

**DEPOSITORY SERVICES RESOLUTION FOR GOVERNMENTAL ENTITIES**

DEPOSITOR NAME: CITY OF WILLIAMS

CONTACT: CHARLES BERGSON

ADDRESS: PO Box 310  
WILLIAMS, CA 95987

TAX IDENTIFICATION NUMBER: 94-60000453

I, CHARLES BERGSON (name of certifying officer) do hereby certify that I am the CITY ADMINISTRATOR (title of certifying officer) of the above-named governmental entity (therein called the "Depositor") a CITY OF WILLIAMS existing under the laws of the State of CALIFORNIA and that the following is a true, complete and correct copy of resolutions adopted at a meeting of the Depositor duly and properly called and held on 2<sup>ND</sup> day of SEPTEMBER, 20 09; that a quorum was present at said meeting; and that said resolutions are now in full force and effect.

**RESOLVED**, that U.S. Bank National Association is hereby designated as a depository of the Depositor with authority to accept or receive at any time for the credit of the Depositor deposits by whomsoever made of funds and other property in whatever form or manner transferred to endorsed; and that any officer of the Depositor is hereby authorized to open or cause to be opened one or more accounts with the Bank on such terms, conditions and agreements as the Bank may now or hereafter require and to make any other agreements deemed advisable in regard to any of the foregoing. Depositor acknowledges and agrees that the services contemplated by this resolution shall be governed by the U.S. Bank Customer Agreement for commercial deposit accounts, as amended from time to time.

**RESOLVED**, that checks, drafts or other orders for the payment, transfer or withdrawal of any of the funds or other property of the Depositor on deposit with the Bank shall be binding on the Depositor when signed, manually or by use of a facsimile or mechanical signature or otherwise authorized, by any one of the individuals listed in the section entitled "Authorized Signers", and the Bank is hereby authorized to pay and charge to the account of the Depositor any such checks, drafts or other orders so signed or otherwise authorized, including those payable to the individual order of the same person or persons signing or otherwise authorizing the same and including also those payable to the Bank or to any other person for application, or which are actually applied to the payment of any such indebtedness owing the Bank from the person or persons who signed such checks, drafts or other withdrawal orders or otherwise authorized such withdrawals. In particular, and not in limitation of foregoing, such persons may authorize payment, transfer or withdrawal by oral or telephonic directions to the Bank complying with such rules and regulations relating to such authorization as the Bank may communicate to the Depositor from time to time.

**RESOLVED**, that the CITY ADMINISTRATOR (identify certifying officer by title) hereby certifies to the Bank the names and signatures (either actual or any form or forms of facsimile or mechanical signatures adopted by the person authorized to sign) of the Authorized Signers listed below and shall from time to time hereafter, upon a change in the facts so certified, immediately certify to the Bank the names and signatures (actual or facsimile) of the persons then authorized to sign or to act. The Bank shall be fully protected in relying on such certificates and on the obligation of the certifying officer (set forth above) to immediately certify to the Bank any change in any facts so certified, and the Bank shall be indemnified and saved harmless by the Depositor from any claims, demands, expenses, loss or damage resulting from or growing out of honoring or relying on the signature of other authority (whether or not properly used and, in the case of any facsimile signature, regardless of when or by whom or by what means such signature may have been made or affixed) of any officer or person whose name and signature was so certified, or refusing to honor any signature or authority not so certified.

**RESOLVED**, That these resolutions shall continue in force until express written notice of their rescission or modification has been furnished to and received by the Bank; and

**RESOLVED**, That any and all transactions by or on behalf of the Depositor with the Bank prior to the adoption of this resolution be, and the same hereby are, in all respects ratified, approved and confirmed.

I further certify that the officers of the Depositor signing the resolution, have, and at the time of adoption of said resolutions had, full power and lawful authority to adopt the foregoing resolutions and to confer the powers therein granted to the persons named, and that such persons have full power and authority to exercise the same.

I further certify that the names, titles (if any) and signatures (actual or facsimile) of the persons authorized to sign or act on behalf of the Depositor by its governing board identified above are as set forth below in the section of this Resolution entitled "Authorized Signers".

I further certify, under penalties of perjury, that the tax identification number shown above is correct and that the Depositor is not subject to backup withholding because (a) it is exempt, (b) has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified the Depositor that it is no longer subject to backup withholding, and I am a U.S. citizen or other U.S. person

Account Number: 153490094288

Authorized Signers

<u>Name</u>	<u>Title</u>	<u>Signature</u>
<u>CHARLES BERGSON</u>	<u>City Administrator</u>	_____
<u>RENE L. MILES</u>	<u>City Clerk</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed the seal of the Depositor this

2nd day of September, 20 09

\_\_\_\_\_  
(Certifying Officer) City Administrator  
(Title)

\_\_\_\_\_  
(Attest by one other officer) Deputy City Clerk  
(Title)

Branch Number: Cost Center: Call Tracking Number: Service Banker:

Service Banker Review: \_\_\_\_\_ Validated by: \_\_\_\_\_ Team Leader Review: \_\_\_\_\_ FileNet Indexed by: \_\_\_\_\_