



CENTRAL STATE BANK
MAIN OFFICE, 301 Iowa Avenue, Muscatine, IA 52761

BANK RESOLUTION BY GOVERNMENT ENTITY

SECRETARY'S CERTIFICATE. I certify that I am the secretary of CITY OF MUSCATINE ('Entity'), a government entity in good standing under the laws of Iowa. The following is an accurate copy of resolutions adopted by the Entity's governing body at a meeting properly called and held on May 26, 2010, at which a quorum was present. Such resolutions have not been amended or revoked, and they do not conflict with any provision of any document by which the Entity is bound:

RESOLVED, that CENTRAL STATE BANK ('Bank') is designated a depository of funds for the Entity;

RESOLVED, that any prior resolutions remain in effect except as changed by those adopted today. The Entity ratifies all transactions purportedly done on its behalf with the Bank before these resolutions were delivered to the Bank. Any change(s) to these resolutions will take effect only after the Bank has received written certification of the change(s) and has had reasonable time to act on the change(s);

RESOLVED, that the Entity agrees to be bound by the Bank's Commercial Deposit Account Agreement for each account permitted by these resolutions;

RESOLVED, that the Bank is authorized to honor, pay, and charge the Entity's account(s) for any item purporting to have been signed on behalf of the Entity with a facsimile signature that resembles a specimen the Entity has certified to the Bank, no matter by whom or by what means the actual or purported signature may have been made;

RESOLVED, that the persons named below, whose manual and/or facsimile signatures are provided next to their respective names, are authorized to perform the powers listed based on number(s) following their respective names. The Bank has no duty to inquire into any power before executing it, even if the power benefits the signer individually. The required number of signatures immediately follows the description of that power;

Powers:

1. Open and close deposit accounts, sign account agreements, and sign contracts for deposit-related or other services. Signatures required: 1
2. Sign and authorize checks, drafts, withdrawal slips, and any other orders for the payment of money, whether by paper, electronic, or any other means, even if payable to the signer or used to discharge or reduce any obligation of the signer. Signatures required: 1
3. Borrow money by signing promissory notes, checks, drafts, credit agreements, agreements for letters of credit, and any other contracts that obligate the Entity to repay funds. Signatures required: 0
4. Assign, endorse, discount, transfer, mortgage, or pledge any of the Entity's property as collateral for any obligation, direct or indirect, absolute or contingent. Signatures required: 0
5. Lease, have access to, and terminate leases for safe-deposit boxes. Signatures required: 0
6. Give releases, waivers, receipts, and notices of all kinds that relate in any way to any relationship of the Entity with the Bank. Signatures required: 0

RESOLVED, that the secretary of the Entity is directed to certify and deliver a copy of these resolutions to the Bank, the signature cards bearing the genuine signatures of the persons named below, and any other documents that the Bank requires.

AUTHORIZED PERSONS. The names and genuine signatures, manual or facsimile, of the authorized persons, and the powers granted to them are as follows:

Name
DEWAYNE M HOPKINS

Title Mayor

Powers

1 and 2 - as to account number(s) 000000000000661,
000000000000745, 000000000000794, 000000008054363,
000000064001571

Signature

Facsimile Signature

Name
NANCY A LUECK

Title Finance Director

Powers

1 and 2 - as to account number(s) 000000000000661,
000000000000745, 000000000000794, 000000008054363,
000000064001571, 00000000000087369

Signature

Facsimile Signature

Name
GREGGORY J MANDSAGER

Title City Administrator

Powers

1 and 2 - as to account number(s) 000000000000661,
000000000000745, 000000000000794, 000000008054363,
000000064001571

Signature

Facsimile Signature

INITIALS

Name
LEANNA K MCCULLOUGH

Title
Accountant

Powers
1 and 2 - as to account number(s) 0000000000000661,
0000000000000745, 0000000000000794, 0000000008054363,
000000064001571

Signature

Leanna McCullough

Facsimile Signature

IN WITNESS WHEREOF, I have signed this certification on the date shown by my signature and have affixed the Entity's seal.

