

Lake Land College Board of Trustees



RESOLUTION NUMBER: 0823-001

DATE: August 14, 2023

RESOLUTION FOR APPOINTMENT OF TREASURER AND APPROVAL OF TREASURER'S SURETY BONDS

WHEREAS, the Board of Trustees of Lake Land College, Community College District No. 517 (the "College") is authorized by the Public Community College Act (the "Act") to oversee the financial affairs of the College and to appoint a College Treasurer, the faithful discharge of whose duties shall be secured by a surety bond(s) in accordance with Sections 3-18 and 3-19 of the Act, 110 ILCS 805/3-18 and -/3-19; and

WHEREAS, the office of Treasurer has become vacant due to its former holder's resignation, Mr. Greg Nuxoll, as the Vice President for Business Services at Lake Land College, such that the Board has need to fill the vacancy and to approve a surety bond(s) for the appointed Treasurer;

NOW, THEREFORE, BE IT RESOLVED by the Board of Trustees of Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie and Shelby, State of Illinois (the "Board") as follows:

Section 1. The Board hereby revokes Mr. Nuxoll's authority as Treasurer and appoints Ms. Jean Anne Highland, Chief of Staff at Lake Land College, to serve as Treasurer at the pleasure of the Board for no additional compensation.

Section 2. The Board hereby approves the Treasurer's Bonds provided by The Cincinnati Insurance Company of America, copies of which will be attached to and made a part of this Resolution, and authorizes the Chair and Secretary of the Board to sign the Bonds on the Board's behalf. The Surety Bonds will also be posted on the web page of the Lake Land College Board of Trustees.

Section 3. This Resolution shall take effect immediately upon passage.

ADOPTED this 14th day of August, 2023 by the following vote:

AYES:

NAYS:

ABSENT:

BOARD OF TRUSTEES
LAKE LAND COLLEGE
COMMUNITY COLLEGE DISTRICT NO. 517
COUNTIES OF CHRISTIAN, CLARK, CLAY,
COLES, CRAWFORD, CUMBERLAND,
DOUGLAS, EDGAR, EFFINGHAM, FAYETTE,
JASPER, MACON, MONTGOMERY,
MOULTRIE, AND SHELBY
STATE OF ILLINOIS

By: _____

Chair

Attest: _____

Secretary

SECRETARY'S CERTIFICATE

I, _____, the undersigned, do hereby certify that I am the duly qualified and acting Secretary of the Board of Trustees of Lake Land College, Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie, and Shelby, State of Illinois, (the "College District") and as such official, I am the keeper of the records and files of the Board of Trustees of said College District.

I do further certify that the foregoing Resolution for Appointment of Treasurer and Approval of Treasurer's Surety Bond(s) is a true, correct and complete copy of that Resolution as adopted by the Board of Trustees of the College District at a meeting held on the 14th day of August, 2023.

I do further certify that the deliberations of the members of the Board of Trustees on the adoption of the Resolution were taken openly; that the vote on the adoption of the Resolution was taken openly; that the meeting was held at a specified time and place convenient to the public; that notice of the meeting was duly given to all newspapers, radio or television stations, and other news media requesting notice; and that the meeting was called and held in strict compliance with the provisions of the Illinois Open Meetings Act, as amended, and the applicable provisions of the Public Community College Act of the State of Illinois, and that this Board of Trustees has complied with all of the applicable provisions of said Acts and with all the procedural rules of the Board of Trustees.

IN WITNESS WHEREOF, I hereunto affix my official signature, this 14th day of August, 2023.

Secretary, Board of Trustees

Lake Land College Board of Trustees



RESOLUTION NUMBER: 0823-002

DATE: August 14, 2023

RESOLUTION FOR COLLEGE TREASURER TO ACT AS FISCAL AGENT

WHEREAS, the Board of Trustees of Lake Land College, Community College District No. 517 (the "College") is authorized by the Illinois Public Community College Act to oversee the financial affairs of the College; and

WHEREAS, bank accounts are established in the name of the College for depositing and investing monies; and

WHEREAS, daily financial transactions are conducted to support the business needs of the College; and

WHEREAS, the Board of Trustees has elected Ms. Jean Anne Highland as Treasurer to oversee the business of the College; and

THEREFORE, BE IT RESOLVED by the Board of Trustees of Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie and Shelby, State of Illinois (the "Board") as follows:

Section 1: The Treasurer be authorized and directed to open bank accounts in the name of the College. Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit.

Section 2: The Treasurer be authorized and directed to borrow money on behalf and in the name of the College, sign, execute and deliver promissory notes or other evidences of indebtedness. The Treasurer be authorized and directed to endorse, assign, transfer, mortgage or pledge property now owned or hereafter acquired by the College as security for sums borrowed.

Section 3: The Treasurer and President sign all documents of promissory notes or other evidence of indebtedness.

Section 4: The Treasurer be authorized and directed to enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box on behalf and in the name of the College.

ADOPTED this 14th day of August, 2023 by the following vote:

AYES:

NAYS:

ABSENT:

BOARD OF TRUSTEES
LAKE LAND COLLEGE
COMMUNITY COLLEGE DISTRICT NO. 517
COUNTIES OF CHRISTIAN, CLARK, CLAY,
COLES, CRAWFORD, CUMBERLAND,
DOUGLAS, EDGAR, EFFINGHAM, FAYETTE,
JASPER, MACON, MONTGOMERY,
MOULTRIE, AND SHELBY
STATE OF ILLINOIS

By: _____

Chair

Attest: _____

Secretary

SECRETARY’S CERTIFICATE

I, _____, the undersigned, do hereby certify that I am the duly qualified and acting Secretary of the Board of Trustees of Lake Land College, Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie, and Shelby, State of Illinois, (the “College District”) and as such official, I am the keeper of the records and files of the Board of Trustees of said College District.

I do further certify that the foregoing Resolution for College Treasurer to Act as Fiscal Agent is a true, correct and complete copy of that Resolution as adopted by the Board of Trustees of the College District at a meeting held on the 14th day of August, 2023.

I do further certify that the deliberations of the members of the Board of Trustees on the adoption of the Resolution were taken openly; that the vote on the adoption of the Resolution was taken openly; that the meeting was held at a specified time and place convenient to the public; that notice of the meeting was duly given to all newspapers, radio or television stations, and other news media requesting notice; and that the meeting was called and held in strict compliance with the provisions of the Illinois Open Meetings Act, as amended, and the applicable provisions of the Public Community College Act of the State of Illinois, and that this Board of Trustees has complied with all of the applicable provisions of said Acts and with all the procedural rules of the Board of Trustees.

IN WITNESS WHEREOF, I hereunto affix my official signature, this 14TH day of August, 2023.

Secretary, Board of Trustees

Board of Trustees Lake Land College

Resolution No. 0823-003

Date 8/14/2023

COMMUNITY COLLEGE DISTRICT NO. 517 COUNTIES OF

Coles, Christian, Clark, Clay, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette,
Jasper, Macon, Montgomery, Moultrie, and Shelby, and State of Illinois, Lake Land
College, 5001 Lake Land Boulevard, Mattoon, Illinois

ADOPTION OF 2023 - 2024 BUDGET

For fiscal year beginning July 1, 2023 and ending June 30, 2024.

WHEREAS, the Board of Community College District No. 517, Counties of Coles, Christian, Clark, Clay, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie, and Shelby, and State of Illinois (Lake Land College), caused to be prepared in tentative form a budget, and the Secretary of the Board has made the same conveniently available to public inspection for at least thirty (30) days prior to final action thereon;

AND WHEREAS, a public hearing was held on such budget on the 14th day of August 2023, a notice of said hearing was given at least thirty (30) days prior thereto as required by law, and all other legal requirements have been complied with:

AND, THEREFORE, BE IT RESOLVED by the Board of said Community College District as follows:

Section 1: That the fiscal year of this Community College is fixed and declared to be July 1, 2023 and ending June 30, 2024.

