

JULIE A. ELLSWORTH  
STATE TREASURER



(208) 334-3200 PHONE  
(208)332-2959 FAX

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

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.

Thank you.

A handwritten signature in black ink that reads "Julie A. Ellsworth".

Julie A. Ellsworth  
State Treasurer

Enclosures



# OFFICE OF THE IDAHO STATE TREASURER

Julie A. Ellsworth, State Treasurer

## APPLICATION TO BECOME A STATE DEPOSITORY

In accordance with Sec. 26-2154, Idaho Code, the \_\_\_\_\_ of \_\_\_\_\_ (name of credit union) 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: \_\_\_\_\_