

Prosperity Bank
100 S Washington
Beeville, TX 78102-5622

The types of accounts provided by Texas law have been disclosed on the separate Single-Party or Multiple-Party Account Selection Form Notice (Selection Form Notice), on which the undersigned have initialed to designate the ownership type selected. The undersigned acknowledge(s) receipt of a copy of the completed Selection Form Notice.

OTHER _____

Ownership of Account - Business Purpose

Sole Proprietorship or Single Member LLC Partnership
 LLC-enter tax classification (C Corp S Corp Partnership)
 C Corporation S Corporation PUBLIC FUND
Authorization Dated: 09/13/2016

Account Number and Description	Initial Deposit/Source
Acct. No.: 3075131 Z P PF NOW	\$ _____ <input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/> _____
Acct. No.:	\$ _____ <input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/> _____
Acct. No.:	\$ _____ <input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/> _____

Account Name: _____

This is a Temporary account agreement.

Backup Withholding Certifications

(If not a "U.S. Person", certify foreign status separately)

By signing signature field (1) on this document, I certify under penalties of perjury that the statements made in this section are true and that I am a U.S. citizen or other U.S. person (as defined in the instructions).

Taxpayer I.D. Number - TIN: 74-6000331

The Taxpayer Identification Number (TIN) shown 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. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Additional Terms: Date Opened: 08/31/2003

Scanned by: _____ Date: _____

Revised: 09/13/2016 33NG

FACSIMILE SIGNATURE(S) ALLOWED? Yes No

X

Account Owner(s) Name & Address
BEEVILLE INDEPENDENT SCHOOL DISTRICT
IMPREST FUND

201 N ST MARYS STREET
BEEVILLE, TX 78102

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 _____

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X]
KEVIN BEHR

(2): [X]
MARC ANTHONY PUIG

(3): [X]
EVA CISNEROS

(4): [X]
ERASMO RODRIGUEZ

The person(s) named below are Convenience Signers only (not owners)

[X]

I.D. # _____ Other _____

[X]

I.D. # _____ Other _____

CORPORATE AUTHORIZATION RESOLUTION

Prosperity Bank

By: BEEVILLE INDEPENDENT SCHOOL DISTRICT

1301 N Mechanic St
El Campo, TX 77437-2633


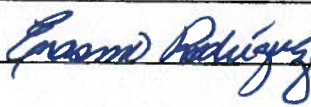
201 N ST MARYS STREET
BEEVILLE, TX 78102

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, _____, certify that I am Secretary (clerk) of the above named corporation organized under the laws of TEXAS, Federal Employer I.D. Number 74-6000331, engaged in business under the trade name of BEEVILLE INDEPENDENT SCHOOL DISTRICT, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on 09-13-2016 (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. <u>KEVIN BEHR, BISD BOARD OF TRUSTEE AUTH SIGNER</u>	X _____	X _____
B. <u>MARC ANTHONY PUIG, SUPERINTENDENT, AUTH SIGNER</u>	X _____	X _____
C. <u>EVA CISNEROS, EXE DIRECTOR OF FINANCE, AUTH SIGNER</u>	X 	X _____
D. <u>ERASMO RODRIGUEZ, AUTHORIZED SIGNER</u>	X 	X _____
E. _____	X _____	X _____
F. _____	X _____	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
_____	(1) Exercise all of the powers listed in this resolution.	1 _____
_____	(2) Open any deposit or share account(s) in the name of the Corporation.	1 _____
<u>A,B,C,D</u>	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	1 _____
_____	(4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	1 _____
_____	(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 Corporation 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.	1 _____
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	1 _____
_____	(7) Other _____	1 _____

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

RESOLUTIONS

The Corporation named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Corporation 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 Board of Directors of the Corporation and certified to the Financial Institution as governing the operation of this corporation'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 Corporation. Any Agent, so long as they act in a representative capacity as an Agent of the Corporation, 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 Corporation with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Corporation agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Corporation. The Corporation authorizes the Financial Institution, at any time, to charge the Corporation 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 Corporation acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation 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 Corporation 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 Corporation 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 Corporation authorizes each Agent to have custody of the Corporation'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).

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

CERTIFICATION OF AUTHORITY

I further certify that the Board of Directors of the Corporation 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 Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on 09/13/2016 (date).

Attest by One Other Officer

Secretary

FOR FINANCIAL INSTITUTION USE ONLY

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

Comments:

Nature of Business: GOVERNMENT ENTITY

Input By: _____

Date Produced: 09/13/2016

Reviewed By: _____



PROSPERITY BANKSM

Prosperity Bank ("Prosperity") asks that it be able to use certain personal information of yours, including identifying information from your personal identification card, such as your driver's license or passport, in order to meet our federal record keeping requirements. In addition, we would like to use your information to assist Prosperity, and you, in preventing identity theft and to confirm that only you are using your identification card and personal information. We will not use your information for telemarketing purposes. We also need to use your personal information to request a report of your banking account history from a third party, such as ChexSystems, Inc. If our use of your personal information for these purposes is acceptable, and if your personal information printed below and that you have given on the other account opening documents is correct, please indicate by signing below. Prosperity may retain this information for our record keeping purposes.

Name: KEVIN BEHR
Address: 5088 BUS 181 N
BEEVILLE, TX 78102
e-mail:

SSN:
DL#:
DOB
Date Opened:
Home Phone:
Cell Phone:

Name: MARC ANTHONY FUIG
Address: 1900 LITTLE ELM TRL NO 3
CEDAR PARK, TX 78613
e-mail:

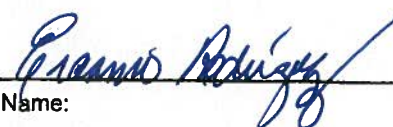
SSN:
DL#:
DOB
Date Opened:
Home Phone:
Cell Phone:

Name: EVA CISNEROS
Address: 603 W IRELAND
BEEVILLE, TX 78102
e-mail:

SSN:
DL#:
DOB
Date Opened:
Home Phone:
Cell Phone:

Name: ERASMO RODRIGUEZ
Address: P O BOX 148
PETTUS, TX 78146
e-mail:

SSN:
DL#:
DOB
Date Opened:
Home Phone:
Cell Phone:



Name:
Address:
e-mail:

SSN:
DL#:
DOB
Date Opened:
Home Phone:
Cell Phone:

Name:
Address:
e-mail:

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