| Docket Number: |
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| |

NOTICE FOR HIGHER LENDING LIMITATIONS

| ТО: | Office of Thrift Supervision | Date of Notice: | |
|-------------------|---|---|--|
| | he undersigned executive officer and secretary, pursua pers of the board of directors, of: | nt to a resolution of a majority of the | |
| Savin | gs Institution Name | | |
| | | | |
| Street | Address of Savings Institution (include City, State, an | nd Zip Code) | |
| | nafter the Institution), hereby provide notice to the Of ation intends to use the higher lending limitations of 12 | | |
| 1 | That, to the best of our belief, the Institution qualification 12 C.F.R. § 516.5; | es for expedited treatment, pursuant to | |
| 2 | That the Institution meets the requirements of 12 C. | F.R. § 560.93 for higher lending limitations; | |
| 3 | 3. That, if applicable, the Institution has attached any additional information required, pursuant to 12 C.F.R. § 560.93; and | | |
| 4 | That we are aware that the OTS may request information or may impose conditions for the use of such higher limitations, and may determine that such higher lending limitations do not comply with 12 C.F.R. § 560.93. | | |
| | | | |
| Executive Officer | | Secretary | |
| | | | |
| | | Date of Receipt by OTS | |
| | | | |