

Board of Governors of the Federal Reserve System



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

The information in this form is required by law: 12 U.S.C. § 1467a(o); 12 CFR Part 239 (Mutual Holding 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.

The undersigned hereby give notice that the "Reorganizing Association" intends to reorganize to become a federally chartered mutual holding company (and, if applicable, immediately upon becoming a mutual holding company, intends to acquire the "Acquiree Association"). In connection therewith, the Reorganizing Association (and the Acquiree Association) hereby submit(s) a Reorganization Plan and such other information and exhibits as are required by FR MM-10(o)-1.

Date of Notice: \_\_\_\_\_  
Month / Day / Year

\_\_\_\_\_  
Name of Reorganizing Association

\_\_\_\_\_  
Name of Acquiree Association (if applicable)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

*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

Name, title, address, telephone number, and email address of person(s) to whom inquiries concerning this application may be directed:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title / Organization

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City    State    Zip Code

\_\_\_\_\_  
Area Code / Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title / Organization

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City    State    Zip Code

\_\_\_\_\_  
Area Code / Phone Number

\_\_\_\_\_  
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 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 of Governors of the Federal Reserve System ("Board") in (or in connection with) this application, that the applicant 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 applicant and the involved individual consent to public release of any such information, except to the extent set forth in a written request

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 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 Board 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 Board or of the United States.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Day    Month    Year

\_\_\_\_\_  
Signature of Chief Executive Officer or Designee of Reorganizing Association

\_\_\_\_\_  
Print or Type Name    Title

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Day    Month    Year

\_\_\_\_\_  
Signature of Chief Executive Officer or Designee of Acquiree Association  
(if applicable)

\_\_\_\_\_  
Print or Type Name    Title