

---

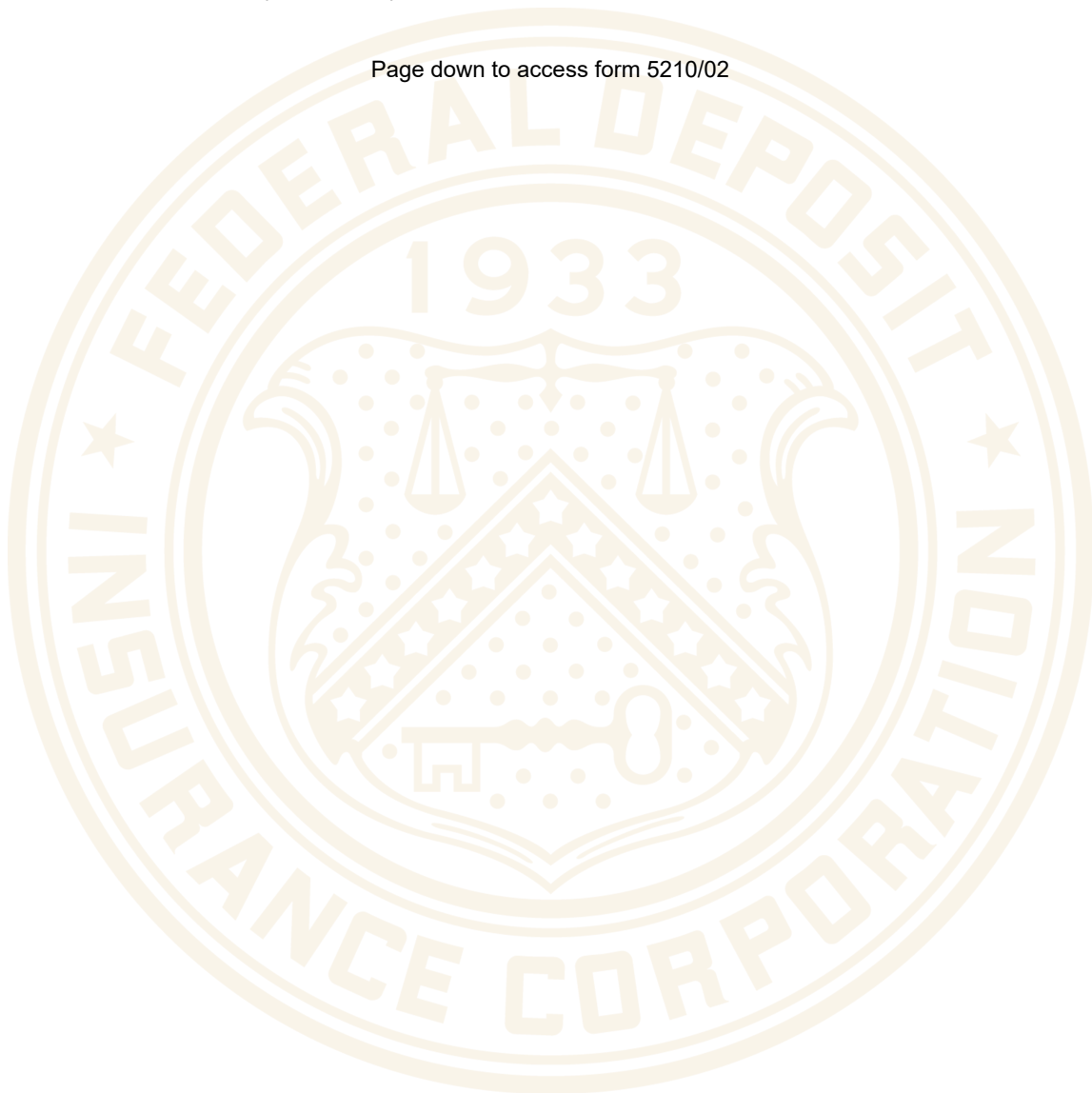
Federal Deposit Insurance Corporation  
**LEGAL SUPPORT SERVICES (LSS) PROVIDER**  
**INVOICE FOR FEES AND EXPENSES (IF&E)**

---

**PAPERWORK REDUCTION ACT NOTICE**

Public reporting burden for this collection of information is estimated to average 1.0 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Public Reporting Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th Street, N.W., Washington, DC 20429, and the Office of Management and Budget, Paperwork Reduction Project (3064-0122), Washington, D.C. 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Page down to access form 5210/02



Federal Deposit Insurance Corporation  
**LEGAL SUPPORT SERVICES (LSS) PROVIDER**  
**INVOICE FOR FEES AND EXPENSES (IF&E)**

**INSTRUCTIONS:** Please provide all requested information.

**SECTION I - GENERAL INFORMATION**

1. Matter Number	2. Matter Caption
------------------	-------------------

**SECTION II - FIRM AND INSTITUTION INFORMATION**

3. Financial Institution Name	4. Institution Number	
5. Financial Institution Address ( <i>City, State, ZIP Code</i> )		
6. LSS Provider Name	7. Federal Tax ID Number	
8. LSS Provider Address ( <i>City, State, ZIP Code</i> )		
9. LSS Firm Provider Contact	10. Telephone	
11. LSS Firm Provider Accounts Receivable Contact	12. Telephone	
13. FDIC Office Location	14. FDIC Attorney	15. Telephone

**SECTION III - CURRENT BILLING INFORMATION**

16. Invoice Number	17. Billing Period Date From: _____ Through: _____	
18. Complete the following billing information		
Action	Fees Billed	Expenses Billed
Court Reporting Services		
Appraisal Services		
Copy/Imaging Services		
Escrow Services		
Registered Agent Services		
Title Company Services		
Other Services ( <i>Specify</i> ):		
Fees Invoiced Subtotal:		
Expenses Invoiced Subtotal:		
Invoice Grand Total:		

**SECTION IV - CERTIFICATION**

I certify that the information contained herein is true and correct to the best of my knowledge and belief, and that all charges for legal services and disbursements reflected herein are in accordance with our retention agreement with the FDIC Legal Division.

19. Name of LSS Provider	20. Title of LSS Provider
21. Authorized Signature	22. Date