Central State Bank

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 lowa. 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
- 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
- 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
- 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 (1) 490	Powers 1 and 2 - as to account number(s) 00000000000000745, 000000000000794, 000000064001571	0000000000000661, 0000000008054363,
Signature		Facsimile Signature	
Name NANCY A LUECK	Finance Birectur	Powers 1 and 2 - as to account number(s) 00000000000000745, 000000000000794, 0000000064001571, 0000000000087369	0000000000000661, 0000000008054363,
Signature Some A Luc	- ·	Facsimile Signature	
Name GREGGORY J MANDSAGER	Title (Hyffministrator	Powers 1 and 2 - as to account number(s) 000000000000000745, 0000000000000794, 0000000064001571	000000000000661, 0000000008054363,
Signature/		Facsimile Signature	

INITIALS

LEANNA K MCCULLOUGH	Accountant	1 and 2 - as to account number 0000000000000000745, 000000000000000000000000000000000000	
Signature Le Arna McCe U	righ	Facsimile Signature	
IN WITNESS WHEREOF, I have	signed this certification on the date sh	own by my signature and have affixed the Entity's sea	l.
CITY OF MUSCATINE	1		•

Powers

(Corporate Seal)

Title

· Name



COMMERCIAL SIGNATURE CARD

ACCOUNT TYPE CKG WITH INTEREST

ACCOUNT NUMBER 0000000000000661

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

TAXPAYER ID NUMBER

NUMBER OF SIGNATURES REQUIRED

OPENED BY JORDAN M. MILLER

ACCOUNT TITLE	42-6005008	DATE	OPENED
CITY OF MUSCATINE MUNICIPAL HOUSING PROGRAMS-LOC		Augus	t 1, 1972
SIGNATURE OF AUTHORIZED SIGNERS			
X DEWAYNEM HOPKINS	(Seal)	1-6-12 Date:	Facsimile Signature
× NANCYA LUECK	(Seal)	1-6-2012 Date	Facsimile Signature
× GREGGORY MANDSAGER	(Seal)	/////////Date	Facsimile Signature
x Le anna McCullough	(Seal)	1-6-2012 Date:	Facsimile Signature
AGREEMENT. By signing this signature card you agr means that each term defined in that agreement has the your ability to withdraw funds, and any addenda to agreement.	he same meaning here. You ack	nowledge receipt of that agreemen	nt the fee schedule the disclosure about
CITY OF MUSCATINE			
By Lessy Mmony	(Seal)	1/4/10	Facsimile Signature
By James a Luce	(Seal)	\ - \(\(\) - \(\) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Facsimile Signature
THE FOLLOWING INFORMATION MAY BE USED TO INSTRUCTIONS, LARGE TRANSACTIONS, OR IF A	FURTHER IDENTIFY THE AC SIGNATURE VARIES.	COUNT HOLDER(S) AND AUTHO	ORIZED SIGNERS FOR TELEPHONE
ACCOUNT HOLDER CITY OF MUSCATINE	Telephone Number(s)	Entity Ty Government	ype nent 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 (H) (563) 263-8110 (W) (563) 263-2442 Phone: Phone:

Employment: DOB: January 10, 1948 Driver's License/State ID IA - 662YY2197 ID: ID#:

ID Expiration Date: January 10, 2015 Other: Mothers Maiden Name BUSTER

LEANNA K MCCULLOUGH

Name: SSN:

485-90-4353 (H) (563) 263-5566 (W) (563) 264-1550 Phone: Phone:

Employment:

DOB: August 20, 1976
ID: Driver's License/State ID
ID#: IA - 661XX7528
ID Expiration Date: January 20, 2012

NANCY A LUECK 00-0000000 (H) (563) 262-8695 (W) Name: SSN: Phone: Phone:

Employment: DOB:

ID: No Identification

ID Expiration Date:

Name: SSN: Phone: **GREGGORY J MANDSAGER**

533-80-0842 (H) (563) 263-0168 (W) (563) 607-0199 Phone: Employment: DOB:

November 11, 1969 Driver's License/State ID IA - 662XX8065 ID: ID#:

ID Expiration Date: November 11, 2015



COMMERCIAL SIGNATURE CARD

ACCOUNT TYPE
CKG WITH INTEREST

ACCOUNT NUMBER 00000000000745

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

OPENED BY JORDAN M. MILLER

DATE OPENEDJuly 1, 1976

SIGNATURE OF AUTHORIZED SIGNERS

ON M			Facsimile Signature
X DEWAYNE M KOPKINS	(Seal)	1-6-12 Date	
x NANCY LLUECK	دائد (Seal)	1-6-2012	Facsimile Signature
* Hoks Mms	(Seal)	1/11/1Z	Facsimile Signature
CREGGORY/JMANDSAGER		Date	Facsimile Signature
X LURAMCCULLOUGH	(Seal)	1-6-2012 Date	
means that each term defined in that agrees	ment has the same meaning here. You ackr	lowledge receipt of that agree	ccount Agreement. Among other things, this ment, the fee schedule, the disclosure about ree to them, all of which are a part of this
CITY OF MUSCATINE			
By Just Mrs.	Mar (Seal)	1/11/12	Facsimile Signature
Ganey a Lun	u.	Date \ \ - \(\sigma - 1 \sigma \)	Facsimile Signature
Ву	(Seal)	Date	
THE FOLLOWING INFORMATION MAY BE INSTRUCTIONS, LARGE TRANSACTIONS	E USED TO FURTHER IDENTIFY THE ACC S, OR IF A SIGNATURE VARIES.		THORIZED SIGNERS FOR TELEPHONE
ACCOUNT HOLDER CITY OF MUSCATINE	Telephone Number(s)		y Type mment Body
Street Address City Hall, 215 Sycamore St Muscatine, IA 52761	Taxpayer ID Number 42-6005008		•

ID Expiration Date: ID Verified Indicator: Verified Date ID Verified: November 19, 2010

Name: SSN: Phone: Phone: Employment: DOB: ID: ID: ID Expiration Other:	DEWAYNE M HOPKINS 482-56-2613 (H) (563) 263-8110 (W) (563) 263-2442 January 10, 1948 Driver's License/State ID IA - 662YY2197 Date: January 10, 2015 Mothers Maiden Name BUSTER	SSN: Phone: Phone: Employment: DOB:	(W) No Identific) 3) 262-8695	Name: SSN: Phone: Phone: Employment: DOB: ID: ID#: ID Expiration	GREGGORY J MANDSAGER 533-80-0842 (H) (563) 263-0168 (W) (563) 607-0199 November 11, 1969 Driver's License/State ID IA - 662XX8065 Date: November 11, 2015
Name: SSN: Phone: Phone: Employment: DOB: ID: ID#: ID Expiration	LEANNA K MCCULLOUGH 485-90-4353 (H) (563) 263-5566 (W) (563) 264-1550 August 20, 1976 Driver's License/State ID IA - 661XX7528 Date: January 20, 2012					
	WITHHOLDING CERTIFICATION: ation Number. 42-6005008					
Important: Un	der penalties of perjury, I certify that the numb	er shown above	is my corre	ct taxpayer identification number	er and that (che	ck 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 subje	ct to backup withholding.					
x	erson (including a U.S.) resident alien). OMA URE OF AUTHORIZED INDIVIDUAL		- university	(Signature of U.S. person)	Date	- le - 12



COMMERCIAL SIGNATURE CARD

ACCOUNT TYPE DDA PUBLIC

ACCOUNT NUMBER 0000000000794

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

OPENED BY JORDAN M. MILLER

DATE OPENED January 1, 1978

SIGNATURE OF AUTHORIZED SIGNERS

	(A) 12/1/			Facsimile Signature
X,	DEVIAYNE M HOPKINS	(Seal)	Date	
x	VANCY A LUECK	(Seal)	\- (0 - 2 0 \ 2	Facsimile Signature
×	Less Minday	(Seal)	1/1//L	Facsimile Signature
(GREGORY JMANDSAGER		Dale	Facsimile Signature
X :	EMENT. By signing this signature card you agree that the account is	(Seal)	1-6-2012 Date	

