STANDARD FORM TO CONFIRM ACCOUNT BALANCE INFORMATION WITH FINANCIAL INSTITUTIONS

	u.				TWOLake	COV	laborative Same	er Authori	
Financial Institution's Honor Bank					We have provided to our accountants the following information as of the close of business on, 2023, regarding our deposit and loan balances. Please confirm the accuracy of the information, noting any exceptions to the information provided. If the balances have been left blank, please complete this form by				
Address 11926 Chippewa Hwy Bearlake Mi 49614					furnishing the balance in the appropriate space below.* Although we do not request nor expect you to conduct a comprehensive, detailed search of your records, if during the process of completing this confirmation additional information about other deposit and loan accounts we may have with you comes to your attention, please include such information below. Please use the enclosed envelope to return the				
1. At the close of	business on the d	ate lis	ted above,	our records indica	form directly to d	our acco	ountants.	and the	
	ACCOUNT NAME			COUNT NO.			BALANCE*		
Two Lake Collaborative sewer Authority			1176016		0%	40.00			
2. We were directl	y liable to the fina	ncial ir	nstitution fo	r loans at the close	e of business on the	date	listed above as follows:		
ACCOUNT NO./ DESCRIPTION	BALANCE*	D	UE DATE	INTEREST RATE	DATE THROUGH WH INTEREST IS PAI		DESCRIPTION OF COLLA	ATERAL	
							_		
(Customer's Authorized Signature)							-27-23 (Date)		
	etailed search of o	ur rece	ords, no oth				nave not conducted a ur attention except as note 27 · 23 (Date)	d below.	
	Bearl	ake	Branch (Title)	Manager					
			E)	(CEPTIONS AND/OR	COMMENTS				
	Please return	this fo	orm directl	y to our account	ants:	-]	
*Ordinarily, balan	ces are intention			they are not	Baird, Cot 134 W Ha Cadillac M	ırris S		1	