CITY OF MUSCATINE

By *[Signature]*
CORPORATE SECRETARY

(Corporate Seal)

Date *1/11/12*



CENTRAL STATE BANK
MAIN OFFICE, 301 Iowa Avenue, Muscatine, IA 52761

COMMERCIAL SIGNATURE CARD

ACCOUNT TYPE
CKG WITH INTEREST

ACCOUNT NUMBER
0000000000000661

ACCOUNT TITLE
CITY OF MUSCATINE
MUNICIPAL HOUSING PROGRAMS-LOC

ACCOUNT MAILING ADDRESS
Attn: Nancy Lueck, City Hall
Hold for Pickup,

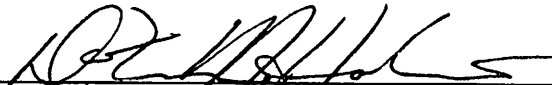

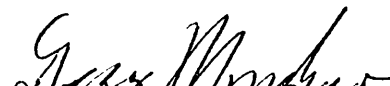
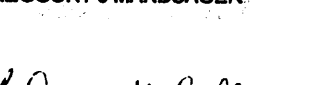
TAXPAYER ID NUMBER
42-6005008

NUMBER OF SIGNATURES REQUIRED
1

OPENED BY
JORDAN M. MILLER


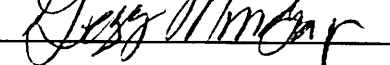
DATE OPENED
August 1, 1972

SIGNATURE OF AUTHORIZED SIGNERS

X	 DEWAYNE M HOPKINS	(Seal)	1-6-12 Date	Facsimile Signature
X	 NANCY A LUECK	(Seal)	1-6-2012 Date	Facsimile Signature
X	 GREGGORY J MANDSAGER	(Seal)	1/11/12 Date	Facsimile Signature
X	 LEANNA K MCCULLOUGH	(Seal)	1-6-2012 Date	Facsimile Signature

AGREEMENT. By signing this signature card you agree that the account is governed by our Commercial Deposit Account Agreement. Among other things, this means that each term defined in that agreement has the same meaning here. You acknowledge receipt of that agreement, the fee schedule, the disclosure about your ability to withdraw funds, and any addenda to those documents. You have read those documents and agree to them, all of which are a part of this agreement.

CITY OF MUSCATINE

By	 GREGGORY J MANDSAGER	(Seal)	1/11/12 Date	Facsimile Signature
By	 NANCY A LUECK	(Seal)	1-6-12 Date	Facsimile Signature

THE FOLLOWING INFORMATION MAY BE USED TO FURTHER IDENTIFY THE ACCOUNT HOLDER(S) AND AUTHORIZED SIGNERS FOR TELEPHONE INSTRUCTIONS, LARGE TRANSACTIONS, OR IF A SIGNATURE VARIES.

ACCOUNT HOLDER
CITY OF MUSCATINE

Telephone Number(s)

Entity Type
Government Body

Street Address
City Hall, 215 Sycamore St
Muscatine, IA 52761
ID Expiration Date:
ID Verified Indicator: Verified
Date ID Verified: November 19, 2010

Taxpayer ID Number
42-6005008

Name: DEWAYNE M HOPKINS
SSN: 482-56-2613
Phone: (H) (563) 263-8110
Phone: (W) (563) 263-2442
Employment:
DOB: January 10, 1948
ID: Driver's License/State ID
ID#: IA - 662YY2197
ID Expiration Date: January 10, 2015
Other: Mothers Maiden Name
BUSTER

Name: NANCY A LUECK
SSN: 00-0000000
Phone: (H) (563) 262-8695
Phone: (W)
Employment:
DOB:
ID: No Identification
ID Expiration Date:

Name: GREGGORY J MANDSAGER
SSN: 533-80-0842
Phone: (H) (563) 263-0168
Phone: (W) (563) 607-0199
Employment:
DOB: November 11, 1969
ID: Driver's License/State ID
ID#: IA - 662XX8065
ID Expiration Date: November 11, 2015

Name: LEANNA K MCCULLOUGH
SSN: 485-90-4353
Phone: (H) (563) 263-5566
Phone: (W) (563) 264-1550
Employment:
DOB: August 20, 1976
ID: Driver's License/State ID
ID#: IA - 661XX7528
ID Expiration Date: January 20, 2012

