

RESOLUTION OF LODGE, ASSOCIATION OR OTHER SIMILAR ORGANIZATION

St Charles Bank & Trust Co.

411 W. Main Street
St. Charles, IL 60174

By: Mid-Valley Special Education Cooperative
Sail Productions Account
1304 Ronzheimer Ave
St Charles IL 60174

Referred to in this document as "Financial Institution"

Referred to in this document as "Association"

I, _____, certify that I am Secretary (clerk) of the above named association organized under the laws of Illinois, Federal Employer I.D. Number 36-4196796, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Association duly and properly called and held on _____ (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. Nancy Sporer / Director of Business & HR	X <u>Nancy Sporer</u> X	
B. Judith D Donner /	X <u>Judith D Donner</u> X	
C. Terri L Edwards /	X <u>Terri L Edwards</u> X	
D. Anne M Waters /	X <u>Anne M Waters</u> X	
E. Jill Wilder /	X <u>Jill Wilder</u> X	
F. Sandra Gearhart / Vocational Specialist	X <u>Sandra Gearhart</u> X	

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
A B C D E F	(1) Exercise all of the powers listed in this resolution.	1
	(2) Open any deposit or share account(s) in the name of the Association.	
	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	
	(4) Borrow money on behalf and in the name of the Association, sign, execute and deliver promissory notes or other evidences of indebtedness.	
	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Association as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	
	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	
	(7) Other _____	

LIMITATIONS ON POWERS The following are the Association's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Association has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

☐ If checked, the Association is a non-profit lodge, association or similar organization.

X _____ (Secretary)

X _____ (Attest by Other Officer)

X _____ (Attest by Other Officer)

RESOLUTIONS

The Association named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Association and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Association and certified to the Financial Institution as governing the operation of this association's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Association. Any Agent, so long as they act in a representative capacity as an Agent of the Association, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Association with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Association agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Association. The Association authorizes the Financial Institution, at any time, to charge the Association for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Association acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Association to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Association acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Association with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Association authorizes each Agent to have custody of the Association's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) ☐ This resolution is superseded by resolution dated _____.

Comments:

St Charles Bank & Trust Co.

411 W. Main Street
St. Charles, IL 60174

OWNERSHIP OF ACCOUNT - CONSUMER PURPOSE

- ☐ INDIVIDUAL ☐ ☐ ☐ ☐
- ☐ JOINT - WITH SURVIVORSHIP (and not as tenants in common)
- ☐ JOINT - NO SURVIVORSHIP (as tenants in common)
- ☐ TRUST - SEPARATE AGREEMENT: ☐

☐ REVOCABLE TRUST OR ☐ PAY-ON-DEATH
DESIGNATION AS DEFINED IN THIS AGREEMENT
Name and Address of Beneficiaries:

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

- ☐ SOLE PROPRIETORSHIP
- ☐ CORPORATION: ☐ FOR PROFIT ☒ NOT FOR PROFIT
- ☐ PARTNERSHIP
- ☒ Association

BUSINESS:
COUNTY & STATE
OF ORGANIZATION:

AUTHORIZATION DATED:

DATE OPENED 10/18/12 BY revised 10/04/13 MPK

INITIAL DEPOSIT \$ NaN changed signers

☐ CASH ☐ CHECK ☐

HOME TELEPHONE #

BUSINESS PHONE # 331-228-4128

DRIVER'S LICENSE #

E-MAIL

EMPLOYER

MOTHER'S MAIDEN NAME

Name and address of someone who will always know your location:

BACKUP WITHHOLDING CERTIFICATIONS

TIN: 36-4196796

☒ **TAXPAYER I.D. NUMBER** - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

☒ **BACKUP WITHHOLDING** - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **EXEMPT RECIPIENTS** - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. citizen or other U.S. person (as defined in the instructions).

X Mid-Valley Special Education Coop (Date)

ACCOUNT
NUMBER 0011305736

ACCOUNT OWNER(S) NAME & ADDRESS

Mid-Valley Special Education Cooperative

Sail Productions Account

1304 Ronzheimer Ave

St Charles IL 60174

☐ NEW ☒ EXISTING
TYPE OF ☒ CHECKING ☐ SAVINGS
ACCOUNT ☐ MONEY MARKET ☐ CERTIFICATE OF DEPOSIT
☐ NOW ☐

This is your (check one): Entrepreneur Checking

☒ Permanent ☐ Temporary account agreement.

