

**FDIC**  
**Federal Deposit Insurance Corporation**

1601 Bryan Street; Dallas, Texas 75201

(972)761-2189

Division of Resolutions and Receiverships

September 26, 2008

Internal Revenue Service  
 P.O. Box 934  
 Stop 1005  
 AUSC  
 Austin, TX 78767

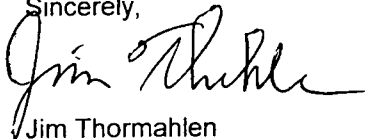
Re: Washington Mutual Bank  
 EIN: 68-0172274  
 Form: 56F

Dear Sir or Madam:

Please find a copy of Form 56-F required to be filed by the FDIC as fiduciary with the Internal Revenue Service upon the establishment of a fiduciary relationship.

Please direct all questions to me at the address or phone number listed above.

Sincerely,



Jim Thormahlen  
 Tax Accountant

**U.S. Postal Service™**  
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 (Domestic Mail Only; No Insurance Coverage Provided)

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**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

7002 3150 0005 1792 1104

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Internal Revenue Service  
 P.O. Box 934  
 Stop 1005  
 AUSC  
 Austin, TX 78767

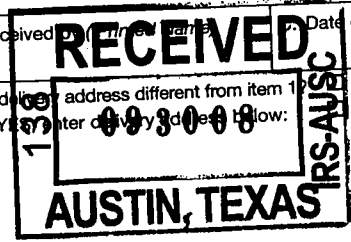
2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by  (Print name) Date of Delivery

D. Is delivery address different from item 1? Yes  No   
 If Yes, enter delivery address below:



3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7002 3150 0005 1792 1104

**Notice Concerning Fiduciary Relationship  
 of Financial Institution**  
 (Internal Revenue Code sections 6036 and 6903)

**Part I Identification**

<b>1</b> Name of person for whom you are acting (as shown on the tax return) <b>Washington Mutual Bank</b>	<b>2</b> Employer identification number <b>68 0172274</b>
<b>3</b> Address of financial institution (number, street, and room or suite no.) <b>1301 Second Avenue</b>	
<b>4</b> City, state, and ZIP code <b>Seattle, Washington 98101</b>	<b>5</b> Telephone no. <b>( 206 ) 461-2000</b>
<b>6</b> Check the applicable box for the type of financial institution: <input type="checkbox"/> Bank <input checked="" type="checkbox"/> Thrift	
<b>7</b> Check here <input type="checkbox"/> if the financial institution is insolvent.	
<b>8</b> Enter the ending date of the financial institution's tax year (mo., day, yr.).	
<b>9</b> Fiduciary's name <b>Federal Deposit Insurance Corporation</b>	<b>10</b> Contact person <b>Jim Thormahlen</b>
<b>11</b> Address of fiduciary (number, street, and room or suite no.) <b>1601 Bryan St.</b>	
<b>12</b> City or town, state, and ZIP code <b>Dallas, TX 75201</b>	<b>13</b> Telephone no. <b>( 972 ) 761-2189</b>
<b>14</b> Check the applicable box if the fiduciary is a: <input checked="" type="checkbox"/> Receiver <input type="checkbox"/> Conservator	
<b>15</b> Check this box <input checked="" type="checkbox"/> if the financial institution is or was a member of a group filing a consolidated return and complete lines 16 to 21 below: Lines 16 through 21 are to be completed only if the financial institution is or was a member of a group filing a consolidated return.	
<b>16</b> Name of person for whom you are acting (as shown on the tax return) <b>Washington Mutual, Inc.</b>	<b>17</b> Employer identification number <b>91 1653725</b>
<b>18</b> Address of the common parent (number, street, and room or suite no.) <b>1301 Second Avenue</b>	
<b>19</b> City, state, and ZIP code <b>Seattle, Washington 98101</b>	
<b>20</b> Check here <input checked="" type="checkbox"/> if a copy of this form has been sent to the common parent of the group.	
<b>21</b> Enter the tax year(s) that the financial institution is or was a member of the consolidated group	

**Part II Authority**

**22** Evidence of fiduciary authority. Check applicable box(es), and attach copy of applicable orders:

a <input type="checkbox"/> Appointment of conservator	b <input type="checkbox"/> Replacement of conservator
c <input checked="" type="checkbox"/> Appointment of receiver	d <input type="checkbox"/> Order of insolvency
e <input type="checkbox"/> Other evidence of creation of fiduciary relationship (describe) ▶	

**Part III Tax Notices**

**23** All notices and other written communications with regard to income, employment, and excise taxes of the financial institution (listed on line 1) will be addressed to the fiduciary. Indicate below if other notices and written communications should be addressed to the fiduciary. Include the type of tax, tax periods or years involved.

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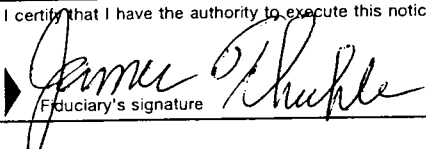
**Part IV Revocation or Termination of Notice**

**Section A—Total Revocation or Termination**

**24** Evidence of termination or revocation of fiduciary authority (Check applicable box(es)):

a <input type="checkbox"/> Certified copy of court order revoking fiduciary authority attached.	
b <input type="checkbox"/> Copy of certificate of dissolution or termination of a business entity attached.	
c <input type="checkbox"/> Other evidence of termination of fiduciary relationship (describe) ▶	

I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer.

<b>Please Sign Here</b>	 Fiduciary's signature	Tax Accountant Title, if applicable	9/26/2008 Date
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