Central State Bank

CENTRAL STATE BANK
MAIN OFFICE, 301 Iowa Avenue, Muscatine, IA 52761

COMMERCIAL SIGNATURE CARD

ACCOUNT TYPE
CKG WITH INTEREST

ACCOUNT NUMBER
0000000000000745

ACCOUNT TITLE
CITY OF MUSCATINE

ACCOUNT MAILING ADDRESS
Attn: Nancy Lueck, City Hall
Hold for Pickup,

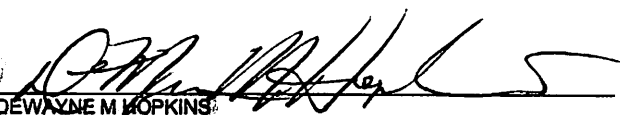
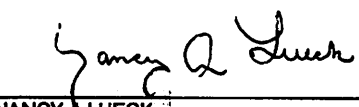


TAXPAYER ID NUMBER
42-6005008

NUMBER OF SIGNATURES REQUIRED
1

OPENED BY
JORDAN M. MILLER

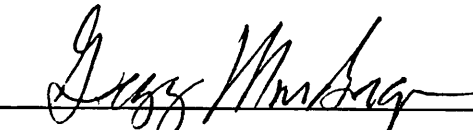
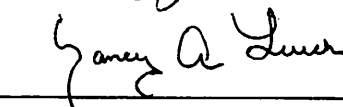
DATE OPENED
July 1, 1976

SIGNATURE OF AUTHORIZED SIGNERS

X	 DEWAYNE M HOPKINS	(Seal)	1-6-12 Date	Facsimile Signature
X	 NANCY A LUECK	(Seal)	1-6-2012 Date	Facsimile Signature
X	 GREGORY J MANDSAGER	(Seal)	1/11/12 Date	Facsimile Signature
X	 LEANNA K MCCULLOUGH	(Seal)	1-6-2012 Date	Facsimile Signature

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CITY OF MUSCATINE

By	 GREGORY J MANDSAGER	(Seal)	1/11/12 Date	Facsimile Signature
By	 NANCY A LUECK	(Seal)	1-6-12 Date	Facsimile Signature

THE FOLLOWING INFORMATION MAY BE USED TO FURTHER IDENTIFY THE ACCOUNT HOLDER(S) AND AUTHORIZED SIGNERS FOR TELEPHONE INSTRUCTIONS, LARGE TRANSACTIONS, OR IF A SIGNATURE VARIES.

ACCOUNT HOLDER
CITY OF MUSCATINE

Telephone Number(s)

Entity Type
Government Body

Street Address
City Hall, 215 Sycamore St
Muscatine, IA 52761
ID Expiration Date:
ID Verified Indicator: Verified
Date ID Verified: November 19, 2010

Taxpayer ID Number
42-6005008

Name: DEWAYNE M HOPKINS
SSN: 482-56-2613
Phone: (H) (563) 263-8110
Phone: (W) (563) 263-2442
Employment:
DOB: January 10, 1948
ID: Driver's License/State ID
ID#: IA - 662YY2197
ID Expiration Date: January 10, 2015
Other: Mothers Maiden Name
BUSTER

Name: NANCY A LUECK
SSN: 00-0000000
Phone: (H) (563) 262-8695
Phone: (W)
Employment:
DOB:
ID: No Identification
ID Expiration Date:

Name: GREGGORY J MANDSAGER
SSN: 533-80-0842
Phone: (H) (563) 263-0168
Phone: (W) (563) 607-0199
Employment:
DOB: November 11, 1969
ID: Driver's License/State ID
ID#: IA - 662XX8065
ID Expiration Date: November 11, 2015

Name: LEANNA K MCCULLOUGH
SSN: 485-90-4353
Phone: (H) (563) 263-5566
Phone: (W) (563) 264-1550
Employment:
DOB: August 20, 1976
ID: Driver's License/State ID
ID#: IA - 661XX7528
ID Expiration Date: January 20, 2012

TIN/BACKUP WITHHOLDING CERTIFICATION:

Tax Identification Number. 42-6005008

Important: Under penalties of perjury, I certify that the number shown above is my correct taxpayer identification number and that (check appropriate box):

☒ I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

☐ I am subject to backup withholding.

I am a U.S. person (including a U.S. resident alien).

