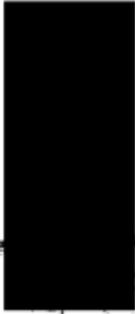


DEPOSIT SLIP
DATE: _____
AMOUNT: _____
PAY TO THE ORDER OF: _____
ACCOUNT NO.: _____
BRANCH: _____
SIGNATURE: _____



DATE: _____
CHECK HERE AFTER MOBILE OR REMOTE DEPOSIT

John Renee
Colin Ave 13