

JULIE A. ELLSWORTH  
STATE TREASURER



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**OFFICE OF THE STATE TREASURER**  
P.O. BOX 83720  
BOISE, IDAHO 83720-0091

Please complete the enclosed forms to apply to become an Idaho State Depository.

The first form 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 form 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..."

"...a like affidavit shall be filed in like manner for the succeeding year, on or before the date specified by the state treasurer."

Sincerely,

A handwritten signature in black ink, reading "Julie A. Ellsworth".

Julie A. Ellsworth  
State Treasurer

Enclosures



# OFFICE OF THE IDAHO STATE TREASURER

Julie A. Ellsworth, State Treasurer

## CERTIFICATE OF COMPLIANCE

The \_\_\_\_\_,  
(Name of financial institution)

a \_\_\_\_\_,  
(Type of financial institution)

Whose principle place of business is located in \_\_\_\_\_, Idaho, hereby certifies to the Idaho State Treasurer that the bank and its branches have paid 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.

DONE AND DATED THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
Title & phone number

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 (s)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: \_\_\_\_\_



# OFFICE OF THE IDAHO STATE TREASURER

Julie A. Ellsworth, 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:

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 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 \_\_\_\_\_  
(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: \_\_\_\_\_