



ACCOUNT TITLE and BUSINESS ADDRESS Phelan Pinon Hills Community Service District	ACCOUNT VESTING (BUSINESS TYPE) Public Funds	TAX ID NUMBER [REDACTED]
MAILING ADDRESS 4176 Warbler Rd Phelan CA 92371	MAILING ADDRESS 4176 Wabler Rd Phelan CA 92371 Po Box 294049 Phelan CA 92329-4049	

AGREEMENT

By signing below, I/we: (1) confirm that we have received and agree that the accounts and account services of the business named above ("Company") will be governed by the terms of the Bank's Deposit Agreement, Annual Percentage Yield and Account Terms Disclosure, and fee schedules; (2) acknowledge that the Deposit Agreement includes a provision for dispute resolution; (3) authorize the Bank to check our credit history from time to time; and (4) authorize the Bank to act on the oral, written or electronic instruction of any Authorized Signer listed below.

TAX CERTIFICATION - By signing below, I also certify under penalty of perjury that (1) the Taxpayer Identification Number set forth on this form is the correct TIN of the Company; and (2) the Company is not subject to backup withholding because: it is exempt from backup withholding; it has not been notified by the IRS that it is subject to backup withholding as a result of a failure to report all interest and dividends; or the IRS has notified it that it is no longer subject to backup withholding; and (3) Company is a U.S. person (including a U.S. resident alien).
Instruction: You must cross out (2) if it is not correct. If the Company is a foreign company, check this box [] and do not complete this certification. Ask us, instead, for an appropriate IRS W-8 form. Check this box [] if the Company is currently subject to backup withholding.

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

AUTHORIZED SIGNERS

Printed Name / Title	ID Type / ID Number	Signature	Funds Transfer Access
Donald J Bartz Director	Driver's License [REDACTED]	Donald J Bartz	<input type="checkbox"/>
Joseph Fahrlender Director	Driver's License [REDACTED]	Joseph Fahrlender	<input type="checkbox"/>
Charles N Johnson Director	DRIVERS LICENSE [REDACTED]	Charles N Johnson	<input type="checkbox"/>
Albert Morrissette Director	Driver's License [REDACTED]	Albert Morrissette	<input type="checkbox"/>
Mark Roberts Director	Driver's License [REDACTED]	Mark Roberts	<input type="checkbox"/>
Alex W Brandon Director	Driver's License [REDACTED]	Alex W Brandon	<input type="checkbox"/>

Number of authorized signers required to act together to make withdrawals or transfers: [2]
 [Note: This information is for your own purposes. We may permit any authorized signer to act alone. See Deposit Agreement for details.]

RESOLUTION #2011-20

RESOLVED: The President, any Vice President, the Secretary, Treasurer of the Company and/or Director

each is authorized to enter into deposit account, funds transfer, investment, and treasury management agreements with Desert Community Bank, and to designate from time to time who is authorized to withdraw funds, initiate payment orders, execute service agreements, and otherwise give instructions on behalf of this Company with respect to its deposit accounts. This authorization is in addition to any other authorizations in effect and will remain in force until the Bank receives written notice of its revocation at the address(es) and in the manner designated by it.

CERTIFICATION - I/We certify that: (1) If the Company named above is a corporation, at least one of us is its Secretary or Assistant Secretary; if it is a partnership, we constitute all of its general partners or managing partners; or if it is a limited liability company, I am its Secretary or I/we are Member(s) and/or its only manager(s). (2) The foregoing resolution is a true copy of a resolution duly adopted by the Company's governing body and remains valid and effective. (3) The signatures and titles of the person(s) signing above as Authorized Signers are the genuine signatures and titles of those persons. (4) The person(s) listed as Authorized Signer(s) on this form are authorized to withdraw funds, initiate payment orders (if checked above), and otherwise give instructions on behalf of the Company with respect to its deposit accounts and services including to add or delete accounts to this signature card. No other person's signature or authorization is required to bind the Company with respect to the agreements or transactions mentioned in the resolution.

Printed Name/Title (President, Secretary, Partner, Member, etc.)	Signature	Date
Printed Name/Title (President, Secretary, Partner, Member, etc.)	Signature	Date



SUPPLEMENT TO BUSINESS ACCOUNT SIGNATURE CARD

ACCOUNT TITLE

REFER TO SIGNATURE CARD DATED

Phelan Pinon Hills Community Service District

09/18/2008

THE ABOVE-REFERENCED BUSINESS ACCOUNT SIGNATURE CARD IS SUPPLEMENTED AS FOLLOWS:

SECTION A - Supplement to authorized signers (see also Section B, below). Each person signing below authorizes the Bank to check his/her credit history from time to time.

Printed Name / Title	ID Type / ID Number	Signature	Funds Transfer Access
			<input type="checkbox"/>
<input type="checkbox"/> Add to all Accounts in Section B <input type="checkbox"/> Remove Authorized Signer			
			<input type="checkbox"/>
<input type="checkbox"/> Add to all Accounts in Section B <input type="checkbox"/> Remove Authorized Signer			
			<input type="checkbox"/>
<input type="checkbox"/> Add to all Accounts in Section B <input type="checkbox"/> Remove Authorized Signer			
			<input type="checkbox"/>
<input type="checkbox"/> Add to all Accounts in Section B <input type="checkbox"/> Remove Authorized Signer			
Kenneth D Anderson Vice President	Driver's License ██████████	Kenneth D Anderson	<input type="checkbox"/>
<input type="checkbox"/> Add to all Accounts in Section B <input checked="" type="checkbox"/> Remove Authorized Signer			
			<input type="checkbox"/>
<input type="checkbox"/> Add to all Accounts in Section B <input type="checkbox"/> Remove Authorized Signer			



SECTION B - If checked above, the added Authorized Signers of Section A are added only to the following accounts:

I certify that I am authorized to add and/or delete Authorized Signers as shown above. This card incorporates and supplements the terms of the Signature Card described above.

Printed Name and Title

Signature

Date

BANK USE ONLY

Processed By:

Employee Printed Name

Reviewed By:

Employee Printed Name and Initials

Date:

BUSINESS ACCOUNT SIGNATURE CARD (Continued)

<p>FUNDS TRANSFER DESIGNATION AND AUTHORIZATION Desert Community Bank may honor fund transfer requests for the accounts and from the Authorized Signers designated on this form by the methods provided in the Bank's Deposit Agreement and by email. Please refer to the funds transfer provisions of your Deposit Agreement for information regarding the terms of the service.</p> <p><input type="checkbox"/> When the Bank confirms wire instructions through a call-back procedure, it generally calls an Authorized Signer other than the person who initiated the wire. If you check this box, you confirm that we may also call the Authorized Signer who initiated the wire to confirm the transaction.</p>	<p>Wire Transfer Limits</p> <p>\$ <u> N/A </u> Max. Dollar Limit Single wire</p> <p>\$ <u> N/A </u> Max. Dollar Limit Daily Aggregate for Treasury Management Online Banking ONLY</p>
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ACCOUNTS OPENED

	Account Subtitle (e.g. "Payroll Account")	Account Number	Product Code	Opened Date	Opened By	Reviewed By	Acct Office Code
1		██████████	335	09-18-08	Staci Reifenrath		4518
2		██████████	076	06-20-08	Staci Reifenrath		4518
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

BANK USE ONLY

Superseding Card: _____ Date _____ By: _____ Employee Printed Name _____ Reason: Add Signer Other: _____