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 OI	F MUSCATINE M M			Facsimile Signature
Ву _	John // // MAJacy	(Seal)	Date ///// Z	
Ву _	Janey a Luch	(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

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

Telephone Number(s)

Entity Type Government Body

Taxpayer ID Number 42-6005008

Name: **DEWAYNE M HOPKINS**

SSN: 482-56-2613

(563) 263-8110 (563) 263-2442 Phone: Phone:

Employment:

January 10, 1948 Driver's License/State ID IA - 662YY2197 DOB: ID:

ID#: ID Expiration Date: January 10, 2015 Other: Mothers Maiden Name

BUSTER

LEANNA K MCCULLOUGH

485-90-4353 (H) (563) 263-5566 (W) (563) 264-1550

Phone: Employment: DOB: ID:

Name:

SSN: Phone:

DOB: August 20, 1976
ID: Driver's License/State ID
ID#: IA - 661XX7528
ID Expiration Date: January 20, 2012

NANCY A LUECK 00-0000000 (H) (563) 262-8695 Name: SSN: Phone:

(H) (S) Phone:

Employment: DOB:

ID: No Identification

ID Expiration Date:

Name: SSN: Phone: **GREGGORY J MANDSAGER**

533-80-0842 (H) (563) 263-0168 (W) (563) 607-0199

Phone: Phone: Employment: DOB: ID: Employment:
DOB: November 11, 1969
ID: Driver's License/State ID
ID#: IA - 662XX8065
ID Expiration Date: November 11, 2015



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

OPENED BY JORDAN M. MILLER

DATE OPENED April 9, 1985

SIGNATURE OF AUTHORIZED SIGNERS

SIGNATURE OF AUTHORIZED SIGNERS			
x Phill	(O = -1)		Facsimile Signature
DEWAYNE M HOPKINS	_ (Seal)	Date	
5 amen a Lucu	(Seal)	1-6-2012	Facsimile Signature
NANCY A LUIECK	_ (000.,	Date	
X GREGGORY J MANOSAGER	(Seal)	////Z	Facsimile Signature
			Facsimile Signature
x Lanna McCullough LEANNAKMCCULLOUGH	(Seal)	1-6-2012 Date	
AGREEMENT. By signing this signature card you agree that the account is neans that each term defined in that agreement has the same meaning here your ability to withdraw funds, and any addenda to those documents. You agreement.	. You ack	nowledge receipt of that agreeme	nt, the fee schedule, the disclosure abou
CITY OF MUSCATINE			
By Just Mindry	(Seal)	1/11/12	Facsimile Signature
5. Amus	. , ,	Date /	Facsimile Signature
Ву	(Seal)	\- (- 1 \) Date	
THE FOLLOWING INFORMATION MAY BE USED TO FURTHER IDENTIFY NSTRUCTIONS, LARGE TRANSACTIONS, OR IF A SIGNATURE VARIES	Y THE AC	COUNT HOLDER(S) AND AUTH	ORIZED SIGNERS FOR TELEPHONE

ACCOUNT HOLDER CITY OF MUSCATINE

Telephone Number(s)

