

Limited Liability Company 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 Limited Liability Company)

Address: _____

I, _____, certify that I am a Manager or Designated Member of the above named Limited Liability Company 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 Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of corporation or an operating agreement 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 These resolutions appear as minutes of this meeting and have not been rescinded or modified.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: _____