NOTICE FOR HIGHER LENDING LIMITATIONS		
TO: O	ffice of Thrift Supervision	Date of Notice:
	e undersigned executive officer and secreters of the board of directors, of:	ary, pursuant to a resolution of a majority of the
Saving	s Institution Name	
Street	Address of Savings Institution (include Ci	ty, State, and Zip Code)
•	, , , , , , , , , , , , , , , , , , ,	otice to the Office of Thrift Supervision (OTS) that the ations of 12 C.F.R. § 560.93(d)(3), and do hereby certify:
1.	That, to the best of our belief, the Institu 12 C.F.R. § 516.5;	tion qualifies for expedited treatment, pursuant to
2.	That the Institution meets the requirement	nts of 12 C.F.R. § 560.93 for higher lending limitations;
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

Docket Number: _____