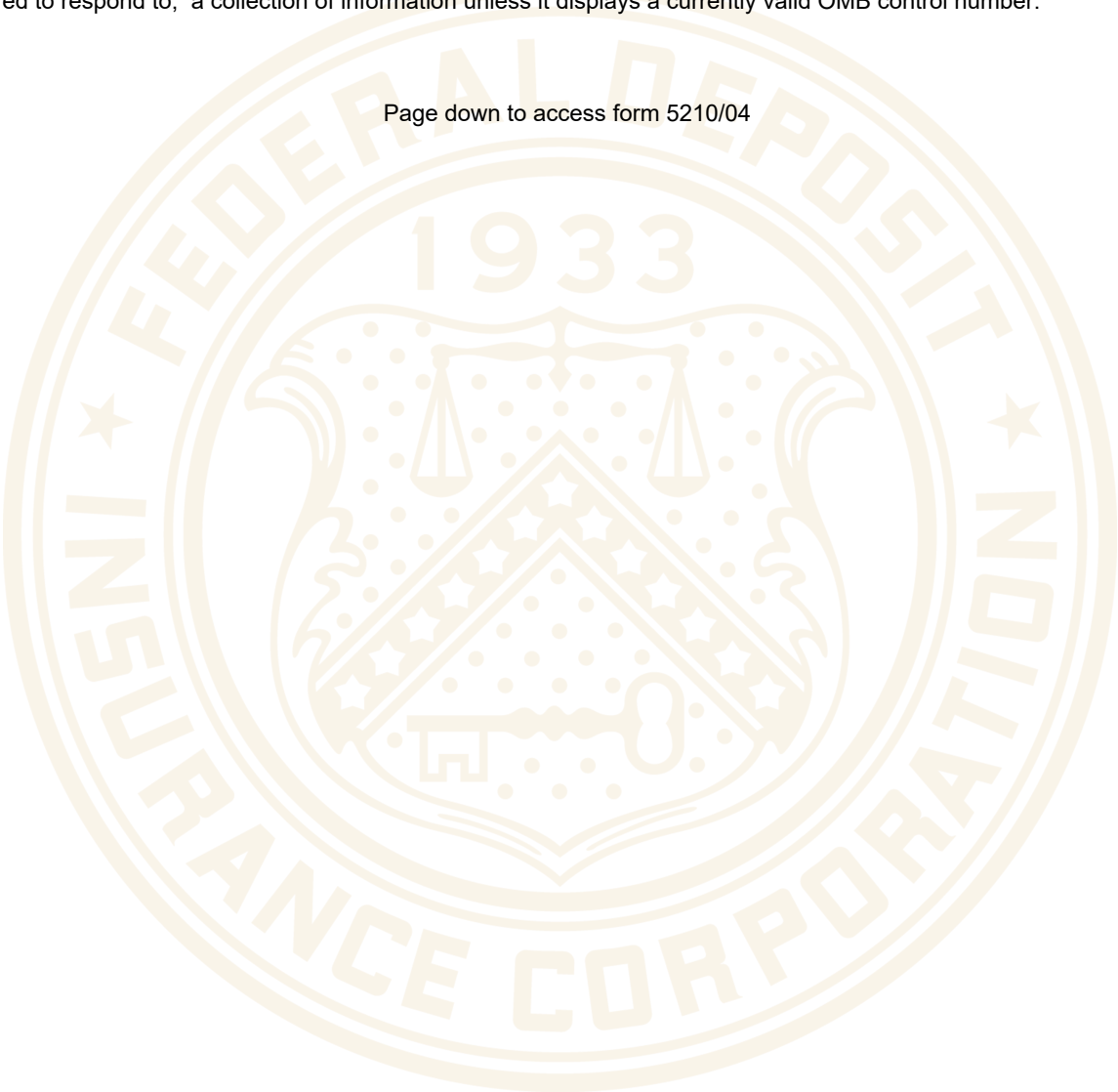


Federal Deposit Insurance Corporation  
**AGREEMENT FOR SERVICES**  
**(EXPERT/LEGAL SUPPORT SERVICES (LSS) PROVIDER)**  
**RATE SCHEDULE**

**PAPERWORK REDUCTION ACT**

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Agreement for Services Effective Date

1. Name of Expert or Legal Support Services Provider

2. Federal Tax Identification Number

4. Address (Street, City, State, ZIP Code)

## 5. Email

6. Name of Contact Person

7. Telephone

8. Fax Number

9. Complete the following

[illegible]

[illegible]

### SECTION III - EXPERT, LSS PROVIDER, OR AUTHORIZED REPRESENTATIVE

10. Name	11. Title	12. Signature	13. Date
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**SECTION IV - FDIC DELEGATED APPROVING OFFICIAL**

14. Name	15. Title	16. Legal Division or Office
17. Signature		18. Date