Section 2: That the following budget containing an estimate of the amounts available in each fund as follows: Educational, Operations & Maintenance, Operations & Maintenance (Restricted), Bond and Interest, Auxiliary Enterprises, Restricted Purposes, Audit, and Liability, Protection, & Settlement, each separately, and of expenditures from each be and the same is hereby adopted as the budget of this Community College District for the said fiscal year:

Educational	\$ 56,039,786
Operations & Maintenance	5,529,759
Operations & Maintenance (Restricted)	6,863,190
Bond and Interest	6,760,925
Auxiliary Enterprises	3,317,374
Restricted Purposes	34,475,564
Audit	123,171
Liability, Protection, & Settlement	2,022,577
TOTAL.....	\$115,132,346

Approved:

Board Chairman

Board Secretary

Lake Land College Board of Trustees



RESOLUTION NUMBER: 0823-004

DATE: August 14, 2023

RESOLUTION APPROVING NON-CORPORATE AGREEMENT AND ASSOCIATED PERSON INFORMATION FORMS FOR DELIVERY TO DEPOSITORY WELLS FARGO ADVISORS, LLC

WHEREAS, the Board of Trustees of Lake Land College, Community College District No. 517 (the "College") is authorized by the Public Community College Act (the "Act") to oversee the financial affairs of the College, and has in that capacity previously designated Wells Fargo Advisors, LLC (the "Investment Service") as an investment service for the College; and

WHEREAS, it is necessary and appropriate at this time to update the Non-Corporate Agreements and Associated Person Information Forms provided to the Investment Service;

NOW, THEREFORE, BE IT RESOLVED by the Board of Trustees of Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie and Shelby, State of Illinois (the "Board") as follows:

Section 1. The Board hereby approves the provisions and form of the Non-Corporate Agreement as shown on the copy of said document which, as completed and signed on behalf of the College by College President Dr. Jonathan Bullock and Board Treasurer Jean Anne Highland, is attached as Exhibit A to and hereby made a part of this Resolution.

Section 2. The Board further hereby approves the provisions and form of the Associated Person Information forms as shown on the copy of said document which, as completed and signed by Board Treasurer Jean Anne Highland, is attached as Exhibit B to and hereby made a part of this Resolution.

Section 3. The Secretary of the Board shall cause the originals of the Non-Corporate Agreements and the Associated Person Information Forms to be delivered to Wells Fargo Advisors, LLC.

Section 4. This Resolution shall take effect immediately upon passage, and shall supersede and replace all Resolutions previously adopted by the Board which pertain to the subject matter hereof.

ADOPTED this 14th day of August, 2023 by the following vote:

AYES:

NAYS:

ABSENT:

BOARD OF TRUSTEES
LAKE LAND COLLEGE
COMMUNITY COLLEGE DISTRICT NO. 517
COUNTIES OF CHRISTIAN, CLARK, CLAY,
COLES, CRAWFORD, CUMBERLAND,
DOUGLAS, EDGAR, EFFINGHAM, FAYETTE,
JASPER, MACON, MONTGOMERY,
MOULTRIE, AND SHELBY
STATE OF ILLINOIS

By: _____

Chair

Attest: _____

Secretary

SECRETARY'S CERTIFICATE

I, _____, the undersigned, do hereby certify that I am the duly qualified and acting Secretary of the Board of Trustees of Lake Land College, Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie, and Shelby, State of Illinois, (the "College District") and as such official, I am the keeper of the records and files of the Board of Trustees of said College District.

I do further certify that the foregoing Non-Corporate Agreement and Associated Person Information Forms to Wells Fargo Advisors, LLC is a true, correct and complete copy of that Resolution as adopted by the Board of Trustees of the College District at a meeting held on the 14th day of August, 2023.

I do further certify that the deliberations of the members of the Board of Trustees on the adoption of the Resolution were taken openly; that the vote on the adoption of the Resolution was taken openly; that the meeting was held at a specified time and place convenient to the public; that notice of the meeting was duly given to all newspapers, radio or television stations, and other news media requesting notice; and that the meeting was called and held in strict compliance with the provisions of the Illinois Open Meetings Act, as amended, and the applicable provisions of the Public Community College Act of the State of Illinois, and that this Board of Trustees has complied with all of the applicable provisions of said Acts and with all the procedural rules of the Board of Trustees.

IN WITNESS WHEREOF, I hereunto affix my official signature, this 14th day of August, 2023.

Secretary, Board of Trustees

Non-Corporate Agreement



Sub Firm #	BR Code	FA Code	Account Number

(Office Use Only)

1. Non-Corporate Organization Information

Full Organization Name: LAKE LAND COLLEGE

Tax Identification Number: 37-0896233

Address: 5001 LAKE LAND BLVD, MATTOON, IL 61938-9366

2. Certification by President or Other Officer

The President, or other Officer named in this Section, certifies the following:

- A. I am authorized to make this certification on behalf of the Non-Corporate Organization named in Section 1 (the "Organization") and any information given is true, accurate, complete and subject to verification. This authorization shall continue in force until revoked by the Organization by a written notice received by you.
- B. The Organization is duly organized and existing and has the power to take the action called for by the resolutions in Section 3 (the "Resolutions").
- C. The Resolutions are in accordance with and do not conflict with the Organization's existing charter, by-laws, or constitutional, statutory, and regulatory provisions pertaining to the Organization. The Resolutions were duly adopted by the Board of Directors or other governing body of the Organization and the same are now in full force and effect.
- D. The Organization also agrees to the terms of the General Account Agreement and Disclosure Document, signed under separate cover.
- E. The following are the names and titles of the officers or agents empowered to act on behalf of the Organization pursuant to the Resolutions:

Officer Name 1 JONATHAN BULLOCK	Title PRESIDENT
Officer Name 2 JEAN ANNE HIGHLAND	Title TREASURER
Officer Name 3	Title
Officer Name 4	Title

3. Resolutions and Signature of Certifying Officer

Certified Copy of Certain Resolutions Adopted by the Board of Directors or other governing body of the Organization Whereby the Establishment and Maintenance of Trading Accounts Have Been Authorized.

RESOLVED

FIRST: That the Organization's President, officer(s) and/or agent(s) named in Section 2, with any one of them acting individually, be and are authorized and empowered, for and on behalf of the Organization, to establish and maintain one or more accounts (collectively, the "Account") with Wells Fargo Advisors ("WFA"); to deposit funds in and deliver to WFA for the Account any and all forms of securities (including, but not limited to, shares, stocks, bonds, debentures, notes, scrip, participation certificates, rights to subscribe, option warrants, certificates of deposit, mortgages, chooses in action, evidences of indebtedness, commercial paper, certificates of indebtedness and certificates of interest of any and every kind and nature whatsoever, secured or unsecured, whether represented by trust, participating and/or other certificates or otherwise); to sell any and all forms of securities held in the Account; and to buy any and all forms of securities for the Account.

Investment products and services are offered through Wells Fargo Advisors Financial Network, LLC (WFAFN). Accounts are carried by Wells Fargo Clearing Services, LLC (WFCS). Wells Fargo Advisors is a trade name used by WFAFN and WFCS, separate registered broker-dealers and non-bank affiliates of Wells Fargo & Company.

