

STATE OF KANSAS



DEPARTMENT OF CREDIT UNIONS
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TOPEKA, KS 66603

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GOVERNOR JEFF COLYER, M.D.
JEREL WRIGHT, ADMINISTRATOR

Credit Union Name: _____ Charter #: _____

Credit Union Address: _____

AFFIDAVIT REGARDING

12/31/2018 CALL REPORT

Pursuant to K.S.A. 17-2206 (a)

We hereby declare, under the penalties of perjury, that the call report submitted into Credit Union Online (including any accompanying schedules and statements) have been examined by us as true, correct, and complete and made in good faith for the period stated. Furthermore, we understand that submission of the call report into Credit Union Online and submission of this affidavit is required by the Kansas Department of Credit Unions pursuant to K.S.A. 17-2206 (a).

Chairperson/President Signature

Secretary/Treasurer Signature

Chairperson/President Printed Name

Secretary/Treasurer Printed Name

Date

Date