



Coquille Indian Housing Authority

2678 Mexeye Loop • Coos Bay, OR 97420

**RESOLUTION
HA2404**

AUTHORIZING NEW BANNER BANK ACCOUNTS

OHCS BAFI-NATO

CORPORATE AUTHORIZATION RESOLUTION

Banner Bank
 PO Box 587
 North Bend, OR 97459

Referred to in this document as "Financial Institution"

By: Coquille Indian Housing Authority
 2678 Mexeye Loop
 Coos Bay, OR 97420

Referred to in this document as "Corporation"

I, Robert B. More, certify that I am Secretary (clerk) of the above named corporation organized under the laws of the Coquille Indian Tribe, Federal Employer I.D. Number 93-1133051, engaged in business under the trade name of Coquille Indian Housing Authority, and that the resolutions on 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 March 28, 2024 (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 These resolutions appear in the minutes of this meeting and have not been rescinded or modified.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>Paul E. Doyle, Chair</u>	X	X <u>N/A</u>
B. <u>Denise L. Hunter, Vice Chair</u>	X	X <u>N/A</u>
C. <u>Robert B. More, Secretary/Treasurer</u>	X	X <u>N/A</u>
D. <u>Jacqueline C. Chambers, Commissioner</u>	X	X <u>N/A</u>
E. <u>Donald L. Garrett, Commissioner</u>	X	X <u>N/A</u>
F. <u>Judith K. Rocha, Commissioner</u>	X	X <u>N/A</u>

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>N/A</u>	(1) Exercise all of the powers listed in this resolution.	<u>N/A</u>
<u>ABCDEFG</u>	(2) Open any deposit or share account(s) in the name of the Corporation.	<u>2</u>
<u>Refer to Sig. Card</u>	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	<u>2</u>
<u>N/A</u>	(4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	<u>N/A</u>
<u>N/A</u>	(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 Corporation 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.	<u>N/A</u>
<u>ABCDEFG</u>	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	<u>2</u>
<u>G</u>	(7) Other <u>Prepare documents necessary to effect the actions described in (2) through (6) above; establish internet banking and account services; transfer funds held on deposit with the Financial Institution between accounts held in the name of the Corporation; and perform other activities of a routine nature related to the maintenance of the Corporation's accounts held with this Financial Institution.</u>	<u>1</u>

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

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated ANY. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Board of Directors of the Corporation 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 Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on March 28, 2024 (date).

Attest by One Other Officer
Paul E. Doyle, Chair

Secretary
Robert B. More,
 Secretary/Treasurer (page 1 of 3)

CORPORATE AUTHORIZATION RESOLUTION

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 PO Box 587
 North Bend, OR 97459

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By: Coquille Indian Housing Authority
 2678 Mexeye Loop
 Coos Bay, OR 97420

Referred to in this document as "Corporation"

I, Robert B. More, certify that I am Secretary (clerk) of the above named corporation organized under the laws of the Coquille Indian Tribe, Federal Employer I.D. Number 93-1133051, engaged in business under the trade name of Coquille Indian Housing Authority, and that the resolutions on 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 March 28, 2024 (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)
G. <u>Anne F. Cook, Executive Director</u>	X	X <u>N/A</u>
H. _____	X	X _____
I. _____	X	X _____
J. _____	X	X _____
K. _____	X	X _____
L. _____	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>N/A</u>	(1) Exercise all of the powers listed in this resolution.	<u>N/A</u>
<u>ABCDEFG</u>	(2) Open any deposit or share account(s) in the name of the Corporation.	<u>2</u>
<u>Refer to Sig. Card</u>	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	<u>2</u>
<u>N/A</u>	(4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	<u>N/A</u>
<u>N/A</u>	(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 Corporation 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.	<u>N/A</u>
<u>ABCDEFG</u>	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	<u>2</u>
<u>G</u>	(7) Other <u>Prepare documents necessary to effect the actions described in (2) through (6) above; establish internet banking and account services; transfer funds held on deposit with the Financial Institution between accounts held in the name of the Corporation; and perform other activities of a routine nature related to the maintenance of the Corporation's accounts held with this Financial Institution.</u>	<u>1</u>

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

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CERTIFICATION OF AUTHORITY

I further certify that the Board of Directors of the Corporation 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 Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on March 28, 2024 (date).