The fullest authority with respect to any such commitment or transaction deemed by any of the said officers and/or agents to be proper is at all times conferred, including, but not limited to, authority to give written or oral instructions to WFA with respect to said transactions; to bind and obligate the Organization to and for the carrying out of any contract, arrangement, or transaction, which shall be entered into by any such officer and/or agent for and on behalf of the Organization with or through WFA; to pay in cash or by checks and/or drafts drawn upon the funds of the Organization such sums as may be necessary in connection with the Account; to order the transfer or delivery of funds or securities to any other person whatsoever; and/or to order the transfer of record of any securities to any name selected by any of the said officers or agents; to endorse any securities in order to pass title; to direct the sale or exercise of any rights with respect to any securities; to sign for the Organization all releases, powers of attorney and/or other documents in connection with the Account, and to agree to any terms or conditions to control the Account; to direct WFA to surrender any securities to the proper agent or party for the purpose of effecting any exchange or conversion, or for the purpose of deposit with any protective or similar committee, or otherwise; to accept delivery of any securities; to appoint any other person or persons to do any and all things which any of the said officers and/or agents are empowered to do, and generally to do and take all action necessary in connection with the Account, or considered desirable by such officer and/or agent with respect to the Account.

SECOND: That WFA may deal with any and all of the persons directly or indirectly empowered by the Resolutions, as though they were dealing with the Organization directly.

THIRD: That the Secretary of the Organization be and is authorized and empowered, and, if requested by WFA, directed to certify to WFA: (a) a true copy of the Resolutions; (b) a certificate (which, if required by WFA, shall be supported by an opinion of the general counsel of the Organization, or other counsel satisfactory to WFA) that the Organization is duly organized and existing, that its charter empowers it to transact the business by these resolutions defined, and that no limitation has been imposed upon such powers by the bylaws or otherwise.

FOURTH: That the Resolutions and any certification given in accordance with these Resolutions are irrevocable and WFA may rely upon such as continuing fully effective unless and until WFA shall receive due written notice of a change in or the rescission of authority as evidenced, and the dispatch or receipt of any other form of notice shall not constitute a waiver of this provision, nor shall the fact that any person empowered ceases to be an officer or agent of the Organization or becomes an officer or agent under some other title in any way affect the powers conferred.

FIFTH: That in the event of any change in the office or powers of persons empowered, the Secretary shall certify such changes to WFA by written notice, which, upon receipt, shall be adequate to both terminate the powers of the persons previously authorized and empower any substituted persons.

SIXTH: That the Organization and its officers and/or agents indemnify and hold WFA harmless from any claim, loss, expense or other liability for effecting any transactions or acting upon any instructions given by the officers and/or agents empowered to act on behalf of the Organization.

Signature 1	Name and Title JONATHAN BULLOCK, PRESIDENT	Date
Signature 2	Name and Title JEAN ANNE HIGHLAND, TREASURER	Date
Signature 3	Name and Title	Date
Signature 4	Name and Title	Date

Non-Corporate Agreement



Sub Firm #	BR Code	FA Code	Account Number
██████	██████	██████	██████████

(Office Use Only)

1. Non-Corporate Organization Information

Full Organization Name: LAKE LAND COLLEGE

Tax Identification Number: 37-0896233

Address: 5001 LAKE LAND BLVD, MATTOON, IL 61938-9366

2. Certification by President or Other Officer

The President, or other Officer named in this Section, certifies the following:

- A. I am authorized to make this certification on behalf of the Non-Corporate Organization named in Section 1 (the "Organization") and any information given is true, accurate, complete and subject to verification. This authorization shall continue in force until revoked by the Organization by a written notice received by you.
- B. The Organization is duly organized and existing and has the power to take the action called for by the resolutions in Section 3 (the "Resolutions").
- C. The Resolutions are in accordance with and do not conflict with the Organization's existing charter, by-laws, or constitutional, statutory, and regulatory provisions pertaining to the Organization. The Resolutions were duly adopted by the Board of Directors or other governing body of the Organization and the same are now in full force and effect.
- D. The Organization also agrees to the terms of the General Account Agreement and Disclosure Document, signed under separate cover.
- E. The following are the names and titles of the officers or agents empowered to act on behalf of the Organization pursuant to the Resolutions:

Officer Name 1 JONATHAN BULLOCK	Title PRESIDENT
Officer Name 2 JEAN ANNE HIGHLAND	Title TREASURER
Officer Name 3	Title
Officer Name 4	Title

3. Resolutions and Signature of Certifying Officer

Certified Copy of Certain Resolutions Adopted by the Board of Directors or other governing body of the Organization Whereby the Establishment and Maintenance of Trading Accounts Have Been Authorized.

RESOLVED

FIRST: That the Organization's President, officer(s) and/or agent(s) named in Section 2, with any one of them acting individually, be and are authorized and empowered, for and on behalf of the Organization, to establish and maintain one or more accounts (collectively, the "Account") with Wells Fargo Advisors ("WFA"); to deposit funds in and deliver to WFA for the Account any and all forms of securities (including, but not limited to, shares, stocks, bonds, debentures, notes, scrip, participation certificates, rights to subscribe, option warrants, certificates of deposit, mortgages, chooses in action, evidences of indebtedness, commercial paper, certificates of indebtedness and certificates of interest of any and every kind and nature whatsoever, secured or unsecured, whether represented by trust, participating and/or other certificates or otherwise); to sell any and all forms of securities held in the Account; and to buy any and all forms of securities for the Account.

Investment products and services are offered through Wells Fargo Advisors Financial Network, LLC (WFAFN). Accounts are carried by Wells Fargo Clearing Services, LLC (WFCS). Wells Fargo Advisors is a trade name used by WFAFN and WFCS, separate registered broker-dealers and non-bank affiliates of Wells Fargo & Company.

The fullest authority with respect to any such commitment or transaction deemed by any of the said officers and/or agents to be proper is at all times conferred, including, but not limited to, authority to give written or oral instructions to WFA with respect to said transactions; to bind and obligate the Organization to and for the carrying out of any contract, arrangement, or transaction, which shall be entered into by any such officer and/or agent for and on behalf of the Organization with or through WFA; to pay in cash or by checks and/or drafts drawn upon the funds of the Organization such sums as may be necessary in connection with the Account; to order the transfer or delivery of funds or securities to any other person whatsoever; and/or to order the transfer of record of any securities to any name selected by any of the said officers or agents; to endorse any securities in order to pass title; to direct the sale or exercise of any rights with respect to any securities; to sign for the Organization all releases, powers of attorney and/or other documents in connection with the Account, and to agree to any terms or conditions to control the Account; to direct WFA to surrender any securities to the proper agent or party for the purpose of effecting any exchange or conversion, or for the purpose of deposit with any protective or similar committee, or otherwise; to accept delivery of any securities; to appoint any other person or persons to do any and all things which any of the said officers and/or agents are empowered to do, and generally to do and take all action necessary in connection with the Account, or considered desirable by such officer and/or agent with respect to the Account.

SECOND: That WFA may deal with any and all of the persons directly or indirectly empowered by the Resolutions, as though they were dealing with the Organization directly.

THIRD: That the Secretary of the Organization be and is authorized and empowered, and, if requested by WFA, directed to certify to WFA: (a) a true copy of the Resolutions; (b) a certificate (which, if required by WFA, shall be supported by an opinion of the general counsel of the Organization, or other counsel satisfactory to WFA) that the Organization is duly organized and existing, that its charter empowers it to transact the business by these resolutions defined, and that no limitation has been imposed upon such powers by the bylaws or otherwise.