X: *Gregory J Mandsager* (Signature of U.S. person)
SIGNATURE OF AUTHORIZED INDIVIDUAL

1-6-12
Date



CENTRAL STATE BANK
MAIN OFFICE, 301 Iowa Avenue, Muscatine, IA 52761

COMMERCIAL SIGNATURE CARD

ACCOUNT TYPE
DDA PUBLIC

ACCOUNT NUMBER
0000000000000794

ACCOUNT TITLE
CITY OF MUSCATINE
PAYROLL ACCT-FINANCE DEPT

ACCOUNT MAILING ADDRESS
Attn: Nancy Lueck, City Hall
Hold Statement for Pickup,


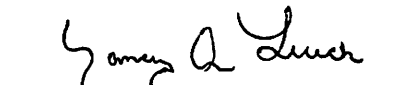


TAXPAYER ID NUMBER
42-6005008

NUMBER OF SIGNATURES REQUIRED
1

OPENED BY
JORDAN M. MILLER

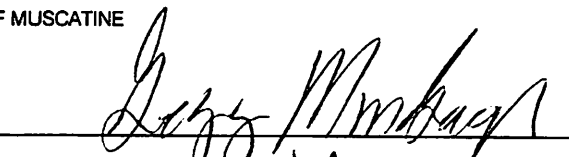
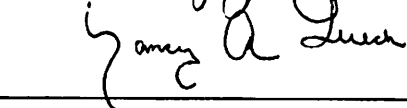
DATE OPENED
January 1, 1978

SIGNATURE OF AUTHORIZED SIGNERS

X	 DEVAYNE M HOPKINS	(Seal)	_____	Date	_____	Facsimile Signature	_____
X	 NANCY A LUECK	(Seal)	_____	Date	1-6-2012	Facsimile Signature	_____
X	 GREGORY J MANDSAGER	(Seal)	_____	Date	1/11/12	Facsimile Signature	_____
X	 LEANNA K MCCULLOUGH	(Seal)	_____	Date	1-6-2012	Facsimile Signature	_____

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CITY OF MUSCATINE

By	 _____	(Seal)	_____	Date	1/11/12	Facsimile Signature	_____
By	 _____	(Seal)	_____	Date	1-6-12	Facsimile Signature	_____

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ACCOUNT HOLDER
CITY OF MUSCATINE

Telephone Number(s)

Entity Type
Government Body

Street Address
City Hall, 215 Sycamore St
Muscatine, IA 52761
ID Expiration Date:
ID Verified Indicator: Verified
Date ID Verified: November 19, 2010

Taxpayer ID Number
42-6005008

Name: DEWAYNE M HOPKINS
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Phone: (H) (563) 263-8110
Phone: (W) (563) 263-2442
Employment:
DOB: January 10, 1948
ID: Driver's License/State ID
ID#: IA - 662YY2197
ID Expiration Date: January 10, 2015
Other: Mothers Maiden Name
BUSTER

Name: NANCY A LUECK
SSN: 00-0000000
Phone: (H) (563) 262-8695
Phone: (W)
Employment:
DOB:
ID: No Identification
ID Expiration Date:

Name: GREGGORY J MANDSAGER
SSN: 533-80-0842
Phone: (H) (563) 263-0168
Phone: (W) (563) 607-0199
Employment:
DOB: November 11, 1969
ID: Driver's License/State ID
ID#: IA - 662XX8065
ID Expiration Date: November 11, 2015

Name: LEANNA K MCCULLOUGH
SSN: 485-90-4353
Phone: (H) (563) 263-5566
Phone: (W) (563) 264-1550
Employment:
DOB: August 20, 1976
ID: Driver's License/State ID
ID#: IA - 661XX7528
ID Expiration Date: January 20, 2012