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

Entity Type Government Body

Name: SSN: Phone: Phone: Employment DOB: ID: ID#: ID Expiration Other:	DEWAYNE M HOPKINS 482-56-2613 (H) (563) 263-8110 (W) (563) 263-2442 : January 10, 1948 Driver's License/State ID IA - 662YY2197 Date: January 10, 2015 Mothers Maiden Name BUSTER	Name: SSN: Phone: Phone: Employment: DOB: ID: ID Expiration	00-00000 (H) (5 (W)	63) 262-8695	Name: SSN: Phone: Phone: Employment: DOB: ID: ID#: ID Expiration	GREGGORY J MANDSAGER 533-80-0842 (H) (563) 263-0168 (W) (563) 607-0199 November 11, 1969 Driver's License/State ID IA - 662XX8065 Date: November 11, 2015
Name: SSN: Phone: Phone: Employment DOB: ID: ID#: ID Expiration	LEANNA K MCCULLOUGH 485-90-4353 (H) (563) 263-5566 (W) (563) 264-1550 					
	P WITHHOLDING CERTIFICATION: ation Number. 42-6005008					
Important: Ur	nder penalties of perjury, I certify that the num	ber shown abov	e is my cor	rect taxpayer identification numb	er and that (che	ck appropriate box):
	ubject to backup withholding because: (a) I ar kup withholding as a result of a failure to repo					
☐ I am subje	ct to backup withholding.					
X:	erson (including a U.S. resident alien).			(Signature of U.S. person)	Date	1-6-12



COMMERCIAL SIGNATURE CARD

ACCOUNT TYPE SPC MM CITY OF MUSC

ACCOUNT NUMBER 0000000008054363

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

TAXPAYER ID NUMBER 42-6005008

NUMBER OF SIGNATURES REQUIRED

OPENED BY JORDAN M. MILLER

ACCOUNT TITLE CITY OF MUSCATINE GENERAL MONEY MARKET ACCT		May 26, 2010			
SIGNATURE OF AUTHORIZED SIGNERS					
X DEWAYNE'M HOPKINS	15	(Seal)	Date :	Facsimile Signature	
× Janey a Vision	Luch	(Seal)	1-6-2012	Facsimile Signature	
X GREGGORY JAMOOSAGER	ben ((Seal)	Date:	Facsimile Signature	
x Lana McClo	ugh	(Seal)	1-6-2012 Date	Facsimile Signature	
AGREEMENT. By signing this signature cameans that each term defined in that agree your ability to withdraw funds, and any aragreement.	ment has the same meaning here.	You ackr	lowledge receipt of that agreem	ent, the fee schedule, the disclosure about	
CITY OF MUSCATINE By AUXH M	mer.	(Seal)		Facsimile Signature	
By Joney Q de	uer	(Seal)	Date	Facsimile Signature	
THE FOLLOWING INFORMATION MAY B INSTRUCTIONS, LARGE TRANSACTION	E USED TO FURTHER IDENTIFY S, OR IF A SIGNATURE VARIES.	THE ACC	COUNT HOLDER(S) AND AUT	HORIZED SIGNERS FOR TELEPHONE	
ACCOUNT HOLDER CITY OF MUSCATINE	Telephone Number(s)	Entity Goven	Type nment Body	
Street Address City Hall, 215 Sycamore St Muscatine, IA 52761 ID Expiration Date:	Taxpayer ID Number 42-6005008	r			

ID Verified Indicator: Verified Date ID Verified: November 19, 2010

Name: SSN: Phone: Phone: Employment: DOB: ID: ID#: ID Expiration Other:	DEWAYNE M HOPKINS 482-56-2613 (H) (563) 263-8110 (W) (563) 263-2442 January 10, 1948 Driver's License/State ID IA - 662YY2197 Date: January 10, 2015 Mothers Maiden Name BUSTER	Name: SSN: Phone: Phone: Employment: DOB: ID: ID Expiration	(W) No Identifi	00 53) 262-8695	Name: SSN: Phone: Phone: Employment: DOB: ID: ID#: ID Expiration	GREGGORY J MANDSAGER 533-80-0842 (H) (563) 263-0168 (W) (563) 607-0199 November 11, 1969 Driver's License/State ID IA - 662XX8065 Date: November 11, 2015
•	LEANNA K MCCULLOUGH 485-90-4353 (H) (563) 263-5566 (W) (563) 264-1550 August 20, 1976 Driver's License/State ID IA - 661XX7528 Date: January 20, 2012					
	tion Number. 42-6005008					
Important: Un	der penalties of perjury, I certify that the numb	er shown above	is my com	ect taxpayer identification number	er and that (che	ck appropriate box):
☑ I am not su subject to back	bject to backup withholding because: (a) I an kup withholding as a result of a failure to repor	n exempt from b t all interest or c	ackup with! lividends, o	nolding, or (b) I have not been no r (c) the IRS has notified me that	otified by the Int I am no longer	ternal Revenue Service (IRS) that I a subject to backup withholding.
☐ I am subject	to backup withholding.					
ل ل	erson (including a U.S) resident alien). Once RE OF AUTHORIZED INDIVIDUAL	37		_(Signature of U.S. person)	Date	1-6-12



COMMERCIAL SIGNATURE CARD

ACCOUNT TYPE CKG WITH INTEREST

ACCOUNT NUMBER 000000000000919

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

OPENED BY JORDAN M. MILLER

DATE OPENED August 6, 1984

SIGNATURE OF AUTHORIZED SIGNERS

SIGNATURE OF AUTHORIZED SIGNERS			
X DEWAYNE M HOPKINS	(Seal)	Date	Facsimile Signature
X NANCY A LUFCK	(Seal)	1-6-2012	Facsimile Signature
x Jest Minhay	(Seal)	Date /////Z	Facsimile Signature
GREGĞORY J MANDSAGER	(oca)	Date	Facsimile Signature
AGREEMENT. By signing this signature card you agr means that each term defined in that agreement has th your ability to withdraw funds, and any addenda to			
your ability to withdraw funds, and any addenda to agreement. BENJAMIN HERSHEY MEMORIAL CONV HOME INC	those documents. You have n	ead those documents and agree	e to them, all of which are a part of this
By Jane Heye	<u>ک</u> (Seal)	Date	Facsimile Signature
By June Carroll	(Seal)	V19/12	Facsimile Signature
THE FOLLOWING INFORMATION MAY BE USED TO INSTRUCTIONS, LARGE TRANSACTIONS, OR IF A	FURTHER IDENTIFY THE ACC	COUNT HOLDER(S) AND AUTH	ORIZED SIGNERS FOR TELEPHONE
ACCOUNT HOLDER BENJAMIN HERSHEY MEMORIAL CONV HOME INC	Telephone Number(s)	Entity T Corpora	
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		Incorporation (Corporation Only)

DEWAYNE M HOPKINS Name: 482-56-2613 (H) (563) 263-8110 (W) (563) 263-2442 SSN: Phone: Phone:

Employment: DOB:

DOB: January 10, 1948
ID: Driver's License/State ID
ID#: IA - 662YY2197
ID Expiration Date: January 10, 2015
Other: Mothers Maiden Name

BUSTER

LEANNA K MCCULLOUGH 485-90-4353 (H) (563) 263-5566 (W) (563) 264-1550 Name: SSN:

Phone: Phone:

Employment:

DOB:

August 20, 1976 Driver's License/State ID IA - 661XX7528 ID: ID#: ID Expiration Date: January 20, 2012

NANCY A LUECK 00-0000000 Name: SSN: Phone: (563) 262-8695 Phone:

Employment: DOB:

ID: No Identification

ID Expiration Date:

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

ID:

ID#:



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 lowa. 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
- 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
- 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

Title

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:

DEWAYNE M HOPKINS	1 and 2 - as to account number(s) 0000000000000919
Signature	Facsimile Signature
Name NANCY A LUECK Signature Signature Signature	Powers 1 and 2 - as to account number(s) 0000000000000919 Facsimile Signature
Name GREGGORY J MANDSAGER Chy Almini Strate Signature Mr. Mr. Mr.	Powers 1 and 2 - as to account number(s) 00000000000000919 Facsimile Signature
	· · · · · · · · · · · · · · · · · · ·

Name LEANNA K MCCULLOUGH	Title Accountant	Powers 1 and 2 - as to account numbers	mber(s) 00000000000000919	
Signature Ly Conna McColloy	h	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 CORPORATE SECRETARY	(arroll	(Corporate Seal)	1/19/12 Date	