



Dear Applicant:

Thank you for your interest in employment with All America Bank®.

Once you have completed the application along with the accompanying documents, please return them via email to hr@allamerica.bank or by mail to the following address:

**All America Bank
PO Box 348
Snyder, OK 73566**

Please direct any questions to Kathy Jackson or Breanna Emmons at (580)569-2313.

Sincerely,

Breanna Emmons

Breanna Emmons

Human Resources Manager, SVP

MAILING ADDRESS
P. O. Box 300
Mustang, OK 73064-0300
Toll Free: 888-210-2028

8 CONVENIENT LOCATIONS TO SERVE YOU.

CACHE
ELGIN

MEDICINE PARK
MUSTANG

OKLAHOMA CITY
SENTINEL

SNYDER
LAWTON LPO

www.allamerica.bank

NMLS# 1286989



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Interviewed Not Interviewed

DATE: _____

We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans' status, sex, national origin, physical or mental disability, or any other legally protected status. No question on this application is intended to secure information to be used for discriminatory reasons.

PERSONAL INFORMATION

FULL NAME (Last Name First)				SOCIAL SECURITY NUMBER			
STREET ADDRESS			CITY		STATE		ZIP CODE
LENGTH OF TIME AT THIS ADDRESS		HOME TELEPHONE #	CELL #	DAYTIME #		POSITION(S) APPLIED FOR:	
FORMER ADDRESS IF ABOVE ADDRESS IS LESS THAN 3 YEARS			CITY		STATE	ZIP CODE	
ARE YOU OVER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				HOW SOON COULD YOU REPORT TO WORK?	
TYPE OF EMPLOYMENT <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY		SALARY REQUIREMENTS		WHAT DAYS AND HOURS IF PART-TIME?		DAYS: MON TUE WED THU FRI SAT SUN HOURS: FROM: _____ TO: _____	

EDUCATION

NAME	ADDRESS, CITY, STATE, ZIP	CIRCLE YEARS COMPLETED	MAJOR OR TYPE OF COURSE	UNDER WHAT NAME IF DIFFERENT
HIGH SCHOOL OR PREPARATORY SCHOOL		1 2 3 4		
TRADE OR BUSINESS SCHOOL		1 2 3 4		
COLLEGE OR UNIVERSITY		1 2 3 4		
GRADUATE SCHOOL		1 2 3 4		

LIST DEGREES OR ANY BANKING, FINANCE AND ACCOUNTING COURSES TAKEN:

BACKGROUND INFORMATION

HAVE YOU EVER FILED AN APPLICATION FOR EMPLOYMENT WITH US OR BEEN EMPLOYED BY US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	HAVE YOU EVER BEEN BONDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER HAD A BOND REFUSED OR CANCELLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN?
HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY OR "NO CONTEST" TO A FELONY? (Conviction of a felony may not automatically disqualify an applicant for employment.) <input type="checkbox"/> NO <input type="checkbox"/> YES				
COURT DATE: _____		NATURE OF OFFENSE _____		
LOCATION: _____				
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHY DO YOU DESIRE TO MAKE A CHANGE?	MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN?	

GENERAL INFORMATION

LIST JOB RELATED SKILLS, SPECIAL TRAINING, CERTIFICATES, LICENSES, SOFTWARE, COMPUTER/OTHER MACHINE SKILLS RELEVANT TO THIS POSITION:

SUMMARIZE YOUR QUALIFICATIONS AND YOUR BACKGROUND AS THEY SUPPORT YOUR APPLICATION FOR THIS POSITION. (You may wish to include special interests, civic/community activities, and/or membership in professional groups.):

PERSONAL REFERENCES

PROVIDE THREE REFERENCES NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR:

NAME	ADDRESS, CITY, STATE, ZIP	TELEPHONE	YEARS KNOWN	OCCUPATION

WHO REFERRED YOU TO US? Employment Agency Newspaper Walk-In Current Employee (Name): _____ Other: _____

TO BE COMPLETED BY THE EMPLOYER:

Date of Employment _____ Job Title _____ Salary _____
 FULL-TIME PART-TIME Department _____ Location _____

WORK RECORD

Starting with present or most recent employment, list all previous employers. Include self-employment, U.S. Armed Forces experience, summer, part-time jobs and all periods of unemployment of two weeks or more duration. Attach resume or separate sheet, if necessary.

COMPANY		STREET ADDRESS		CITY / STATE / ZIP
DATES EMPLOYED		STARTING SALARY	LEAVING SALARY	REASON FOR LEAVING
FROM MO/YR	TO MO/YR			
JOB TITLE / DUTIES				NAME OF SUPERVISOR
				TELEPHONE NUMBER
COMPANY		STREET ADDRESS		CITY / STATE / ZIP
DATES EMPLOYED		STARTING SALARY	LEAVING SALARY	REASON FOR LEAVING
FROM MO/YR	TO MO/YR			
JOB TITLE / DUTIES				NAME OF SUPERVISOR
				TELEPHONE NUMBER
COMPANY		STREET ADDRESS		CITY / STATE / ZIP
DATES EMPLOYED		STARTING SALARY	LEAVING SALARY	REASON FOR LEAVING
FROM MO/YR	TO MO/YR			
JOB TITLE / DUTIES				NAME OF SUPERVISOR
				TELEPHONE NUMBER
COMPANY		STREET ADDRESS		CITY / STATE / ZIP
DATES EMPLOYED		STARTING SALARY	LEAVING SALARY	REASON FOR LEAVING
FROM MO/YR	TO MO/YR			
JOB TITLE / DUTIES				NAME OF SUPERVISOR
				TELEPHONE NUMBER

JOB APPLICANT'S CERTIFICATION
Please Read Carefully Before Signing

I certify that the information given by me in this application (and accompanying resume, if any) is true in all respects and I agree that if the information given is found to be false in any way, it shall be considered sufficient reason for denial of employment or discharge if discovered at a later date. I authorize the use of any information in this application to verify my statements. In addition, I authorize previous employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation, and previous education or employment record. I release all such persons from any liability or damages on account of having furnished such information. I consent to such investigations as the financial institution may make regarding driving records, law enforcement records, credit reports and my general background, and will agree to be fingerprinted, if necessary.