Central State Bank

CENTRAL STATE BANK
MAIN OFFICE, 301 Iowa Avenue, Muscatine, IA 52761

COMMERCIAL SIGNATURE CARD

ACCOUNT TYPE
PUBLIC SAVINGS

ACCOUNT NUMBER
0000000064001571

ACCOUNT TITLE
CITY OF MUSCATINE

ACCOUNT MAILING ADDRESS
Dept Of Finance & Records, City Hall
Muscatine, IA 52761

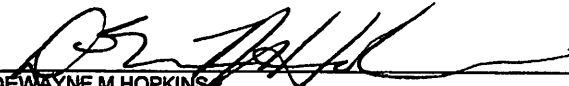
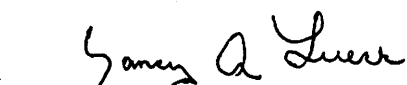
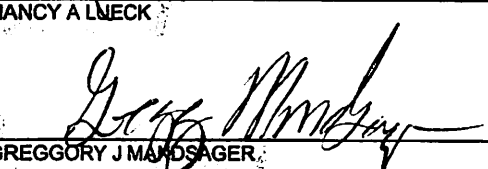
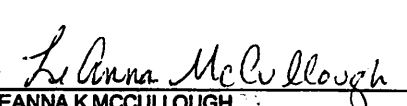
TAXPAYER ID NUMBER
42-6005008

NUMBER OF SIGNATURES REQUIRED
1

OPENED BY
JORDAN M. MILLER

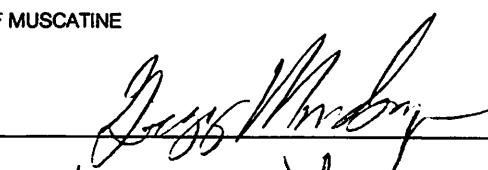
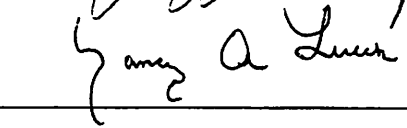
DATE OPENED
April 9, 1985

SIGNATURE OF AUTHORIZED SIGNERS

X	 DEWAYNE M HOPKINS	(Seal)	Date	_____	Facsimile Signature	_____
X	 NANCY A LUECK	(Seal)	Date	1-6-2012	Facsimile Signature	_____
X	 GREGGORY J MANDAGER	(Seal)	Date	1/11/12	Facsimile Signature	_____
X	 LEANNA K MCCULLOUGH	(Seal)	Date	1-6-2012	Facsimile Signature	_____

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CITY OF MUSCATINE

By	 _____	(Seal)	Date	1/11/12	Facsimile Signature	_____
By	 _____	(Seal)	Date	1-6-12	Facsimile Signature	_____

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ACCOUNT HOLDER
CITY OF MUSCATINE

Telephone Number(s)

Entity Type
Government Body

Street Address
City Hall, 215 Sycamore St
Muscatine, IA 52761
ID Expiration Date:
ID Verified Indicator: Verified
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Taxpayer ID Number
42-6005008

Name: DEWAYNE M HOPKINS
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Phone: (H) (563) 263-8110
Phone: (W) (563) 263-2442
Employment:
DOB: January 10, 1948
ID: Driver's License/State ID
ID#: IA - 662YY2197
ID Expiration Date: January 10, 2015
Other: Mothers Maiden Name
BUSTER

Name: NANCY A LUECK
SSN: 00-0000000
Phone: (H) (563) 262-8695
Phone: (W)
Employment:
DOB:
ID: No Identification
ID Expiration Date:

Name: GREGGORY J MANDSAGER
SSN: 533-80-0842
Phone: (H) (563) 263-0168
Phone: (W) (563) 607-0199
Employment:
DOB: November 11, 1969
ID: Driver's License/State ID
ID#: IA - 662XX8065
ID Expiration Date: November 11, 2015

Name: LEANNA K MCCULLOUGH
SSN: 485-90-4353
Phone: (H) (563) 263-5566
Phone: (W) (563) 264-1550
Employment:
DOB: August 20, 1976
ID: Driver's License/State ID
ID#: IA - 661XX7528
ID Expiration Date: January 20, 2012

TIN/BACKUP WITHHOLDING CERTIFICATION:
Tax Identification Number. 42-6005008

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☐ I am subject to backup withholding.

I am a U.S. person (including a U.S. resident alien).

