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|---|--|----------------------|
| <b>ACCOUNT TITLE and BUSINESS ADDRESS</b>   | <b>ACCOUNT VESTING (BUSINESS TYPE)</b> | <b>TAX ID NUMBER</b> |
| Phelan Piñon Hills Community Services District<br>4176 Warbler Rd. Phelan, CA 92371 | Public Funds                           |                      |
|   | <b>MAILING ADDRESS</b>                 |                      |
|   | 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<br>General Manager | Driver's License    |           | <input type="checkbox"/> |
| Alex Brandon<br>Director           | Driver's License    |           | <input type="checkbox"/> |
| Albert Morrissette<br>Director     | Driver's License    |           | <input type="checkbox"/> |
| Dan Whalen<br>Director             | Driver's License    |           | <input type="checkbox"/> |
| Mark Roberts<br>Director           | Driver's License    |           | <input type="checkbox"/> |
|                                    |                     |           | <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 No. 2014-05**

**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.

Don Bartz, General Manager  
 Printed Name/Title (President, Secretary, Partner, Member, etc.)

Alex Brandon, President  
 Printed Name/Title (President, Secretary, Partner, Member, etc.)

Signature

Signature

3/10/14  
 Date

3-4-14  
 Date



SUPPLEMENT TO BUSINESS ACCOUNT SIGNATURE CARD

ACCOUNT TITLE

REFER TO SIGNATURE CARD DATED

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.

Table with 4 columns: Printed Name / Title, ID Type / ID Number, Signature, Funds Transfer Access. Includes checkboxes for 'Add to all Accounts in Section B' and 'Remove Authorized Signer'.

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

Table with 3 columns for account details, currently empty.

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.

Alex Brandon, President

Signature: [Handwritten Signature]

Date: 3-4-14

Printed Name and Title

Signature

Date

BANK USE ONLY

Processed By: [Blank] Reviewed By: [Blank] Date: [Blank]
Employee Printed Name Employee Printed Name and Initials