

**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