FOURTH: That the Resolutions and any certification given in accordance with these Resolutions are irrevocable and WFA may rely upon such as continuing fully effective unless and until WFA shall receive due written notice of a change in or the rescission of authority as evidenced, and the dispatch or receipt of any other form of notice shall not constitute a waiver of this provision, nor shall the fact that any person empowered ceases to be an officer or agent of the Organization or becomes an officer or agent under some other title in any way affect the powers conferred.

FIFTH: That in the event of any change in the office or powers of persons empowered, the Secretary shall certify such changes to WFA by written notice, which, upon receipt, shall be adequate to both terminate the powers of the persons previously authorized and empower any substituted persons.

SIXTH: That the Organization and its officers and/or agents indemnify and hold WFA harmless from any claim, loss, expense or other liability for effecting any transactions or acting upon any instructions given by the officers and/or agents empowered to act on behalf of the Organization.

Signature 1	Name and Title JONATHAN BULLOCK, PRESIDENT	Date
Signature 2	Name and Title JEAN ANNE HIGHLAND, TREASURER	Date
Signature 3	Name and Title	Date
Signature 4	Name and Title	Date

Associated Person Information



Sub Firm # [REDACTED]	BR Code [REDACTED]	FA Code [REDACTED]	Account Number [REDACTED]
<i>(Office Use Only)</i>			

New
 Update

Associated Person Information

<input checked="" type="checkbox"/> Individual		<input type="checkbox"/> Non-Personal	
Name (First, Middle, Last) JEAN ANNE HIGHLAND			
Legal Address - <i>Cannot be a P.O. Box</i> [REDACTED]			
City EFFINGHAM		State IL	ZIP 62401-3921
Home Phone [REDACTED]	Business Phone (217) 234-5329	Fax Number	Other Number
SSN/Tax ID [REDACTED]	Birth Date [REDACTED]	Occupation Description A	Other Description <i>(required)</i>
Country of Citizenship/Registration USA	Slate of Registration IL	Permanent U.S. Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Email Address jhighland@lakelandcollege.edu
Government ID Type ND	Government ID Number	Government ID Place of Issue	Date of Issue
FINRA Information	Is Client, Client's Spouse, or immediate relative employed by Wells Fargo Advisors or another FINRA Member or any other financial services company?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes," enter Class Code (Definitions on page 3). Class Code <input type="text"/>
If Class Code "W," indicate name of other registered broker-dealer firm _____			
RULE 144: Is authorized person, or member of their immediate family a director, policymaking officer, or 10% stockholder in any publicly traded company?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes," indicate company ticker symbol or name. _____

Non-Individual Account Owner

Is legal entity publicly traded? <input type="checkbox"/> No <input type="checkbox"/> Yes		Is the legal entity regulated by Federal Regulator? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Exchange Name	Country of Exchange	Exchange Description	
Sales Market	Sales Market State(s)	Sales Market Country(ies)	
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Govt. Unit or Agency <input type="checkbox"/> Indian Tribal Govt. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust Co. <input type="checkbox"/> Unicorp Assn./Social/Rec/Civic Group/Non-Profit		Business Subtype: <input type="checkbox"/> Business Trust <input type="checkbox"/> Multinational Corp. <input type="checkbox"/> Corporation <input type="checkbox"/> Domestic <input type="checkbox"/> Federal <input type="checkbox"/> Foreign <input type="checkbox"/> General Partnership <input type="checkbox"/> Joint Venture Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Local <input type="checkbox"/> Professional Corp. <input type="checkbox"/> Professional Limited Liability Partnership <input type="checkbox"/> State	
NAIC Industry (Select up to 3): <input type="checkbox"/> Agriculture, Forestry, Fishing, and Hunting <input type="checkbox"/> Mining <input type="checkbox"/> Utilities <input type="checkbox"/> Construction <input type="checkbox"/> Food/Textile Manufacturing <input type="checkbox"/> Wood/Plastic/Glass/Chemical Manufacturing <input type="checkbox"/> Metal/Machinery Manufacturing <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Durable Goods/Housewares/Clothing/Food <input type="checkbox"/> Department Stores/General Merchandise Stores <input type="checkbox"/> Transportation <input type="checkbox"/> Warehousing and Storage <input type="checkbox"/> Information <input type="checkbox"/> Finance and Insurance <input type="checkbox"/> Real Estate Rental and Leasing <input type="checkbox"/> Professional, Scientific, and Technical Services <input type="checkbox"/> Management of Companies and Enterprises <input type="checkbox"/> Administrative and Support and Waste Management and Remediation Services <input type="checkbox"/> Educational Services <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Arts, Entertainment, and Recreation <input type="checkbox"/> Accommodation and Food Services <input type="checkbox"/> Other Services (except Public Administration) <input type="checkbox"/> Public Administration			

Investment products and services are offered through Wells Fargo Advisors Financial Network, LLC (WFAFN). Accounts are carried by Wells Fargo Clearing Services, LLC (WFCS). Wells Fargo Advisors is a trade name used by WFAFN and WFCS, Members SIPC, separate registered broker-dealers and non-bank affiliates of Wells Fargo & Company.

NAIC Sub-Industry (1)*
NAIC Sub-Industry (2)*
NAIC Sub-Industry (3)*
<p><i>*For information regarding NAICS Industry Codes, please visit the following website https://www.census.gov/naics and use the 2022 NAICS Search feature to locate potential industry code descriptions.</i></p> <p>NAIC (North American Industry Classification System) - Required for non-individual clients. NAICS codes are a standard used by federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.</p>

Person of Interest/High Risk Indicators										
U.S. Non-Individual (Select up to 5 indicators that apply to this account owner.)	<input type="checkbox"/> CASINO (5B)	<input type="checkbox"/> GEM/PREC MTL DLRS (5C)	<input type="checkbox"/> GUN DLR/FIREARMS (5E)	<input type="checkbox"/> MONEY SERVICE BUS (5D)	<input type="checkbox"/> FOREIGN NGO (5F)	<input type="checkbox"/> PEP-FOREIGN (5G)	<input type="checkbox"/> TRAVEL AGENT (5A)	<input checked="" type="checkbox"/> NOT APPLICABLE (00)		
U.S. Individual (Select all that apply.)	<input type="checkbox"/> PEP (3A)	<input checked="" type="checkbox"/> NOT APPLICABLE (00)								
Foreign Non-Individual (Select up to 5 indicators that apply to this account owner.)	<input type="checkbox"/> CASINO (6B)	<input type="checkbox"/> FFI (6L)	<input type="checkbox"/> FOR FIN INTERMEDIARY (6M)	<input type="checkbox"/> FOR OPERATING CO (6G)	<input type="checkbox"/> FOR PERS INV/HOLDING CO (6H)	<input type="checkbox"/> FOREIGN TRUST (6I)	<input type="checkbox"/> MONEY SERVICE BUS (6D)	<input type="checkbox"/> FOREIGN NGO (6K)	<input type="checkbox"/> TRAVEL AGENT (6A)	<input checked="" type="checkbox"/> NOT APPLICABLE (00)
Foreign Individual (Select all that apply.)	<input type="checkbox"/> FOR FIN INTERMEDIARY (3B)	<input type="checkbox"/> PEP (3A)	<input type="checkbox"/> NON-RESIDENT ALIEN (3C)	<input checked="" type="checkbox"/> NOT APPLICABLE (00)						

Authorized Signature			
<i>I have read the above information and confirm that it is accurate to the best of my knowledge.</i>			
Associated Person Signature		Date	
Internal Use	Financial Advisor Signature	FA Code	
		IL20	
	Principal Approver Signature	Principal Rep Code	Date

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Government ID Description		
AI Articles of Incorporation	EC Employer ID Card	PC Permanent Resident Card
AO Articles of Organization (LLC)	ED Estate/Court Documents	PP Passport
AR Adoption Record	FD Foreign Issued ID - Non-Driver	RA Resident Alien ID Card (Green Card)
BC Birth Certificate	FL Foreign Driver's License*	SC School ID Card
BD Border Crossing Card*	HC Health Insurance Card (No Medicare Card)	ST State ID Card
BL Business License	LP Life Insurance Policy	TI Tribal ID
BV B1B2 Visa	MD Marriage or Divorce Record	TP Trustee Certification of Investment Powers
CD Court Document	MR Armed Forces	TR Trust Document
CE Cedula	ND Non-Documentary	
CI Consular ID Card	NI National ID Card	
DL Driver's License	OA Operating Agreement	
EA Employment Authorization Card	PA Partnership Agreement	

* If Border Crossing Card or Foreign Driver's License is selected, both Border Crossing Card and Foreign Driver's License forms of ID are required.

