FINANCIAL INSTITUTION LETTER PAPER DELIVERY REQUEST FORM										
Institution Informati	ion:									
FDIC Certificate Number:										
Institution Name:										
City:							State	:		
Authorizing Official Information:										
Last Name:				First Name:				MI:		
Title:										
Address:						1	1	1	n	
City:						State:		Zip:		
Email Address:						Phone:				
Justification for continuing paper mailing of Financial Institution Letters:										
In requesting that FDIC continuing mailing of Financial Institution Letters to the above-named institution, I certify that I am an "executive officer" of this <u>financial institution</u> (not holding company) as defined in Section 215.2(e)(1) of Federal Reserve Regulation O for purposes of FIRIRCA.										
Signature of Authoriz	ing Official:	:					Date:			
At your earliest possible convenience and no <u>later than March 24, 2006,</u> please fax the completed form to <u>(703) 465-4314</u> , Attention: Financial Institution Letter Distribution Coordinator. If you are unable to fax the form, please mail the completed form to: Federal Deposit Insurance Corporation ATTENTION: Financial Institution Letter Distribution Coordinator. 550 17 th Street, NW, Room F-3020 Washington, DC 20429										
If you have questions regarding the form, please call Gina Luckenbill at 202/898-3848.										