Number of signatures required for withdrawal 1

FACSIMILE SIGNATURE(S) ALLOWED? ☐ YES ☒ NO

☒ [Signature]
SIGNATURE(S) - The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledges the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- ☒ Terms & Conditions ☒ Truth in Savings ☒ Funds Availability
☒ Electronic Fund Transfers ☒ Privacy ☒ Substitute Checks
☐ Common Features ☐

(1): ☒ [Signature]
Nancy Sporey

I.D. # S166-6306-0713 D.O.B. 04/20/1960

(2): ☒ [Signature]
Judith D Donner

I.D. # D560-4245-4972 D.O.B. 12/31/1954

(3): ☒ [Signature]
Terri L Edwards

I.D. # E363-8126-1630 D.O.B. 01/30/1961

(4): ☒ [Signature]
Anne M Waters

I.D. # W362-0535-6761 D.O.B. 06/06/1956

☐ Convenience Depositor (Individual Accounts Only)

☒ [Signature]
I.D. # D.O.B.

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- ☐ JOINT - NO SURVIVORSHIP (as tenants in common)
- ☐ TRUST - SEPARATE AGREEMENT: ☐

☐ REVOCABLE TRUST OR ☐ PAY-ON-DEATH
DESIGNATION AS DEFINED IN THIS AGREEMENT
Name and Address of Beneficiaries:

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

- ☐ SOLE PROPRIETORSHIP
- ☐ CORPORATION: ☐ FOR PROFIT ☒ NOT FOR PROFIT
- ☐ PARTNERSHIP
- ☒ Association

BUSINESS:
COUNTY & STATE
OF ORGANIZATION:

AUTHORIZATION DATED:

DATE OPENED 10/18/12 BY revised 10/04/13 MPK
INITIAL DEPOSIT \$ NaN changed signers

☐ CASH ☐ CHECK ☐

HOME TELEPHONE #

BUSINESS PHONE # 331-228-4928

DRIVER'S LICENSE #

E-MAIL

EMPLOYER

MOTHER'S MAIDEN NAME

Name and address of someone who will always know your location:

BACKUP WITHHOLDING CERTIFICATIONS

TIN: 36-4196796

☒ **TAXPAYER I.D. NUMBER** - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

☒ **BACKUP WITHHOLDING** - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **EXEMPT RECIPIENTS** - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. citizen or other U.S. person (as defined in the instructions).

X Mid-Valley Special Education Coop (Date)

ACCOUNT
NUMBER 0011305736

ACCOUNT OWNER(S) NAME & ADDRESS

Mid-Valley Special Education Cooperative
Sail Productions Account

1304 Ronzheimer Ave
St Charles IL 60174

☐ NEW ☒ EXISTING
TYPE OF ☒ CHECKING ☐ SAVINGS
ACCOUNT ☐ MONEY MARKET ☐ CERTIFICATE OF DEPOSIT
☐ NOW ☐

This is your (check one): Entrepreneur Checking
☒ Permanent ☐ Temporary account agreement.

Number of signatures required for withdrawal 1
FACSIMILE SIGNATURE(S) ALLOWED? ☐ YES ☒ NO

[X Jill Wilder]

SIGNATURE(S) - The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

☒ Terms & Conditions ☒ Truth in Savings ☒ Funds Availability
☒ Electronic Fund Transfers ☒ Privacy ☒ Substitute Checks
☐ Common Features ☐

(1): [X Jill Wilder]
Jill Wilder

I.D. # W436-4368-0749 D.O.B. 05/25/1980

(2): [X Sandra Gearheart]
Sandra Gearheart

I.D. # G663-7925-8741 D.O.B. 05/17/1958

(3): [X]

I.D. # D.O.B.

(4): [X]

I.D. # D.O.B.

☐ Convenience Depositor (Individual Accounts Only)

[X]

I.D. # D.O.B.