

State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

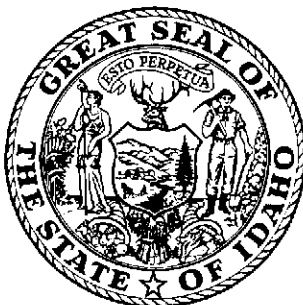
EAGLE BANK & TRUST COMPANY

File Number C 216300

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: January 12, 2018



Lawrence Denney
SECRETARY OF STATE

By _____

Spencer



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2018 JAN 12 PM 3:01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Eagle Bank & Trust Company
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust

☒ Other: state chartered bank
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Arkansas
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
650 South Shackleford, Suite 150, Little Rock, AR 72211
(Street Address)

(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

(Street Address)

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)
8. Name and street address of registered agent in Idaho:
CT Corporation System 921 South Orchard Street, Boise, ID 83705
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>David Bryles</u>	<u>Executive VP</u>	<u>650 South Shackleford, Little Rock, AR 72211</u>
(Name)	(Capacity)	(Address)

_____ (Name)	_____ (Capacity)	_____ (Address)
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Typed Name: David Bryles

Signature:

Capacity: Executive Vice President

Secretary of State use only

IDAHO SECRETARY OF STATE

01/12/2018 05:00

CK:66892 CT:350996 BH:1621037

1@ 100.00 = 100.00 FOR REG ST #2

1@ 20.00 = 20.00 EXPEDITE C #3

C216300

Arkansas

State Bank Department

Certificate of Good Standing

STATE OF ARKANSAS

COUNTY OF PULASKI

I, Candace A. Franks, Bank Commissioner, Arkansas State Bank Department, and as such, keeper of the records of Arkansas state chartered banks, do hereby certify that the records of this office reflect

**EAGLE BANK & TRUST COMPANY
LITTLE ROCK, ARKANSAS**

as a bank chartered under the laws of the State of Arkansas on May 27, 1977, qualified in Arkansas, to do general banking business.

I further certify that as far as the records reflect, this bank is at this time qualified and in good standing in Arkansas.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Bank Commissioner, State of Arkansas, to be affixed this 29th day of December 2017.



Candace A. Franks

Candace A. Franks
Bank Commissioner