## Report of Progress of Liquidation

| City,                                                                                                                                                    | Name<br>State, ZIP Code:<br>er No.:               | ·                                                |                                         |                        |                           |            |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------|-----------------------------------------|------------------------|---------------------------|------------|------|
| Since<br>sharel                                                                                                                                          | the (original, last repondlers have made the      | <i>rted</i> ) appoi<br>following c               | ntment of the liq<br>hanges:            | uidating ag            | ent ( <i>committe</i>     | e), the    |      |
| Name                                                                                                                                                     | and Address of Appoi                              | nted                                             | Appointed to                            | Succeed                | <u>Date</u>               |            |      |
| Amou                                                                                                                                                     | ant of agent (committee                           | ) members                                        | ' fee: \$                               | ·                      | •                         |            |      |
| All cr                                                                                                                                                   | editor claims, including aims, (have, have not) l | g all additio<br>been fully p                    | onal claims assert<br>paid or assumed b | ed during toy an opera | he period of a ting bank. | advertiser | nent |
| (List t                                                                                                                                                  | he classes and show th                            | e amounts                                        | of the liabilities (                    | outstanding            | r.)                       |            |      |
|                                                                                                                                                          | ass of Outstanding Liab                           | oilities<br>———————————————————————————————————— | Amou<br>\$<br>\$<br>\$<br>\$<br>\$      | nt                     |                           |            |      |
|                                                                                                                                                          |                                                   | TOTAL                                            | \$                                      |                        |                           |            |      |
| Aggregate book value of assets originally received by agent or committee of liquidation  Amount of cash originally received by agent or committee  TOTAL |                                                   |                                                  |                                         |                        | \$<br>\$<br>\$            | ·          |      |
| The remaining unliquidated assets have present book values of Amount of cash on hand  TOTAL                                                              |                                                   |                                                  |                                         |                        |                           |            |      |
| The fo                                                                                                                                                   | ollowing distributions t                          | o shareholo                                      | lers have been de                       | eclared:               |                           | a          |      |
|                                                                                                                                                          | Date Declared                                     | Amount o                                         | f Distribution                          | % of Dis               | stribution                |            |      |
| 1st<br>2nd<br>3rd<br>4th<br>5th                                                                                                                          |                                                   |                                                  |                                         |                        |                           |            |      |

If the bank had a trust department, show the disposition since liquidation. Number of fiduciary accounts as of effective date of liquidation: (insert number) Number of fiduciary accounts closed, transferred, or otherwise disposed of since the effective date of liquidation: (insert number) (Briefly summarize the progress of the liquidation during the past reporting year. Discuss the status of any pending litigation or court ordered liabilities and state the anticipated liquidation completion date. Explain what plans are in progress to complete the liquidation and state whether further distributions will be made to shareholders.) This report of progress of liquidation and any attachments (schedules) are as of and certified to be correct to the best of my knowledge and belief. (Liquidating Agent) (Correspondent for Committee) (Committee Member) (Committee Member) (Committee Member) Date Signed (If there is a liquidating committee, every member should sign.)