OMB NUMBER: 3064-0122 EXPIRATION DATE: 05/31/2010

Federal Deposit Insurance Corporation

NON-LITIGATION BUDGET FORM

| NOIN-LITIGATION BODGET TOTAL | | | | | |
|---|---------------------------|------------------|-----------------------------------|-------|--|
| INSTRUCTIONS: Please provide all information requested. | | | | | |
| Matter Number | | Matter Caption | | | |
| Institution Number | Institution Name | Institution Type | Firm Name | | |
| | | Bank Thrift | | | |
| PART I - NON-LITIGATION BUDGET INFORMATION | | | | | |
| Attorneys' Fees: | ATION BODGET IN CHIMATION | Estimated Red | covery Value: | | |
| | | Lotimatou Hot | Estimated Hosovery Value. | | |
| Hourly Rate: \$ | | \$ | \$ | | |
| Fixed Fee: \$ | | | | | |
| TOA Fee: \$ | | | | | |
| Contingent Fee: | % of \$ | | | | |
| Specify Nature of Non-Litigation work to be Performed (Attach additional sheet(s) as necessary.) | | | | | |
| | | | | | |
| Estimated Hours for Completion: | | Fees | Expenses | Total | |
| Estimated Completion Date (MM/DD/YYYY): | | | | | |
| PART II - LAW FIRM BUDGET ACKNOWLEDGMENT | | | | | |
| I acknowledge that the budget information contained herein is correct to the best of my knowledge and written approval of the Legal Division is required for any increase in the total budget amount. | | | | | |
| Authorized Law Firm Delegate | | Date (MM/DD/ | Date (MM/DD/YYYY) | | |
| | | | | | |
| Name and Title of Authorized Law Firm Delegate (Please type or print) | | | | | |
| Telephone Number (Include area code) | | FAX (Include a | FAX (Include area code) | | |
| | | | | | |
| PART III - BUDGET AUTHORIZATION FOR OUTSIDE COUNSEL TO PROCEED | | | | | |
| FDIC Attorney (Recommending approval of budget) Date Budget Approved (MM/DD/YYYY) | | | | | |
| | g app.o.a. o. adagot, | Zato Baagot A | | | |
| Signature of Delegated | d Authority | | Date Budget Approved (MM/DD/YYYY) | | |

PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this collection of information is estimated to average <u>0.5</u> hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th Street, N.W., Washington, D.C. 20429; and to the Office of Management and Budget, Paperwork Reduction Project (3064-0122), Washington, D.C. 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.