NOTARIZED SIGNATURE REQUIRED FOR ALL APPLICATIONS MAILED IN AND FOR REQUESTS TO MAIL LOAN CHECK WHEN COMPLETE

State of Washington County of Snohomish	Signed or attested before me on	
	, Tribal Identification Number.	
(Seal or stamp)		
	Print Notary Name	
	My appointment expires	
For Official use only: BOD Approval date and Resol Loan ID #: Customer Number Address:	ution or Directive #	
Mailing Address if different:		
Beginning Balance Interest Rate: Loan Type: Fixed Period type: Month Number of Periods: 60 Payment Amount: AR Code: Start Date:		