Class Codes Descriptions (Do not enter "N" for "No" in the Class Code field • please leave blank.)

- U Employees of Wells Fargo Advisors, their spouse, dependent children, or any other person** who is supported directly or indirectly to a material extent by the employee. Also included are accounts in which any of these individuals has a financial or beneficial control or interest such as guardian, custodian, trustee, executor, corporate or legal officer or agent, investment clubs, joint accounts, or partnerships.
- V Non-dependent immediate family members of an employee of Wells Fargo Advisors, which include:** non-dependent children, parents, parents-in-law, brothers or sisters, brothers-in-law or sisters-in-law, sons-in-law or daughters-in-law, children or other persons supported directly or indirectly to a material extent by any of these individuals, and any accounts in which they have a financial or beneficial control or interest such as guardian, custodian, trustee, executor, corporate or legal officer or agent, investment clubs, joint accounts, or partnerships.
- W Employees or brokers of other security firms, their dependent accounts and accounts in which they have a financial or beneficial control or interest,** such as guardian, custodian, trustee, executor, corporate or legal officer or agent, investment clubs, joint accounts, or partnerships. You understand that if you are associated with another member or member organization, WFA may notify your employer in writing of your intention to open and/or maintain an account. We will transmit duplicate copies of confirmations and statements or other similar information with respect to the account to your employing member as required by regulation.
- Y Associates of Wells Fargo & Company, their spouse, dependent children, or any other person** who is supported directly or indirectly to a material extent by the associate. Also included are accounts in which any of these individuals has a financial or beneficial control or interest such as guardian, custodian, trustee, executor, corporate or legal officer or agent, investment clubs, joint accounts, or partnerships.
- Z Non-dependent immediate family members of an associate of Wells Fargo & Company, which include:** non-dependent children, parents, parents-in-law, brothers or sisters, brothers-in-law or sisters-in-law, sons-in-law or daughters-in-law, children or other persons supported directly or indirectly to a material extent by any of these individuals, and any accounts in which they have a financial or beneficial control or interest such as guardian, custodian, trustee, executor, in which they have a financial corporate or legal officer or agent, investment clubs, joint accounts, or partnerships.

Occupation Description

A Proprietor, Professional, Managerial	D Sales	I Education	N Student
B Information Technology Systems	E Administrative, Clerical	J Clergy	P Homemaker
C Craftsman, Skilled Worker	F Public Service	K Other*	* Description is required
	G Personal Service Provider	L Unemployed	
	H Farming, Fishing, Forestry	M Retired	

Person of Interest/High Risk Indicator Descriptions

U.S. Non-Individual:

CASINO (5B) - A domestic or foreign entity licensed as a casino, gambling casino, or gaming establishment under the laws of any U.S. state or foreign jurisdiction or any political subdivision of the foregoing.

GEM/PREC MTL DLRS (5C) - A domestic or foreign person or entity who purchases and sells: jewels; precious metals and stones; and finished goods.

This category includes, but is not limited to, jewelry, coins, and antiques.

GUN DLR/FIREARMS (5E) - A foreign or domestic based business or entity where the primary business involves the sale of guns, weapons, and/or firearms.

MONEY SERVICE BUS (5D) - An agent, agency, branch, or office of any person or entity located within the U.S. doing business in one or more of the following capacities: currency dealer or exchanger; check casher; issuer of traveler's checks, money orders, or electronic cards with a stored monetary value; seller or redeemer of traveler's checks, money orders, or electronic cards with a stored monetary value; money transmitter; and the United States Postal Service (except with respect to the sale of postage or philatelic products); that is not 25% or more owned by a Mexican casa de cambio, which is a nonbank financial institution (currency exchanger) that provides a variety of financial services and is regulated by the Mexican government. Exception: Persons or entities (other than money transmitters) who do not exchange currency, cash checks, or issue, sell, or redeem traveler's checks, money orders, or electronic cards with a stored monetary value in an amount greater than \$1,000 to any person or entity on any day in one or more transactions are not MSB(s).

FOREIGN NGO (5F) - A domestic or foreign private, nonprofit organization that pursues activities intended to serve the public good that is not funded 100% by the U.S. government. Includes charities, foundations, religious organizations, and other non-profit organizations. NGOs may provide basic social services, work to relieve suffering, promote the interests of the poor, bring citizen concerns to governments, encourage political participation, protect the environment, or undertake community development to serve the needs of citizens, organizations, or groups in one or more of the communities that the NGO operates.

PEP-FOREIGN (5G) - A current or former senior official in the executive, legislative, administrative, military, or judicial branches of a foreign government (whether elected or not); a senior official of a major foreign political party; a current or former senior executive of a foreign government-owned corporation; an immediate family member of any individual listed above; a "close associate" of a current or former senior foreign political figure who is widely and publicly known (or is actually known by the Firm) to maintain an unusually close relationship with this individual and is a position to conduct substantial domestic and international business. Domestic PEP includes any current or former senior official in the executive, legislative, administrative, military, or judicial branches of the U.S. or state government. Accounts for PEPs with ties to the current Venezuelan government are prohibited.

TRAVEL AGENT (5A) - Any domestic or foreign entity who sells, as an agent, the following travel services: airline or rail tickets; hotel and motel reservations; cruise reservations; and/or some combination of those services.

NOT APPLICABLE (00)

U.S. Individual:

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NOT APPLICABLE (00)

Foreign Non-Individual:

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FFI (6L) - Any entity that: is organized under the laws of a foreign country; and engages in the business of: banking; securities dealing; brokerage; investment management; or insurance. Note: This category includes foreign: banks; mutual funds; hedge funds; futures merchant commissions; broker-dealers; and insurance companies.

FOR FIN INTERMEDIARY (6M) - Includes: a foreign individual that act as a financial liaison for its own clients, includes lawyers, accountants, investment brokers, and other third parties that act as financial liaisons for their clients; or any entity other than a foreign financial institution which: is organized under the laws of a foreign country; and engages in the business of providing investment, tax, or legal advice.

FOR OPERATING CO (6G) - Foreign businesses that are: established in a country other than the United States; are not publicly traded on a recognized U.S. exchange; and are engaged in verifiable business activity.

FOR PERS INV/HOLDING CO (6H) - Includes legal entities; organized under the laws of a country other than the U.S.; and formed to hold client assets and maintain client confidentiality by opening accounts in the name of the PIC or the PHC.

FOREIGN TRUST (6I) - A trust established outside the U.S. that is governed by the laws of a jurisdiction other than the U.S.

GEM/PREC MTL DLRS (6C) - A domestic or foreign person or entity who purchases and sells: jewels; precious metals and stones; and finished goods. This category includes, but is not limited to, jewelry, coins, and antiques.

