



IDAHO

DEPARTMENT OF FINANCE

2009 ASSESSMENT FEE NOTICE FOR IDAHO FINANCIAL INSTITUTIONS

INSTITUTION NAME _____

Person Completing Form _____

Telephone Number _____

(1) OFFICE FEE:

(a) Number of banking offices, including the head office. _____

(Do not include loan production, administrative or operations offices.)

(b) Office fee of \$100 per office. \$ 100

(c) **TOTAL OFFICE FEE** *(Multiply line 1.a by 1.b).* \$ _____

(2) ASSET FEE:

(a) TOTAL ASSETS *(in thousands)* December 31, 2008 Call Report. \$ _____

(b) Base Fee Due *(per attached fee schedule)*. \$ _____

(c) Amount due in excess of base fee *(per attached fee schedule)*. \$ _____

(d) **TOTAL ASSET FEE** *(Add lines 2.b and 2.c)*. \$ _____

(3) TOTAL ASSET AND OFFICE FEE *(Add lines 1.c and 2.d)*. \$ _____

(4) FORTY PERCENT (40%) ASSESSMENT REDUCTION *(Multiply line 3 by .40)*. \$ _____

(5) TOTAL ASSESSMENT FEE DUE FOR 2009 *(Subtract line 4 from line 3)*. \$ _____

(Round to nearest dollar)

Please submit this completed form, including the name and telephone number of the person completing the form, along with your check payable to **STATE OF IDAHO, DEPARTMENT OF FINANCE**, to:

DEPARTMENT OF FINANCE P.O. BOX 83720 BOISE, IDAHO 83720-0031

Please remit your payment within 30 days of receipt of this notice. Thank you.