

<h1 style="margin: 0;">Suspicious Activity Report</h1> <p style="margin: 0;">July 2003 Previous editions will not be accepted after December 31, 2003</p> <p style="margin: 0; background-color: black; color: white; text-align: center; padding: 2px;">ALWAYS COMPLETE ENTIRE REPORT (see instructions)</p>		<div style="background-color: black; color: white; text-align: center; width: 20px; margin: 0 auto;">1</div> <div style="font-size: small; margin-top: 10px;"> FRB: FR 2230 OMB No. 7100-0212 FDIC: 6710/06 OMB No. 3064-0077 OCC: 8010-9,8010-1 OMB No. 1557-0180 OTS: 1601 OMB No. 1550-0003 NCUA: 2362 OMB No. 3133-0094 TREASURY: TD F 90-22.47 OMB No. 1506-0001 </div>
1 Check box below only if correcting a prior report. <input type="checkbox"/> Corrects Prior Report (see instruction #3 under "How to Make a Report")		
Part I Reporting Financial Institution Information		
2 Name of Financial Institution		3 EIN
4 Address of Financial Institution		5 Primary Federal Regulator a <input type="checkbox"/> Federal Reserve d <input type="checkbox"/> OCC b <input type="checkbox"/> FDIC e <input type="checkbox"/> OTS c <input type="checkbox"/> NCUA
6 City	7 State	8 Zip Code
9 Address of Branch Office(s) where activity occurred <input type="checkbox"/> Multiple Branches (include information in narrative, Part V)		
10 City	11 State	12 Zip Code
13 If institution closed, date closed MM / DD / YYYY		
14 Account number(s) affected, if any a _____ Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No b _____ Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No c _____ Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No d _____ Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Part II Suspect Information		
<input type="checkbox"/> Suspect Information Unavailable		
15 Last Name or Name of Entity		16 First Name
17 Middle		
18 Address		19 SSN, EIN or TIN
20 City	21 State	22 Zip Code
23 Country		
24 Phone Number - Residence (include area code) ()		25 Phone Number - Work (include area code) ()
26 Occupation/Type of Business		27 Date of Birth MM / DD / YYYY
28 Admission/Confession? a <input type="checkbox"/> Yes b <input type="checkbox"/> No		
29 Forms of Identification for Suspect: a <input type="checkbox"/> Driver's License/State ID b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien Registration d <input type="checkbox"/> Other _____ Number _____ Issuing Authority _____		
30 Relationship to Financial Institution: a <input type="checkbox"/> Accountant d <input type="checkbox"/> Attorney g <input type="checkbox"/> Customer j <input type="checkbox"/> Officer b <input type="checkbox"/> Agent e <input type="checkbox"/> Borrower h <input type="checkbox"/> Director k <input type="checkbox"/> Shareholder c <input type="checkbox"/> Appraiser f <input type="checkbox"/> Broker i <input type="checkbox"/> Employee l <input type="checkbox"/> Other _____		
31 Is the relationship an insider relationship? a <input type="checkbox"/> Yes b <input type="checkbox"/> No If Yes specify: c <input type="checkbox"/> Still employed at financial institution e <input type="checkbox"/> Terminated d <input type="checkbox"/> Suspended f <input type="checkbox"/> Resigned		32 Date of Suspension, Termination, Resignation MM / DD / YYYY