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MONEY SERVICE BUS (6D) - An agent, agency, branch, or office of any person or entity located within the U.S. doing business in one or more of the following capacities: currency dealer or exchanger; check casher; issuer of traveler's checks, money orders, or electronic cards with a stored monetary value; seller or redeemer of traveler's checks, money orders, or electronic cards with a stored monetary value; money transmitter; and the United States Postal Service (except with respect to the sale of postage or philatelic products); that is not 25% or more owned by a Mexican casa de cambio, which is a nonbank financial institution (currency exchanger) that provides a variety of financial services and is regulated by the Mexican government. Exception: persons or entities (other than money transmitters) who do not exchange currency, cash checks, or issue, sell, or redeem traveler's checks, money orders, or electronic cards with a stored monetary value in an amount greater than \$1,000 to any person or entity on any day in one or more transactions are not MSB(s).

FOREIGN NGO (6K) - A domestic or foreign private, nonprofit organization that pursues activities intended to serve the public good that is not funded 100% by the U.S. government. Includes charities, foundations, religious organizations, and other non-profit organizations. NGOs may provide basic social services, work to relieve suffering, promote the interests of the poor, bring citizen concerns to governments, encourage political participation, protect the environment, or undertake community development to serve the needs of citizens, organizations, or groups in one or more of the communities that the NGO operates.

PEP- FOREIGN (6N) - Foreign PEP includes: a current or former senior official in the executive, legislative, administrative, military, or judicial branches of a foreign government (whether elected or not); a senior official of a major foreign political party; a current or former senior executive of a foreign government-owned corporation; an immediate family member of any individual listed above; a "close associate" of a current or former senior foreign political figure who is widely and publicly known (or is actually known by the Firm) to maintain an unusually close relationship with this individual and is in a position to conduct substantial domestic and international business. Accounts for PEPs with ties to the current Venezuelan government are prohibited.

TRAVEL AGENT (6A) - Any domestic or foreign entity who sells, as an agent, the following travel services: airline or rail tickets; hotel and motel reservations; cruise reservations; and/or some combination of those services.

NOT APPLICABLE (00)

Foreign Individual:

FOR FIN INTERMEDIARY (3B) - Includes: a foreign individual that act as a financial liaison for its own clients, includes lawyers, accountants, investment brokers, and other third parties that act as financial liaisons for their clients; or any entity other than a foreign financial institution which is organized under the laws of a foreign country; and engages in the business of providing investment, tax, or legal advice.

PEP (3A) - A PEP includes: a current or former senior official in the executive, legislative, administrative, military, or judicial branches of a foreign government (whether elected or not); a senior official of a major foreign political party; a current or former senior executive of a foreign government-owned corporation; an immediate family member of any individual listed above; a "close associate" of a current or former senior foreign political figure who is widely and publicly known (or is actually known by the Firm) to maintain an unusually close relationship with this individual and is in a position to conduct substantial domestic and international business. Accounts for PEPs with ties to the current Venezuelan government are prohibited.

NON-RESIDENT ALIEN (3C) - An alien is any individual who is not a U.S. citizen or U.S. national.

NOT APPLICABLE (00)

Business Type/Subtype

Business and Business Subtype are required for non-individual clients to classify the entity appropriately. The business formation will determine the business and business subtype category.

Business Type Codes

C Corporation
G Government Unit or Agency
I Indian Tribal Government
L Limited Liability Company
N Limited Partnership
O Limited Liability Partnership
P Partnership
S Sole Proprietor
T Trust Company
U Unicorp Association/Social/Rec/Civic Group/Non-Profit

Business Subtype Codes

BT Business Trust
CM Multinational Corporation
CO Corporation
DM Domestic
FD Federal
FN Foreign
GP General Partnership
JV Joint Venture Partnership
LL Limited Liability Partnership
LO Local
PC Professional Corporation
PL Professional Limited Liability Partnership
ST State

Exchange

For entities that are publicly traded, the exchange where the entity trades must be indicated.

Sales Markets State/Country

All non-individual clients, both foreign and domestic, are required to record the specific market(s) in which they conduct business. For entities conducting business across the U.S., users are required to provide one U.S. state and may provide up to three U.S. states. For entities conducting international business, users are required to provide one country and may provide up to three countries. Certain entities may conduct business in both U.S. and international markets. In this instance, entities will be able to provide up to three U.S. states and three international countries.

- Local
- Regional
- U.S.
- International
- U.S./International

NAIC (North American Industry Classification System)

This is required for non-individual clients. NAICS codes are a standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.

Associated Person Information



Sub Firm #	BR Code	FA Code	Account Number	<input checked="" type="checkbox"/> New <input type="checkbox"/> Update
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

(Office Use Only)

Associated Person Information

<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Non-Personal				
Name (First, Middle, Last) JEAN ANNE HIGHLAND				
Legal Address - <i>Cannot be a P.O. Box</i> <input type="text"/>				
City EFFINGHAM			State IL	ZIP 62401-3921
Home Phone <input type="text"/>	Business Phone (217) 234-5329	Fax Number	Other Number	
SSN/Tax ID <input type="text"/>	Birth Date <input type="text"/>	Occupation Description A	Other Description (required)	
Country of Citizenship/Registration USA	State of Registration IL	Permanent U.S. Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Email Address jhighland@lakelandcollege.edu	
Government ID Type ND	Government ID Number	Government ID Place of Issue	Date of Issue	Expiration Date
FINRA Information	Is Client, Client's Spouse, or immediate relative employed by Wells Fargo Advisors or another FINRA Member or any other financial services company?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes," enter Class Code (Definitions on page 3). <input type="text"/>
If Class Code "W," indicate name of other registered broker-dealer firm				
RULE 144: Is authorized person, or member of their immediate family a director, policymaking officer, or 10% stockholder in any publicly traded company?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes," indicate company ticker symbol or name.

Non-Individual Account Owner

Is legal entity publicly traded? <input type="checkbox"/> No <input type="checkbox"/> Yes		Is the legal entity regulated by Federal Regulator? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Exchange Name		Country of Exchange	Exchange Description
Sales Market	Sales Market State(s)	Sales Market Country(ies)	
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Govt. Unit or Agency <input type="checkbox"/> Indian Tribal Govt. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust Co. <input type="checkbox"/> Unicorp Assn./Social/Rec/Civic Group/Non-Profit		Business Subtype: <input type="checkbox"/> Business Trust <input type="checkbox"/> Multinational Corp. <input type="checkbox"/> Corporation <input type="checkbox"/> Domestic <input type="checkbox"/> Federal <input type="checkbox"/> Foreign <input type="checkbox"/> General Partnership <input type="checkbox"/> Joint Venture Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Local <input type="checkbox"/> Professional Corp. <input type="checkbox"/> Professional Limited Liability Partnership <input type="checkbox"/> State	
NAIC Industry (Select up to 3): <input type="checkbox"/> Agriculture, Forestry, Fishing, and Hunting <input type="checkbox"/> Mining <input type="checkbox"/> Utilities <input type="checkbox"/> Construction <input type="checkbox"/> Food/Textile Manufacturing <input type="checkbox"/> Wood/Plastic/Glass/Chemical Manufacturing <input type="checkbox"/> Metal/Machinery Manufacturing <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Durable Goods/Housewares/Clothing/Food <input type="checkbox"/> Department Stores/General Merchandise Stores <input type="checkbox"/> Transportation <input type="checkbox"/> Warehousing and Storage <input type="checkbox"/> Information <input type="checkbox"/> Finance and Insurance <input type="checkbox"/> Real Estate Rental and Leasing <input type="checkbox"/> Professional, Scientific, and Technical Services <input type="checkbox"/> Management of Companies and Enterprises <input type="checkbox"/> Administrative and Support and Waste Management and Remediation Services <input type="checkbox"/> Educational Services <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Arts, Entertainment, and Recreation <input type="checkbox"/> Accommodation and Food Services <input type="checkbox"/> Other Services (except Public Administration) <input type="checkbox"/> Public Administration			

Investment products and services are offered through Wells Fargo Advisors Financial Network, LLC (WFAFN). Accounts are carried by Wells Fargo Clearing Services, LLC (WFCS). Wells Fargo Advisors is a trade name used by WFAFN and WFCS, Members SIPC, separate registered broker-dealers and non-bank affiliates of Wells Fargo & Company.