Attest by One Other Officer

Paul E. Doyle, Chair

Secretary

Robert B. More, (page 2 of 3)
 Secretary/Treasurer

RESOLUTIONS

The Corporation named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Corporation 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. Any and all prior resolutions adopted by the Board of Directors of the Corporation and certified to the Financial Institution as governing the operation of this corporation's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Corporation. Any Agent, so long as they act in a representative capacity as an Agent of the Corporation, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Corporation with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Corporation agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Corporation. The Corporation authorizes the Financial Institution, at any time, to charge the Corporation for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Corporation acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Corporation 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. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Corporation with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Corporation authorizes each Agent to have custody of the Corporation's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

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:

Date: 03/28/2024

Master Signature Card

Number of signatures required for withdrawal: TWO (2)

Institution Name & Address

Banner Bank
P.O. Box 587
North Bend, OR 97459

IMPORTANT ACCOUNT OPENING INFORMATION:

Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Account Title & Address

Account Title: OHCS BAFI-NATO

Address: Coquille Indian Housing Authority
2678 Mexeye Loop
Coos Bay, OR 97420

Ownership of Account

- | | | |
|---|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Joint With Right of Survivorship | <input type="checkbox"/> Joint Without Right of Survivorship |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Court Blocked | <input type="checkbox"/> Estate |
| <input type="checkbox"/> Guardian / Conservatorship | <input type="checkbox"/> Representative Payee | <input type="checkbox"/> Uniform Trust to Minor (UTMA) |
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Unincorporated Group/Association | <input type="checkbox"/> Public Entity |
| <input type="checkbox"/> Other: | | |

Beneficiary Designation

(Check appropriate ownership above).

Revocable Trust

Pay-on-Death (POD)

Beneficiary Name(s)

(Check appropriate beneficiary designation above).

Other Terms/Information

Entity EIN: 93-1133051

Backup Withholding Certifications

- Taxpayer I.D. Number (TIN)** – The number shown herein is my correct taxpayer identification number.
- Backup Withholding** – Unless indicated herein, 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 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.

I certify under penalties of perjury the statements checked in this section are true and that unless indicated herein, I am a U.S. Person (including a U.S. resident alien).

Signatures

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s). The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Truth in Savings | <input checked="" type="checkbox"/> Terms and Conditions | <input type="checkbox"/> Electronic Funds Transfer | <input checked="" type="checkbox"/> Funds Availability | <input checked="" type="checkbox"/> Payment Order of Items |
| <input type="checkbox"/> Privacy Notice | <input checked="" type="checkbox"/> Schedule of Fees | <input type="checkbox"/> Substitute Checks & Your Rights | <input checked="" type="checkbox"/> ATM/Night Deposit User Precautions | <input type="checkbox"/> Consumer Overdrafts & Overdraft Fees |
| <input checked="" type="checkbox"/> Unlawful Internet Gambling Notice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1 I am not a US Person
Subject to Backup Withholding
Name: Jacquelyn C. Chambers TIN: _____

2 I am not a US Person
Subject to Backup Withholding
Name: Paul E. Doyle TIN: _____

3 I am not a US Person
Subject to Backup Withholding
Name: Donald L. Garrett TIN: _____

4 I am not a US Person
Subject to Backup Withholding
Name: Denise L. Hunter TIN: _____

5 I am not a US Person
Subject to Backup Withholding
Name: Robert B. More TIN: _____

6 I am not a US Person
Subject to Backup Withholding
Name: Judith K. Rocha TIN: _____

7 I am not a US Person
Subject to Backup Withholding
Name: Anne F. Cook TIN: _____

8 I am not a US Person
Subject to Backup Withholding
Name: _____ TIN: _____

Account Number	Account Number	Account Number	Account Number
*****4307	*****4315		