I further understand that all applicable portions of this application must be completed or I will be ineligible for consideration for the position for which I am applying.

I understand that nothing contained in this employment application or in the granting of an interview or of a position of employment is intended to create an employment contract between the financial institution and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me and I understand that no promise or guarantee of employment for any specific length of time or under any specified circumstances shall be binding upon the financial institution unless made in writing by or with the express written consent and authorization of the President of the financial institution. If an employment relationship is established, I understand that I will be employed at-will and that I have the right to terminate my employment at any time and for any reason and that the financial institution retains the same right.

I understand that, depending on the position applied for, prior to being offered employment with the financial institution I may be requested to take an examination pertaining to skills or equipment operation. In the event I have a disability which will affect my ability to take the test, I will so inform the financial institution prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The financial institution reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if I am employed, I will comply with the policies and rules which are issued by the financial institution. I also understand that the policies and rules are not a condition of employment and that they may be unilaterally revised, in whole or in part, at any time. Furthermore, should periodic drug testing be required, I consent to undergo such testing. Refusal to do so could result in my termination

IMPORTANT: IF YOU DO NOT UNDERSTAND OR IF YOU DISAGREE WITH ANY PORTION OF THE ABOVE CERTIFICATION, DO NOT SIGN BEFORE DISCUSSING WITH A MEMBER OF MANAGEMENT.

Date: _____ Signature of Applicant: _____

VOLUNTARY SELF DISCLOSURE

ALL America Bank® is an Equal Opportunity Employer. You are invited to voluntarily self-identify your sex, race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations. If you do not wish to furnish this information, please initial in the section below.

Name: _____ Date: _____
Last First Middle

Address: _____
Number and Street City State Zip code

Social Security Number: _____ Gender: Male Female

Ethnicity/ Race: What ethnicity / race/ races do you consider yourself to be? Check only one.

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture of origin, regardless of race.
- White (not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black (not Hispanic or Latino):** A person having origins in any of the Black racial peoples of Africa.
- American Indian or Alaskan Native (not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian (not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino):** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- Two or More Races (not Hispanic or Latino):** All persons who identify with more than one of the above five races.

Please initial below only if you do not wish to furnish the above information

I do not wish to furnish this information. _____

Veteran Status Pre-Offer

This Company is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment:

- (1) **Disabled Veterans**
- (2) **Recently separated Veterans**
- (3) **Active duty wartime or campaign badge Veterans**
- (4) **Armed Forces service medal Veterans**

These classifications are defined as follows:

- A "disabled Veteran" is one of the following: ◦ a Veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

- A "recently separated Veteran" means any Veteran during the three-year period beginning on the date of such Veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge Veteran" means a Veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed Forces service medal Veteran" means a Veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected Veterans may have additional rights under USERRA — the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. Call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

If you believe you belong to any of the categories of protected Veterans listed above, please indicate by checking the appropriate box below.

As a government contractor subject to VEVRAA, we request this information to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I identify as one or more of the classifications of protected Veterans listed above
- I am not a protected Veteran
- I decline to disclose my Veteran status

Signature

Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

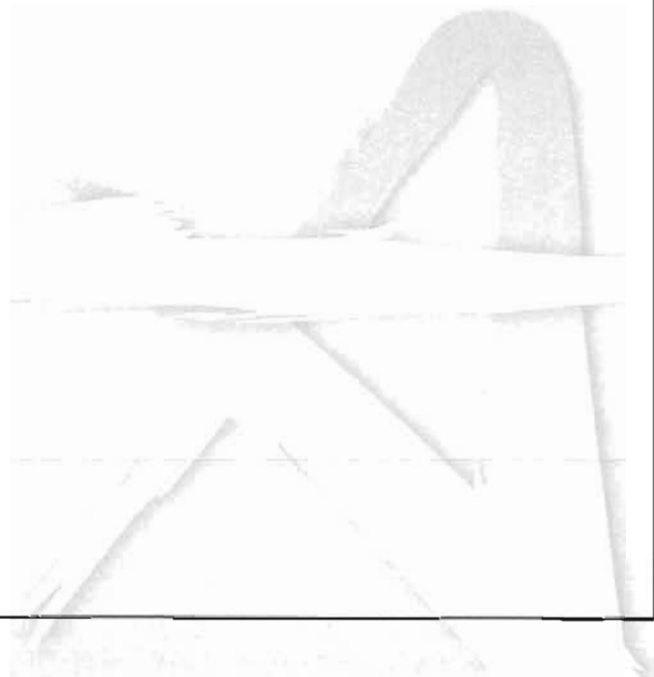
Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by People Facts 135 Chesterfield Lane Maumee, OH 43537 800-772-0130 www.peoplefacts.com and/or Employer. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person’s presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Applicant’s Name - First, Middle, Last

Other Names Used

Social Security Number

Date of Birth

Drivers’ License Number

Signature

Date

Sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. PeopleFacts expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by PeopleFacts 135 Chesterfield Lane Maumee, OH 43537 800-772-0130 www.peoplefacts.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature: _____ Date: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

You may have additional rights under Maine's FCRA, Me. Rev. Stat. Ann. 10, Sec 1311 et seq.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>