

Kansas Department of Credit Unions

Merger Form 10
K.A.R. 121-11-2 (l)

**CERTIFICATE OF FINAL APPROVAL AND DISSOLUTION
BY THE CREDIT UNION ADMINISTRATOR**

I, _____, Credit Union Administrator of the State of Kansas, do hereby certify that the _____ Credit Union has fully complied with all the necessary action to merge the _____ Credit Union as provided by the *Merger Agreement* with the effective date of _____, 20_____.

I do hereby certify that the merger agreement is favorable to success and the _____ Credit Union will be properly administered. I do hereby certify that the requirements of K.S.A. 17-2228 and K.A.R. 121-11-2 for the dissolution of the _____ Credit Union have been fulfilled.

In addition, I do hereby declare said _____ Credit Union dissolved and declare its corporate charter cancelled this _____ day of _____, 20_____.

Credit Union Administrator, Kansas Department of Credit Unions

Subscribed and sworn to before me this _____ day of _____, 20_____.

My appointment expires: _____

Notary Public