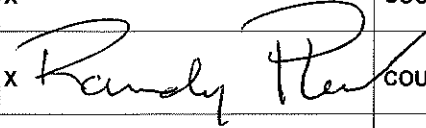




RESOLUTION APPLIES TO (check all that apply):  ALL ACCOUNTS  SAFE DEPOSIT BOX NUMBER(S):  
 ALL FUTURE ACCOUNTS  SPECIFIC ACCOUNTS - NUMBER(S): 0928024687

NAME AND TITLE	SIGNATURE	LIMITATIONS
1. J RICHARD PRESSER	X	COUNTERSIGNERS: 2
2. GERRY LEE POWELL	X	COUNTERSIGNERS: 2
3. RANDY PLEW	X 	COUNTERSIGNERS: 2
4. KARA LUSBY	X	COUNTERSIGNERS: 2
5.	X	COUNTERSIGNERS:
6.	X	COUNTERSIGNERS:
7.	X	COUNTERSIGNERS:
8.	X	COUNTERSIGNERS:

**SIGNATURE CERTIFICATION.** I certify that the foregoing are names, titles, and genuine signatures of the current Authorized Signers of the Entity authorized by the above Resolution.

IN WITNESS WHEREOF, I have subscribed my name as Designated Representative of the Entity on the date shown below.

DESIGNATED REPRESENTATIVE:

GERRY LEE POWELL

DATE

**IT IS FURTHER RESOLVED AS FOLLOWS, the Entity certifies to the Financial Institution that:**

- Unless specifically designated, each of the Authorized Signers whose signature appears above may sign without the other(s);
- (Select if applicable)  **FACSIMILE SIGNATURES.** The Financial Institution shall be entitled to honor and charge the Entity for all such negotiable instruments, checks, drafts, or other orders for payment of money drawn in the name of the Entity, on the indicated account(s), including an order for electronic debit, whether by electronic tape or otherwise, regardless of by whom or by what means a facsimile signature or other non-manual signature (collectively, "Facsimile Signatures") may have been affixed, or electronically communicated, if such Facsimile Signatures resemble the specimens duly certified to or filed with the Financial Institution for any of the named Authorized Signers, regardless of whether any misuse is with or without the negligence of the Entity. The Specimen Facsimile Signature Exhibit, when attached, is incorporated into and is an integral part of this Resolution. The Entity agrees that the duty of maintaining the security of any such Facsimile Signatures or device by which they are affixed is solely that of the Entity. Your authorization notwithstanding, Financial Institution is not obligated to accept or pay any items bearing Facsimile Signatures;
- As used herein, any pronouns relative to the signers for the Entity shall include the masculine, feminine, and neutral gender, and the singular and plural number, wherever the context so admits or requires;
- All items deposited with prior endorsements are guaranteed by the Entity;
- All items not clearly endorsed by the Entity may be returned to the Entity by the Financial Institution or, alternatively, the Financial Institution is granted a power of attorney in relation to any such item to endorse any such item on behalf of the Entity in order to facilitate collection;
- Financial Institution shall have no liability for any delay in the presentment or return of any negotiable instrument or other order for the payment of money, that is not properly endorsed;
- Financial Institution is directed and authorized to act upon and honor any withdrawal or transfer instructions issued and to honor, pay and charge to any depository account or accounts of the Entity, all checks or orders for the payment of money so drawn when signed consistent with this Resolution without inquiring as to the disposition of the proceeds or the circumstances surrounding the issuance of the check or the order for the payment of the money involved, whether such checks or orders for the payment of money are payable to the order of, or endorsed or negotiated by any one or more of the Authorized Signers signing them or such party in their individual capacities or not, and whether they are deposited to the individual credit of or tendered in payment of the individual obligation of any one or more of the Authorized Signers signing them or of any other such party or not;
- Financial Institution shall be indemnified for any claims, expenses or losses resulting from the honoring of any signature certified or refusing to honor any signature not so certified; and
- Notwithstanding any modification or termination of the power of any Authorized Signer of the Entity, this Resolution shall remain in full force and bind the Entity and its legal representatives, successors, assignees, receivers, trustees or assigns until written notice to the contrary signed by, or on behalf of, the Entity shall have been received by the Financial Institution, and that receipt of such notice shall not affect any action taken by the Financial Institution prior to receipt of such notice in reliance on this Resolution.

Additional comments or instructions:



## Business Online Banking Modification

### Company Information

Company Name Epworth Forest Administration Company  
 Access ID/EIN 2002420574  
 Street Address 8139 E Wade Ln  
 City North Webster State IN Zip 46555  
 Contact Name Gerry Lee Powell  
 Email Address gpowellefac@gmail.com Phone Number 636-373-3139

Processing Use Only	
Date Processed:	_____
Processed By	_____
Date Audited:	_____
Audited By	_____

Check if new company information (i.e. address/contact/phone etc...)

### Deletion/Cause (explanation for removal required)

Delete Company Completely due to

ACH/Wire Limits    Add     Delete     Modify

<u>Client Daily Limit:</u>	<u>User Daily Limit:</u>	<u>SEC Limits:</u>
ACH Debit \$	ACH Debit \$	ACH CCD \$
ACH Credit \$	ACH Credit \$	ACH PPD \$

Dual Control Reviews (1-9): 0

<u>Domestic Client Limit:</u>	<u>Domestic User Limit:</u>	<u>International Client Limit:</u>	<u>International User Limit:</u>
Wire Debit \$	Wire Debit \$	Wire Debit \$	Wire Debit \$
Wire Credit \$	Wire Credit \$	Wire Credit \$	Wire Credit \$

Dual Control Reviews (1-9): 0

**Company Specifications** Add  Delete  Modify

Information Reporting

Current & Available Balances

Employee  
 Inquire

Transfers  
 New  
 Change  
 Delete

Fund Transfer Options  
 Inquire Transfers  
 Initiate/Delete Transfers  
 Loan Payment  
 Bill Payment  
 Internal Transfer

eStatements  
 Stop Payment

Business Mobile Capture  
(Daily Deposit Limit is \$5,000. Please contact a BSO for higher limit).

**Special Information/Instructions**

**Accounts**

Add  Delete  Modify

Acct# \_\_\_\_\_ Acct Type \_\_\_\_\_  
Account Nickname \_\_\_\_\_  
 ACH  Wires

Loan Disbursement Approval
Yes No
Date:
Spoke to:

Add  Delete  Modify

Acct# \_\_\_\_\_ Acct Type \_\_\_\_\_  
Account Nickname \_\_\_\_\_  
 ACH  Wires

Add  Delete  Modify

Acct# \_\_\_\_\_ Acct Type \_\_\_\_\_  
Account Nickname \_\_\_\_\_  
 ACH  Wires

Users Add  Delete  Modify

User First & Last Name Randy Plew

User Name Requested Randy

Email plewrandy@hotmail.com

Phone 260-229-0550

Senior Administrator Yes  No

(This role gives the ability to inquire on users, user accounts and user permissions).

- Fund Transfers     Stop Payments     Bill Payment     eStatements  
 ACH     Wires     Mobile Capture - Deposit Limit

Security Question:

Answer:

Email notifications:

ACH Confirmation/Errors

Wire Confirmation/Errors

Account Access:  All Accounts  Specific:

Special Information/Instructions

Client Signature \_\_\_\_\_ Date \_\_\_\_\_