

CORPORATE AUTHORIZATION RESOLUTION #5-2011/2012

GRUNDY NATIONAL BANK
PO BOX 246
GRUNDY CENTER IA 50638-0246

By: GRUNDY COUNTY TREASURER CHECKING [REDACTED]

706 G AVE
GRUNDY CENTER, IA 50638

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, Rhonda R. Deters, certify that I am Secretary (clerk) of the above named corporation organized under the laws of IOWA, Federal Employer I.D. Number 42-6004738, engaged in business under the trade name of GRUNDY COUNTY, 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 July 11, 2011 (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 These resolutions appear in the minutes of this meeting and have not been rescinded or modified.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>BRENDA NOTEBOOM, County Treasurer</u>	X <u><i>Brenda Noteboom</i></u>	X _____
B. <u>RHONDA DETERS, County Auditor</u>	X <u><i>Rhonda R. Deters</i></u>	X _____
C. <u>REBECCA HAGER, Deputy Auditor</u>	X <u><i>Rebecca Hager</i></u>	X _____
D. _____	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 and/or F	Description of Power	Indicate number of signatures required
N/A	(1) Exercise all of the powers listed in this resolution.	_____
N/A	(2) Open any deposit or share account(s) in the name of the Corporation.	_____
A B C	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	1
N/A	(4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
N/A	(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.	_____
N/A	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
N/A	(7) Other _____	_____

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

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated 2/7/05. 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 July 11, 2011 (date).

Barbara L. Smith *Rhonda R. Deters*
Attest by One Other Officer Secretary

GRUNDY NATIONAL BANK
PO BOX 246
GRUNDY CENTER IA 50638-0246

ACCOUNT NUMBER [REDACTED] PORTFOLIO NUMBER [REDACTED]

ACCOUNT OWNER(S) NAME & ADDRESS
GRUNDY COUNTY TREASURER
C/O BRENDA NOTEBOOM, TREASURER

706 G AVE
GRUNDY CENTER, IA 50638

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:

UPDATE TO ADD AND REMOVE SIGNERS
6/2011 SF

TYPE OF ACCOUNT
 NEW EXISTING
 CHECKING SAVINGS
 MONEY MARKET CERTIFICATE OF DEPOSIT
 NOW
This is your (check one):
 Permanent Temporary account agreement.

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE
 SOLE PROPRIETORSHIP
 CORPORATION: FOR PROFIT NOT FOR PROFIT
 PARTNERSHIP
BUSINESS: COUNTY GOVERNMENT
COUNTY & STATE OF ORGANIZATION: GRUNDY IA
AUTHORIZATION DATED:

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

[X]

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

DATE OPENED 01/01/1993 BY
INITIAL DEPOSIT \$ 0.00
 CASH CHECK
HOME TELEPHONE #
BUSINESS PHONE #
DRIVER'S LICENSE #
E-MAIL
EMPLOYER
MOTHER'S MAIDEN NAME
Name and address of someone who will always know your location:

(1): [X] *Brenda Noteboom*
BRENDA NOTEBOOM, TREASURER
I.D. # _____ D.O.B. _____

(2): [X] *Rhonda Deters*
RHONDA DETERS
I.D. # _____ D.O.B. _____

(3): [X] *Rebecca Hager*
REBECCA HAGER
I.D. # _____ D.O.B. _____

(4): [X]
I.D. # _____ D.O.B. _____

BACKUP WITHHOLDING CERTIFICATIONS
TIN: 42-6004738
 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 *Brenda Noteboom* 7/11/11
GRUNDY COUNTY TREASURER (Date)

Authorized Signer (Individual Accounts Only)
[X]
I.D.# _____ D.O.B. _____