



MONTANA DEPARTMENT OF ADMINISTRATION
DIVISION OF BANKING AND FINANCIAL INSTITUTIONS

PO Box 200546, Helena, MT 59620-0546

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Website: banking.mt.gov Email: banking@mt.gov



LIABILITIES OF DIRECTORS AND COMMITTEE MEMBERS

<u>Name of Borrower</u>	<u>Amount of Loan</u>	<u>Value of Shares</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, _____ (Treasurer) of the _____ Credit Union of _____, Montana, do hereby declare that the within report of said credit union, including the various schedules, answers to questions and statements, correctly represent a true state of the several matters therein contained, to the best of my knowledge and belief.

Signature

Date

Printed Name

Phone Number

We, the undersigned directors, attest the correctness of this report and declare that we have examined the information contained herein and that to the best of our knowledge and belief the report is true and correct:

Director Signature

Printed Name

Date

Director Signature

Printed Name

Date

Director Signature

Printed Name

Date

Director Signature

Printed Name

Date

Director Signature

Printed Name

Date

(A majority of the directors must sign.)

32-3-202, MCA requires this report to be submitted to the Division office by **February 1st**.