Type Name	Title			