Board of Governors of the Federal Reserve System



Notification to Become a Bank Holding Company and/or Acquire an Additional Bank or Bank Holding Company—FR Y-3N

Corporate Title of Notifica	ant		
Street Address			<u> </u>
Dity	State	Zip Code	_
Type of organization, su	ch as corporation, partnersl	nip, business trust, association	n, or trust)
Hereby provides the	e Board with a notice	pursuant to:	
(1) Section 3(a	n)(5)(C) of the Bank H	olding Company Act of	1956, as amended, ("BHC Act"—12 U.S.C. §1842(a)(5)(C)), under
(2) Section 3(a		inder the "Expedited ac	nations" as described in section 225.17 of Regulation Y; ction for certain bank acquisitions by well-run bank holding companies
(3) Section 3(a		inder the "Expedited ac	ction for certain bank acquisitions by well-run bank holding companies
	•		ip, control, or power to vote at least(%)
a class of voting sh	ares or otherwise to o	control:	Number Percent
Corporate Title of Bank o	or Bank Holding Company		
Street Address			_
City	State	Zip Code	_
			Does notificant 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 5 hours for each type of notification, including the time to gather and maintain data in the required form, to review instructions, and to complete the information collection. 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 (7100-0121), Washington, DC 20503. The Federal Reserve may not conduct or sponsor, and an organization or a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Name	Name	
Title	Title Street Address	
Street Address		
City State Zip Code	City State Zip Code	
Area Code / Phone Number	Area Code / Phone Number	
Area Code / FAX Number	Area Code / FAX Number	
Certification		
I certify that the information contained in this notification 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 inducement and may subject me to legal sanctions provided by 18 U.S.C. §1001 and §1007. I also certify, with respect to any information pertaining to an individual and submitted to the Board in (or in connection with) this notification, that the notificant has the authority, on behalf of the individual, to provide such information to the Board and to consent or to object to public release of such information. I certify that the notificant and the involved individual consent to public release of any such information, except to the extent set forth in a written request by the notificant or the individual, submitted in accordance with the Instructions to this form and the Board's Rules Regarding Signed this day of,	Availability of Information (12 C.F.R. Part 261), requesting confidential treatment for the information. I acknowledge that approval of this notification is in the discretion of the Board of Governors of the Federal Reserve System (the "Federal Reserve"). Actions or communications, whether oral, written, or electronic, by the Federal Reserve or its employees in connection with this filing, including approval if granted, do not constitute a contract, either express or implied, or any other obligation binding upon the agency, the United States or any other entity of the United States, or any officer or employee of the United States. Such actions or communications will not affect the ability of the Federal Reserve to exercise its supervisory, regulatory, or examination powers under applicable laws and regulations. I further acknowledge that the foregoing may not be waived or modified by any employee or agency of the Federal Reserve or of the United States.	
Signed this day of, Day Month Year	Signature of Chief Executive Officer or Designee	
	Print or Type Name Title	