

Sole Proprietorship Resolution of Authority

KeySavings Bank (Referred to as Financial Institution)

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

BY:

Corporate Name: _____ (Referred to as Proprietorship)

Address: _____

I, _____, certify that I am the sole owner of the above named proprietorship, Federal Identification Number of _____, engaged in business under the trade name of _____.

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: _____