



STATE OF IDAHO

OFFICE OF THE STATE TREASURER

RON G. CRANE STATE TREASURER

Application to Become a State Depository

Please complete the enclosed application to become an Idaho State Depository.

All Idaho State Depositories are required to file a certificate of compliance and an affidavit of capital and surplus to the State Treasurer's Office each year by February 15.

The first certificate relates to Section 67-2725A, Idaho Code, which reads as follows:

"The State Treasurer shall not deposit moneys of the state in a bank or trust company which has failed to pay all state and local taxes, including corporate income or franchise taxes upon its corporate income or franchise, sales and use taxes upon its purchases of tangible personal property, and real and personal property taxes upon property owned or leased by such bank or trust company."

The second certificate relates to Section 67-2739, Idaho Code, which reads in part as follows:

"Every banking corporation or national banking association designated as a state depository and holding any deposit of the funds of the State of Idaho under the provisions of this section shall . . . file with the State Treasurer, the affidavit of one of its officers showing the amount of the capital stock and surplus of such association or corporation. . . . Affidavits shall be effective for the purposes of this section for a period of one (1) year following the date of their filing . . . a like affidavit shall be filed in like manner for the succeeding year, on or before the date specified by the state treasurer."

Sincerely,

Angela Bonaminio

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enclosures



STATE OF IDAHO

OFFICE OF THE STATE TREASURER

RON G. CRANE STATE TREASURER

APPLICATION TO BECOME A STATE DEPOSITORY

In accordance with Sec. 67-2725, Idaho Code, the _____
(name of financial institution)

of _____ hereby makes application to the State Treasurer of the State of
(location)

Idaho to become a State Depository. The following information is furnished for that purpose:

- Name: _____
- Address: _____
- City: _____ State: _____ Zip Code: _____
- Contact Officer: _____ Phone: _____
- Registered Agent for service of process within the State of Idaho: _____
- The Bank's total Capital and Surplus as certified under Sec. 67-2739, Idaho Code: (A separate Affidavit certifying total Capital and Surplus is to be filed by February 15 of each year.)

CAPITAL	\$	_____
SURPLUS	\$	_____
UNDIVIDED PROFITS	\$	_____
TOTAL CAPITAL AND SURPLUS	\$	_____

DONE AND DATED THIS ____ day of _____, 20__

Bank _____

By Officer _____
(type name of officer and title)

STATE OF)
County of) ss

On this ____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, known to me to be the _____ of _____, the bank referred to herein, and acknowledged to me that he signed the same as such officer, in the name of and on behalf of such bank.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

NOTARY PUBLIC FOR
Residing at: _____
My Commission expires: _____