

MIDDLEFIELD BANKING COMPANY  
15985 EAST HIGH ST. BOX 35  
MIDDLEFIELD, OH 44062

ACCOUNT NUMBER 74506776 PORTFOLIO NUMBER 153972

ACCOUNT OWNER(S) NAME & ADDRESS  
  
RUSSELL TOWNSHIP BOARD OF TRUSTEES  
  
PO BOX 522  
NOVELTY, OH 44072-0522

**OWNERSHIP OF ACCOUNT - PERSONAL 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:

NEW  EXISTING  
**TYPE OF ACCOUNT**  CHECKING  SAVINGS  
 MONEY MARKET  CERTIFICATE OF DEPOSIT  
 NOW  \_\_\_\_\_  
This is your (check one): NEW BUSINESS N.O.W.  
 Permanent  Temporary account agreement.

**OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE**  
 SOLE PROPRIETORSHIP  
 CORPORATION:  FOR PROFIT  NOT FOR PROFIT  
 PARTNERSHIP  
 PUBLIC FUNDS  
BUSINESS: \_\_\_\_\_  
COUNTY & STATE OF ORGANIZATION: \_\_\_\_\_  
AUTHORIZATION DATED: \_\_\_\_\_

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

DATE OPENED 12/18/2013 BY KSHANHOLTZER  
INITIAL DEPOSIT \$ 0.00  
 CASH  CHECK  \_\_\_\_\_  
HOME TELEPHONE # (440) 338-4635  
BUSINESS PHONE # (440) 338-7783  
DRIVER'S LICENSE # \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
MOTHER'S MAIDEN NAME \_\_\_\_\_  
Name and address of someone who will always know your location: \_\_\_\_\_

**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  \_\_\_\_\_

**BACKUP WITHHOLDING CERTIFICATIONS**  
TIN: 34-6002337  
 **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 Justin Madden 12/18/13  
RUSSELL TOWNSHIP BD OF TTEES (Date)

(1): [ X James Mueller ]  
JAMES MUELLER  
I.D. # 268-40-1208 D.O.B. 07/18/1944  
(2): [ X Justin Madden ]  
JUSTIN MADDEN  
I.D. # 190-54-0365 D.O.B. 04/28/1964  
(3): [ X Charles E Walder ]  
CHARLES E WALDER  
I.D. # 298-50-2192 D.O.B. 02/02/1956  
(4): [ X Gary G Gabram ]  
GARY G GABRAM  
I.D. # 294-38-0457 D.O.B. 07/25/1944  
 Authorized Signer (Individual Accounts Only)  
[ X ]  
I.D.# \_\_\_\_\_ D.O.B. \_\_\_\_\_

**RESOLUTION OF LODGE, ASSOCIATION OR OTHER SIMILAR ORGANIZATION**

MIDDLEFIELD BANKING COMPANY  
 15985 EAST HIGH ST. BOX 35  
 MIDDLEFIELD, OH 44062

By: RUSSELL TOWNSHIP BOARD OF

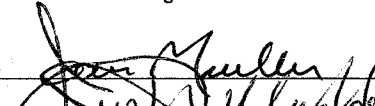
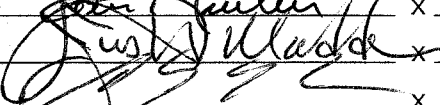
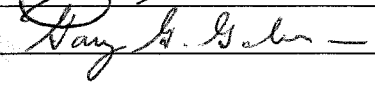
PO BOX 522  
 NOVELTY, OH 44072-0522

Referred to in this document as "Financial Institution"

Referred to in this document as "Association"

I, CHARLES E. WALDER, certify that I am Secretary (clerk) of the above named association organized under the laws of Ohio \_\_\_\_\_, Federal Employer I.D. Number 34-6002337, 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 DECEMBER 18, 2013 (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>JAMES MUELLER</u> <u>TRUSTEE</u>	X 	X _____
B. <u>JUSTIN MADDEN</u> <u>TRUSTEE</u>	X 	X _____
C. <u>CHARLES E WALDER</u> <u>FISCAL OFFICER</u>	X _____	X _____
D. <u>GARY G GABRAM</u> <u>TRUSTEE</u>	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>ABCD</u>	(1) Exercise all of the powers listed in this resolution.	<u>3 (ONE MUST BE</u>
_____	(2) Open any deposit or share account(s) in the name of the Association.	<u>FISCAL OFFICER)</u>
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Association, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(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.	_____
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other _____	_____

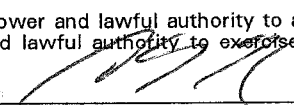
**LIMITATIONS ON POWERS** The following are the Association's express limitations on the powers granted under this resolution.

**EFFECT ON PREVIOUS RESOLUTIONS** This resolution supersedes resolution dated \_\_\_\_\_. 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 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 Association is a non-profit lodge, association or similar organization.

X  \_\_\_\_\_  
 (Secretary)

X \_\_\_\_\_  
 (Attest by Other Officer)

X \_\_\_\_\_  
 (Attest by Other Officer)

RESOLUTIONS

The Association named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Association and to provide other financial accommodations indicated in this resolution.
(2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution.
(3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Association.
(4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Association with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
(5) The Association agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Association.
(6) The Association acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Association to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance.
(7) The Association acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on \_\_\_\_\_ (date) by \_\_\_\_\_ (initials)  This resolution is superseded by resolution dated \_\_\_\_\_ .

Comments: