

Corporate Authorization Resolution

KeySavings Bank (Referred to as Financial Institution)

PO Box 669, 811 E. Grand Aveune' Wisconsin Rapids, WI 54494

BY:

Corporate Name: _____ (Referred to as Corporation)

Address: _____

I, _____, certify that I am Secretary (clerk) of the above named corporation organized under the laws of _____, Federal Identification Number of _____, engaged in business under the trade name of _____, and that the resolutions of this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on _____. These resolutions appear as minutes of this meeting and have not been rescinded or modified.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: _____

Title: _____

Position: _____

Signature: _____

Name: _____

Title: _____

Position: _____

Signature: _____

Name: _____

Title: _____

Position: _____

Signature: _____

Name: _____

Title: _____

Position: _____

Signature: _____

Name: _____

Title: _____

Position: _____

Signature: _____

Name: _____

Title: _____

Position: _____

Signature: _____