

RESOLUTION OF LODGE, ASSOCIATION OR OTHER SIMILAR ORGANIZATION

Solon Springs Office
P O Box 279 9245 E Main St
Solon Springs, WI 54873

By: Account # 66720 32940
TOWN OF WASCOTT
P O BOX 159
WASCOTT WI 54890

Referred to in this document as "Financial Institution"

Referred to in this document as "Association"

I, VAL BREMANIS, certify that I am Secretary (clerk) of the above named association organized under the laws of WISCONSIN, Federal Employer I.D. Number 39-6006159, 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 October 29, 2008 (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 These resolutions appear in the minutes of this meeting and have not been rescinded or modified.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>Bernard Bergman, Town Chairman</u>	X <u>[Signature]</u>	X <u>[Facsimile Signature]</u>
B. <u>Val Bremanis, Town Clerk</u>	X <u>Val Bremanis</u>	X
C. _____	X _____	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, E, and/or F	Description of Power	Indicate number of signatures required
<u>A, B</u>	(1) Exercise all of the powers listed in this resolution.	<u>2</u>
<u>A, B</u>	(2) Open any deposit or share account(s) in the name of the Association.	<u>2</u>
<u>A, B</u>	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	<u>2</u>
<u>A, B</u>	(4) Borrow money on behalf and in the name of the Association, sign, execute and deliver promissory notes or other evidences of indebtedness.	<u>2</u>
<u>A, B</u>	(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.	<u>2</u>
<u>A, B</u>	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	<u>2</u>
<u>A, B</u>	(7) Other <u>Account 6672032940</u> <u>Internal transfers may be initiated by one signature only.</u>	<u>2</u>

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 all previous relating to this account number only. 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 foregoing resolutions and to confer the powers granted 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 Val Bremanis
(Secretary) Clerk

X Steve M. Balczak
(Attest by Other Officer)

X [Signature]
(Attest by Other Officer)

National Bank of Commerce
P O Box 279 9245 E Main St
Solon Springs, WI 54873

DATE OPENED 06/04/03 BY DEFOREB
INITIAL DEPOSIT \$.00
 CASH CHECK _____
HOME TELEPHONE # _____
BUSINESS PHONE # (715) 466-4252
DRIVER'S LICENSE # _____
EMPLOYER _____
NAME AND ADDRESS OF SOMEONE WHO WILL ALWAYS KNOW YOUR LOCATION: _____

TYPE OF ACCOUNT - BUSINESS PURPOSE

- SOLE PROPRIETORSHIP
 CORPORATION FOR PROFIT NOT FOR PROFIT
 PARTNERSHIP LIMITED LIABILITY COMPANY
 Lodge/Assn/Organization

BUSINESS: _____
COUNTY & STATE OF ORGANIZATION: _____
AUTHORIZATION DATED: _____

TYPE OF ACCOUNT - PERSONAL (Choose one and sign where indicated):

- Single Party Account:** THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED BY THE PARTY NAMED HEREON.
- Single Party Account with P.O.D. Beneficiary(ies):** THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED BY THE PARTY NAMED HEREON. UPON THE DEATH OF SUCH PARTY, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.
- Marital Account:** THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, THE SURVIVOR OWNS 50% OF THE SUMS ON DEPOSIT.
- Marital Account with P.O.D. Beneficiary(ies):** THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, 50% OF THE SUMS ON DEPOSIT ARE OWNED BY THE SURVIVOR AND 50% ARE OWNED BY THE P.O.D. BENEFICIARY(IES) NAMED HEREON BY THE DECEASED PARTY.
- Joint Account - No Survivorship:** THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED WITHOUT THE RIGHT OF SURVIVORSHIP BY THE PARTIES NAMED HEREON.
- Joint Survivorship Account:** THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S).
- Joint Survivorship Account with P.O.D. Beneficiary(ies):** THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S). UPON THE DEATH OF ALL SUCH PARTIES, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.
- Trust:** Separate agreement dated _____

P.O.D. Beneficiaries: The following parties name the following individuals as P.O.D. beneficiaries.

ACCOUNT NUMBER 6672032940

ACCOUNT OWNER(S) NAME & ADDRESS

TOWN OF WASCOTT
~~WASCOTT VOLUNTEER FIRE DEPT~~
P O BOX ~~111~~ 159
WASCOTT WI 54890

REVISED DATE: 10/17/08

NEW EXISTING
TYPE OF ACCOUNT CHECKING SAVINGS
 MONEY MARKET CERTIFICATE OF DEPOSIT
 NOW _____
ACCOUNT NAME: PUBLIC NOW
 This is a Temporary account agreement.

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

SIGNATURE(S) - THE UNDERSIGNED AGREE(S) TO THE TYPE OF ACCOUNT OWNERSHIP CHECKED ADJACENT, TO THE TERMS STATED ON PAGES 1 AND 2 OF THIS AGREEMENT, AND ACKNOWLEDGE(S) RECEIPT OF A COMPLETED COPY ON TODAY'S DATE. THE UNDERSIGNED ALSO ACKNOWLEDGE(S) RECEIPT OF A COPY OF AND AGREE(S) TO THE TERMS OF THE FOLLOWING DISCLOSURE(S):

- Electronic Funds Transfer Disclosure Funds Availability Disclosure
 Truth in Savings Disclosure _____

(1): 

I.D. # _____ I.D. # _____

(2): Val Bremner

I.D. # _____ I.D. # _____

(3):

I.D. # _____ I.D. # _____

(4):

I.D. # _____ I.D. # _____

Authorized Agent: TRANSACTIONS REGARDING THIS ACCOUNT/CERTIFICATE OF DEPOSIT MAY BE MADE BY THE AGENT(S) NAMED HEREON. NO PRESENT OR FUTURE OWNERSHIP OR RIGHT OF SURVIVORSHIP IS CONFERRED BY THIS DESIGNATION.

The authority conferred upon the agent named above (is is not) exercisable notwithstanding any party's legal disability.

ACCOUNT AGREEMENT - COMBINATION

ADDRESS CHANGE REQUEST

Customer/Business Name:

Town of Wascott
Wascott Volunteer Fire Dept

SSN or Tax ID No.

39-6006159

Home Phone:

Cell Phone:

Work Phone:

715 466-4252

E-mail Address:

Effective Date:

10/29/2008

Old Address:

New Address: (Also list physical address if P.O box)

P.O. Box 159

City

City Wascott

State

Zip

State WI

Zip 54890

Does this address change apply ONLY to your self?
If no, list all account holders impacted by this change:

Yes

No

acct
6672032940
only

1.

2.

3.

Does this address change apply to all of your accounts?

Yes

No

If no, please check the accounts you wish to have changed to the new address and provide account numbers (if available):

Checking

Savings

ATM/Debit Card

Overdraft Protection

CD/IRA

Credit Line

Home Equity Line

Installment Loan

Mortgage

Safe Deposit Box

Net Teller/Bill Pay

Customer Signature:

Val Bremner, Town Clerk

Banker's name:

Date: