



STATE OF IDAHO

OFFICE OF THE STATE TREASURER

RON G. CRANE STATE TREASURER

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

The application relates to Section 26-2154, Idaho Code, which reads as follows:

Notwithstanding any other provision of this chapter, any state credit union or federal credit union located within this state may become a state depository by making application for that purpose to the state treasurer and may accept such funds as nonmember deposits.

And furthermore, Section 26-2155(2), Idaho Code, which reads in part as follows:

Every credit union designated as a state depository and holding any deposit of the funds of the state of Idaho under the provisions of this section shall, on or before beginning to hold such deposits, file with the state treasurer the affidavit of one (1) of its officers showing the amount of the reserves and undivided earnings of such credit union.

Each year, a like affidavit shall be filed if the credit union is to continue as a designated state depository.

Also, please send to our office the Statement of Financial Condition for your institution.

Thank you.

Sincerely,
Angela Bonaminio
(208) 332-2998 phone
(208) 332-2960 fax
angela.bonaminio@sto.idaho.gov

enclosures



STATE OF IDAHO

OFFICE OF THE STATE TREASURER

RON G. CRANE STATE TREASURER

APPLICATION TO BECOME A STATE DEPOSITORY

In accordance with Sec. 26-2154, Idaho Code, the _____ of _____ (name of credit union) _____ (location) hereby makes application to the State Treasurer of the State of Idaho to become a State Depository. The following information is furnished for that purpose:

1. Name: _____
2. Address: _____
3. City: _____ State: _____ Zip Code: _____
4. Contact Officer: _____ Phone: _____ Email: _____
5. Registered Agent for service of process within the State of Idaho: _____
6. The Credit Union's amount of Reserves and Undivided Earnings as certified under Sec. 26-2155, Idaho Code:

RESERVES \$ _____
 UNDIVIDED EARNINGS \$ _____

DONE AND DATED THIS ____ day of _____, 20__

Credit Union Name _____

By Officer _____

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 financial institution referred to herein, and acknowledged to me that he signed the same as such officer, in the name of and on behalf of such credit union.

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: _____