X: *Nancy A Lueck* (Signature of U.S. person)
SIGNATURE OF AUTHORIZED INDIVIDUAL

1-6-12
Date



CENTRAL STATE BANK
MAIN OFFICE, 301 Iowa Avenue, Muscatine, IA 52761

COMMERCIAL SIGNATURE CARD

ACCOUNT TYPE
SPC MM CITY OF MUSC

ACCOUNT NUMBER
000000008054363

ACCOUNT TITLE
CITY OF MUSCATINE
GENERAL MONEY MARKET ACCT

ACCOUNT MAILING ADDRESS
City Hall, 215 Sycamore St
Muscatine, IA 52761

TAXPAYER ID NUMBER
42-6005008


NUMBER OF SIGNATURES REQUIRED
1

OPENED BY
JORDAN M. MILLER

DATE OPENED
May 26, 2010

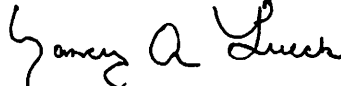
SIGNATURE OF AUTHORIZED SIGNERS

Facsimile Signature

X  (Seal) _____
DEWAYNE M HOPKINS

Date _____

Facsimile Signature

X  (Seal) _____
NANCY A LUECK


Date 1-6-2012

Facsimile Signature

X  (Seal) _____
GREGORY J MANDT

Date 1/11/12

Facsimile Signature

X  (Seal) _____
LEANNA K MCCULLOUGH

Date 1-6-2012

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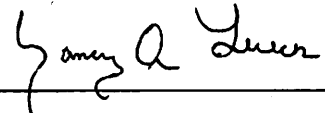
CITY OF MUSCATINE

Facsimile Signature

By  (Seal) _____

Date _____

Facsimile Signature

By  (Seal) _____

Date 1-6-12

THE FOLLOWING INFORMATION MAY BE USED TO FURTHER IDENTIFY THE ACCOUNT HOLDER(S) AND AUTHORIZED SIGNERS FOR TELEPHONE INSTRUCTIONS, LARGE TRANSACTIONS, OR IF A SIGNATURE VARIES.

ACCOUNT HOLDER
CITY OF MUSCATINE

Telephone Number(s)

Entity Type
Government Body

Street Address
City Hall, 215 Sycamore St
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ID Expiration Date:
ID Verified Indicator: Verified
Date ID Verified: November 19, 2010

Taxpayer ID Number
42-6005008

Name: DEWAYNE M HOPKINS
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Phone: (H) (563) 263-8110
Phone: (W) (563) 263-2442
Employment:
DOB: January 10, 1948
ID: Driver's License/State ID
ID#: IA - 662YY2197
ID Expiration Date: January 10, 2015
Other: Mothers Maiden Name
BUSTER

Name: NANCY A LUECK
SSN: 00-0000000
Phone: (H) (563) 262-8695
Phone: (W)
Employment:
DOB:
ID: No Identification
ID Expiration Date:

Name: GREGGORY J MANDSAGER
SSN: 533-80-0842
Phone: (H) (563) 263-0168
Phone: (W) (563) 607-0199
Employment:
DOB: November 11, 1969
ID: Driver's License/State ID
ID#: IA - 662XX8065
ID Expiration Date: November 11, 2015

Name: LEANNA K MCCULLOUGH
SSN: 485-90-4353
Phone: (H) (563) 263-5566
Phone: (W) (563) 264-1550
Employment:
DOB: August 20, 1976
ID: Driver's License/State ID
ID#: IA - 661XX7528
ID Expiration Date: January 20, 2012

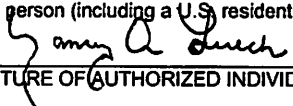
TIN/BACKUP WITHHOLDING CERTIFICATION:
Tax Identification Number. 42-6005008

Important: Under penalties of perjury, I certify that the number shown above is my correct taxpayer identification number and that (check appropriate box):

☒ I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

☐ I am subject to backup withholding.