NAIC Sub-Industry (1)*
NAIC Sub-Industry (2)*
NAIC Sub-Industry (3)*
*For information regarding NAICS Industry Codes, please visit the following website https://www.census.gov/naics and use the 2022 NAICS Search feature to locate potential industry code descriptions. NAIC (North American Industry Classification System) - Required for non-individual clients. NAICS codes are a standard used by federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.

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Authorized Signature			
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BL Business License	LP Life Insurance Policy	TI Tribal ID
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- W Employees or brokers of other security firms, their dependent accounts and accounts in which they have a financial or beneficial control or interest,** such as guardian, custodian, trustee, executor, corporate or legal officer or agent, investment clubs, joint accounts, or partnerships. You understand that if you are associated with another member or member organization, WFA may notify your employer in writing of your intention to open and/or maintain an account. We will transmit duplicate copies of confirmations and statements or other similar information with respect to the account to your employing member as required by regulation.
- Y Associates of Wells Fargo & Company, their spouse, dependent children, or any other person** who is supported directly or indirectly to a material extent by the associate. Also included are accounts in which any of these individuals has a financial or beneficial control or interest such as guardian, custodian, trustee, executor, corporate or legal officer or agent, investment clubs, joint accounts, or partnerships.
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GEM/PREC MTL DLRS (6C) - A domestic or foreign person or entity who purchases and sells: jewels; precious metals and stones; and finished goods. This category includes, but is not limited to, jewelry, coins, and antiques.

GUN DLR/FIREARMS (6F) - A foreign or domestic based business or entity where the primary business involves the sale of guns, weapons, and/or firearms.

MONEY SERVICE BUS (6D) - An agent, agency, branch, or office of any person or entity located within the U.S. doing business in one or more of the following capacities: currency dealer or exchanger; check casher; issuer of traveler's checks, money orders, or electronic cards with a stored monetary value; seller or redeemer of traveler's checks, money orders, or electronic cards with a stored monetary value; money transmitter; and the United States Postal Service (except with respect to the sale of postage or philatelic products); that is not 25% or more owned by a Mexican casa de cambio, which is a nonbank financial institution (currency exchanger) that provides a variety of financial services and is regulated by the Mexican government. Exception: persons or entities (other than money transmitters) who do not exchange currency, cash checks, or issue, sell, or redeem traveler's checks, money orders, or electronic cards with a stored monetary value in an amount greater than \$1,000 to any person or entity on any day in one or more transactions are not MSB(s).

FOREIGN NGO (6K) - A domestic or foreign private, nonprofit organization that pursues activities intended to serve the public good that is not funded 100% by the U.S. government. Includes charities, foundations, religious organizations, and other non-profit organizations. NGOs may provide basic social services, work to relieve suffering, promote the interests of the poor, bring citizen concerns to governments, encourage political participation, protect the environment, or undertake community development to serve the needs of citizens, organizations, or groups in one or more of the communities that the NGO operates.

PEP- FOREIGN (6N) - Foreign PEP includes: a current or former senior official in the executive, legislative, administrative, military, or judicial branches of a foreign government (whether elected or not); a senior official of a major foreign political party; a current or former senior executive of a foreign government-owned corporation; an immediate family member of any individual listed above; a "close associate" of a current or former senior foreign political figure who is widely and publicly known (or is actually known by the Firm) to maintain an unusually close relationship with this individual and is in a position to conduct substantial domestic and international business. Accounts for PEPs with ties to the current Venezuelan government are prohibited..

TRAVEL AGENT (6A) - Any domestic or foreign entity who sells, as an agent, the following travel services: airline or rail tickets; hotel and motel reservations; cruise reservations; and/or some combination of those services.

NOT APPLICABLE (00)

Foreign Individual:

FOR FIN INTERMEDIARY (3B) - Includes: a foreign individual that act as a financial liaison for its own clients, includes lawyers, accountants, investment brokers, and other third parties that act as financial liaisons for their clients; or any entity other than a foreign financial institution which: is organized under the laws of a foreign country; and engages in the business of providing investment, tax, or legal advice.

PEP (3A) - A PEP includes: a current or former senior official in the executive, legislative, administrative, military, or judicial branches of a foreign government (whether elected or not); a senior official of a major foreign political party; a current or former senior executive of a foreign government-owned corporation; an immediate family member of any individual listed above; a "close associate" of a current or former senior foreign political figure who is widely and publicly known (or is actually known by the Firm) to maintain an unusually close relationship with this individual and is in a position to conduct substantial domestic and international business. Accounts for PEPs with ties to the current Venezuelan government are prohibited.

NON-RESIDENT ALIEN (3C) - An alien is any individual who is not a U.S. citizen or U.S. national.

NOT APPLICABLE (00)

Business Type/Subtype

Business and Business Subtype are required for non-individual clients to classify the entity appropriately. The business formation will determine the business and business subtype category.

Business Type Codes

C Corporation
G Government Unit or Agency
I Indian Tribal Government
L Limited Liability Company
N Limited Partnership
O Limited Liability Partnership
P Partnership
S Sole Proprietor
T Trust Company
U Unicorp Association/Social/Rec/Civic Group/Non-Profit

Business Subtype Codes

BT Business Trust
CM Multinational Corporation
CO Corporation
DM Domestic
FD Federal
FN Foreign
GP General Partnership
JV Joint Venture Partnership
LL Limited Liability Partnership
LO Local
PC Professional Corporation
PL Professional Limited Liability Partnership
ST State

Exchange

For entities that are publicly traded, the exchange where the entity trades must be indicated.

Sales Markets State/Country

All non-individual clients, both foreign and domestic, are required to record the specific market(s) in which they conduct business. For entities conducting business across the U.S., users are required to provide one U.S. state and may provide up to three U.S. states. For entities conducting international business, users are required to provide one country and may provide up to three countries. Certain entities may conduct business in both U.S. and international markets. In this instance, entities will be able to provide up to three U.S. states and three international countries.

- Local
- Regional
- U.S.
- International
- U.S./International

NAIC (North American Industry Classification System)

This is required for non-individual clients. NAICS codes are a standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.

Lake Land College Board of Trustees



RESOLUTION NUMBER: 0823-005

DATE: August 14, 2023

RESOLUTION APPROVING SIGNATURE CARDS AND "CORPORATION AUTHORIZATION RESOLUTIONS" FOR DELIVERY TO DEPOSITORY FIRST MID BANK & TRUST

WHEREAS, the Board of Trustees of Lake Land College, Community College District No. 517 (the "College") is authorized by the Public Community College Act (the "Act") to oversee the financial affairs of the College, and has in that capacity previously designated First Mid Bank & Trust (the "Bank") as a depository bank for the College; and

WHEREAS, it is necessary and appropriate at this time to update the Signature Cards and "Corporation Authorization Resolutions" provided to the Bank;

NOW, THEREFORE, BE IT RESOLVED by the Board of Trustees of Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie and Shelby, State of Illinois (the "Board") as follows:

Section 1. The Board hereby approves the provisions and form of the Signature Cards as shown on the copy of said document which, as completed and signed on behalf of the College by Board Treasurer Jean Anne Highland and College President Dr. Jonathan Bullock, is attached as Exhibit A to and hereby made a part of this Resolution.