I am a U.S. person (including a U.S. resident alien).

x:  (Signature of U.S. person)
SIGNATURE OF AUTHORIZED INDIVIDUAL

1-6-12
Date

Central State Bank

CENTRAL STATE BANK
MAIN OFFICE, 301 Iowa Avenue, Muscatine, IA 52761

COMMERCIAL SIGNATURE CARD

ACCOUNT TYPE
CKG WITH INTEREST

ACCOUNT NUMBER
0000000000000919

ACCOUNT TITLE
HERSHEY CONVALESCENT HOME
HERSHEY MANOR ACCT

ACCOUNT MAILING ADDRESS
Central State Bank, Hold For Nancy Lueck
Muscatine, IA 00000

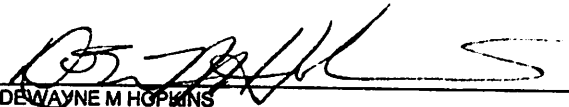
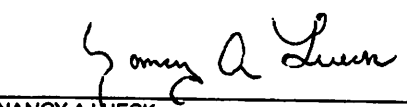
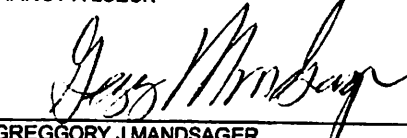

TAXPAYER ID NUMBER
42-0307480

NUMBER OF SIGNATURES REQUIRED
1

OPENED BY
JORDAN M. MILLER

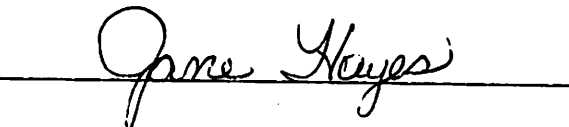
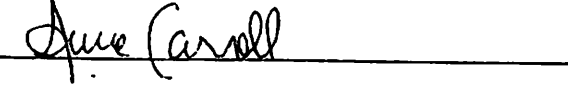
DATE OPENED
August 6, 1984

SIGNATURE OF AUTHORIZED SIGNERS

X	 DEWAYNE M HOPKINS	(Seal)	_____	Date	_____	Facsimile Signature	_____
X	 NANCY A LUECK	(Seal)	_____	Date	1-6-2012	Facsimile Signature	_____
X	 GREGGORY J MANDSAGER	(Seal)	_____	Date	1/11/12	Facsimile Signature	_____
X	 LEANNA K MCCULLOUGH	(Seal)	_____	Date	1-6-2012	Facsimile Signature	_____

AGREEMENT. By signing this signature card you agree that the account is governed by our Commercial Deposit Account Agreement. Among other things, this means that each term defined in that agreement has the same meaning here. You acknowledge receipt of that agreement, the fee schedule, the disclosure about your ability to withdraw funds, and any addenda to those documents. You have read those documents and agree to them, all of which are a part of this agreement.

BENJAMIN HERSHEY MEMORIAL CONV HOME INC

By	 _____	(Seal)	_____	Date	_____	Facsimile Signature	_____
By	 _____	(Seal)	_____	Date	1/19/12	Facsimile Signature	_____

THE FOLLOWING INFORMATION MAY BE USED TO FURTHER IDENTIFY THE ACCOUNT HOLDER(S) AND AUTHORIZED SIGNERS FOR TELEPHONE INSTRUCTIONS, LARGE TRANSACTIONS, OR IF A SIGNATURE VARIES.

ACCOUNT HOLDER
BENJAMIN HERSHEY MEMORIAL CONV HOME INC

Telephone Number(s)

Entity Type
Corporation

Street Address
C/o Senior Resources, 117 W 3rd St Ofc 1
Muscatine, IA 52761
ID Expiration Date:
ID Verified Indicator: Customer Prior to October 1, 2003

Taxpayer ID Number
42-0307480

State of Incorporation (Corporation Only)
Iowa

Name: DEWAYNE M HOPKINS
SSN: 482-56-2613
Phone: (H) (563) 263-8110
Phone: (W) (563) 263-2442
Employment:
DOB: January 10, 1948
ID: Driver's License/State ID
ID#: IA - 662YY2197
ID Expiration Date: January 10, 2015
Other: Mothers Maiden Name
BUSTER

Name: LEANNA K MCCULLOUGH
SSN: 485-90-4353
Phone: (H) (563) 263-5566
Phone: (W) (563) 264-1550
Employment:
DOB: August 20, 1976
ID: Driver's License/State ID
ID#: IA - 661XX7528
ID Expiration Date: January 20, 2012

Name: NANCY A LUECK
SSN: 00-0000000
Phone: (H) (563) 262-8695
Phone: (W)
Employment:
DOB:
ID: No Identification
ID Expiration Date:

Name: GREGGORY J MANDSAGER
SSN: 533-80-0842
Phone: (H) (563) 263-0168
Phone: (W) (563) 607-0199
Employment:
DOB: November 11, 1969
ID: Driver's License/State ID
ID#: IA - 662XX8065
ID Expiration Date: November 11, 2015

Central State Bank

CENTRAL STATE BANK
MAIN OFFICE, 301 Iowa Avenue, Muscatine, IA 52761

BANK RESOLUTION BY CORPORATION

CORPORATE SECRETARY'S CERTIFICATE. I certify that I am the corporate secretary of **BENJAMIN HERSHEY MEMORIAL CONV HOME INC** ('Corporation'), a corporation in good standing under the laws of Iowa. The following is an accurate copy of resolutions adopted by the Corporation's board of directors at a meeting properly called and held on June 17, 2009, at which a quorum was present. Such resolutions have not been amended or revoked, and they do not conflict with any provision of the Corporation's articles of incorporation, bylaws, or any other document by which the Corporation is bound:

RESOLVED, that CENTRAL STATE BANK ('Bank') is designated a depository of funds for the Corporation;

RESOLVED, that any prior resolutions remain in effect except as changed by those adopted today. The Corporation ratifies all transactions purportedly done on its behalf with the Bank before the delivery of this resolution to the Bank. Any change(s) to these resolutions will take effect only after the Bank has received written certification of the change(s) and has had a reasonable time to verify and act on the change(s);

RESOLVED, that the Corporation agrees to be bound by the Bank's Commercial Deposit Account Agreement for each account permitted by these resolutions;

RESOLVED, that the Bank is authorized to honor, pay, and charge the Corporation's account(s) for any item purporting to have been signed on behalf of the Corporation with a facsimile signature that resembles a specimen the Corporation has certified to the Bank, no matter by whom or by what means the actual or purported signature may have been made;

RESOLVED, that the persons named below, whose manual and/or facsimile signatures are provided next to their respective names, are authorized to perform the powers listed based on number(s) following their respective names. The Bank has no duty to inquire into any power before executing it, even if the power benefits the signer individually. The required number of signatures immediately follows the description of that power;

Powers:

1. Open and close deposit accounts, sign account agreements, and sign contracts for deposit-related or other services. Signatures required: 1
2. Sign and authorize checks, drafts, withdrawal slips, and any other orders for the payment of money, whether by paper, electronic, or any other means, even if payable to the signer or used to discharge or reduce any obligation of the signer. Signatures required: 1
3. Borrow money by signing promissory notes, checks, drafts, credit agreements, agreements for letters of credit, and any other contracts that obligate the Corporation to repay funds. Signatures required: 0
4. Assign, endorse, discount, transfer, mortgage, or pledge any of the Corporation's property as collateral for any obligation, direct or indirect, absolute or contingent. Signatures required: 0
5. Lease, have access to, and terminate leases for safe-deposit boxes. Signatures required: 0
6. Give releases, waivers, receipts, and notices of all kinds that relate in any way to any relationship of the Corporation with the Bank. Signatures required: 0

RESOLVED, that the secretary of the Corporation is directed to certify and deliver a copy of these resolutions to the Bank, the signature cards bearing the genuine signatures of the persons named below, and any other documents that the Bank requires.

AUTHORIZED PERSONS. The names and genuine signatures, manual or facsimile, of the authorized persons, and the powers granted to them are as follows:

Name
DEWAYNE M HOPKINS

Title

Powers

1 and 2 - as to account number(s) 0000000000000919

Signature

Facsimile Signature

Name
NANCY A LUECK

Title

Finance Director

Powers

1 and 2 - as to account number(s) 0000000000000919

Signature

Facsimile Signature

Name
GREGGORY J MANDSAGER

Title

City Administrator

Powers

1 and 2 - as to account number(s) 0000000000000919

Signature

Facsimile Signature

INITIALS

Name
LEANNA K MCCULLOUGH

Title
Accountant

Powers
1 and 2 - as to account number(s) 0000000000000919

Signature

Leanna McCullough

Facsimile Signature

IN WITNESS WHEREOF, I have signed this certification on the date shown by my signature and have affixed the Corporation's seal.

BENJAMIN HERSHEY MEMORIAL CONV HOME INC

By June Carroll
CORPORATE SECRETARY

(Corporate Seal)

Date 1/19/12