Section 2. The Board further hereby approves the provisions and form of the Corporate Authorization Resolutions as shown on the copy of said document which, as completed and signed by Board Secretary Dave Storm, Board Treasurer Jean Anne Highland, and College President Dr. Jonathan Bullock, is attached as Exhibit B to and hereby made a part of this Resolution.

Section 3. The Secretary of the Board shall cause the originals of the Signature Cards and Corporate Authorization Resolutions to be delivered to First Mid Bank & Trust.

Section 4. This Resolution shall take effect immediately upon passage, and shall supersede and replace all Resolutions previously adopted by the Board which pertain to the subject matter hereof.

ADOPTED this 14th day of August, 2023 by the following vote:

AYES:

NAYS:

ABSENT:

BOARD OF TRUSTEES
LAKE LAND COLLEGE
COMMUNITY COLLEGE DISTRICT NO. 517
COUNTIES OF CHRISTIAN, CLARK, CLAY,
COLES, CRAWFORD, CUMBERLAND,
DOUGLAS, EDGAR, EFFINGHAM, FAYETTE,
JASPER, MACON, MONTGOMERY,
MOULTRIE, AND SHELBY
STATE OF ILLINOIS

By: _____

Chair

Attest: _____

Secretary

SECRETARY'S CERTIFICATE

I, _____, the undersigned, do hereby certify that I am the duly qualified and acting Secretary of the Board of Trustees of Lake Land College, Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie, and Shelby, State of Illinois, (the "College District") and as such official, I am the keeper of the records and files of the Board of Trustees of said College District.

I do further certify that the foregoing Resolutions Approving Signature Cards and Corporation Authorization Resolution for Delivery to First Mid Bank & Trust is a true, correct and complete copy of that Resolution as adopted by the Board of Trustees of the College District at a meeting held on the 14th day of August, 2023.

I do further certify that the deliberations of the members of the Board of Trustees on the adoption of the Resolution were taken openly; that the vote on the adoption of the Resolution was taken openly; that the meeting was held at a specified time and place convenient to the public; that notice of the meeting was duly given to all newspapers, radio or television stations, and other news media requesting notice; and that the meeting was called and held in strict compliance with the provisions of the Illinois Open Meetings Act, as amended, and the applicable provisions of the Public Community College Act of the State of Illinois, and that this Board of Trustees has complied with all of the applicable provisions of said Acts and with all the procedural rules of the Board of Trustees.

IN WITNESS WHEREOF, I hereunto affix my official signature, this 14th day of August, 2023.

Secretary, Board of Trustees

Exhibit A

ACCOUNT AGREEMENT

FIRST MID BANK & TRUST

PO BOX 499
MATTOON, IL 61938

Agreement Date: 08/02/2023 By: Lukas Hastings

EXISTING Account - This agreement replaces previous agreement(s).

Account Description: (52) Now Public Fund

Checking Savings NOW _____
Initial Deposit \$ 1,000.00 Source: On file

Ownership of Account - CONSUMER Purpose

Individual _____
 Joint - With Survivorship (and not as tenants in common)
 Joint - No Survivorship (as tenants in common)
 Trust - Separate Agreement:

Revocable Trust or Pay-on-Death Designation
as Defined in this Agreement

(Name and Address of Beneficiaries):

Ownership of Account - BUSINESS Purpose

Sole Proprietorship Single-Member LLC Partnership
 LLC (LLC tax classification: C Corp S Corp Partnership)
 C Corporation S Corporation Non-Profit
 Public Funds

Business: _____

Backup Withholding Certifications (Non-U.S. Persons - Use separate Form W-8)

By signing at right, I, LAKE LAND COLLEGE,
certify under penalties of perjury that the statements made in this section are true.

TIN: 37-0896233 The Taxpayer Identification
Number (TIN) shown is my correct taxpayer identification number.

Not Subject to Backup Withholding. 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 a 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 Recipient. I am an exempt recipient under the Internal Revenue
Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am
exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined
in the instructions).

Account Number: [REDACTED]
Number: Port Number: [REDACTED]

Account Owner(s) Name & Address
LAKE LAND COLLEGE

5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Additional Information: Amendment to 9882674 opened on
10/28/2016.

Reason for amendment: Changing account signers.

Signature(s). The undersigned certifies the accuracy of the information he/she has
provided and acknowledges receipt of a completed copy of this form. The undersigned
authorizes the financial institution to verify credit and employment history and/or have
a credit reporting agency prepare a credit report on the undersigned, as individuals.
The undersigned also acknowledge the receipt of a copy and agree to the terms of the
following agreement(s) and/or disclosure(s):

Terms & Conditions Truth in Savings Funds Availability
 Electronic Fund Transfers Privacy Substitute Checks
 Common Features _____

The Internal Revenue Service does not require your consent to any
provision of this document other than the certifications required to
avoid backup withholding.

(1): [X]
JONATHAN B BULLOCK

I.D. # [REDACTED] D.O.B. [REDACTED]

(2): [X]
JEAN ANNE HIGHLAND

I.D. # [REDACTED] D.O.B. [REDACTED]

(3): [X]

I.D. # _____ D.O.B. _____

(4): [X]

I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)

[X]

I.D. # _____ D.O.B. _____

ACCOUNT AGREEMENT

FIRST MID BANK & TRUST

PO BOX 499
MATTOON, IL 61938

Agreement Date: 08/02/2023 By: Lukas Hastings

EXISTING Account - This agreement replaces previous agreement(s).

Account Description: (52) Now Public Fund

Checking Savings NOW _____
Initial Deposit \$ 1.00 Source: On file

Ownership of Account - CONSUMER Purpose

- Individual _____
- Joint - With Survivorship *(and not as tenants in common)*
- Joint - No Survivorship *(as tenants in common)*
- Trust - Separate Agreement:

Revocable Trust or Pay-on-Death Designation
as Defined in this Agreement

(Name and Address of Beneficiaries):

Ownership of Account - BUSINESS Purpose

- Sole Proprietorship Single-Member LLC Partnership
- LLC *(LLC tax classification: C Corp S Corp Partnership)*
- C Corporation S Corporation Non-Profit
- Public Funds

Business:

Backup Withholding Certifications *(Non-"U.S. Persons" - Use separate Form W-8)*

By signing right, I, LAKE LAND COLLEGE, certify under penalties of perjury that the statements made in this section are true.

TIN: 37-0896233 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

Not Subject to Backup Withholding. 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 a 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 Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Account Number: [REDACTED]
Number: Port Number: [REDACTED]

Account Owner(s) Name & Address
LAKE LAND COLLEGE
FLEX SPENDING

C/O JEAN HIGHLAND
5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Additional Information: Amendment to 9429886 opened on 12/03/2008.

Reason for amendment: Changing account signers.

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledges the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- Terms & Conditions Truth in Savings Funds Availability
- Electronic Fund Transfers Privacy Substitute Checks
- Common Features _____

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X]
JONATHAN B BULLOCK

I.D. # [REDACTED] D.O.B. [REDACTED]

(2): [X]
JEAN ANNE HIGHLAND

I.D. # [REDACTED] D.O.B. [REDACTED]

(3): [X]

I.D. # _____ D.O.B. _____

(4): [X]

I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)

[X]

I.D. # _____ D.O.B. _____

ACCOUNT AGREEMENT

FIRST MID BANK & TRUST

PO BOX 499
MATTOON, IL 61938

Agreement Date: 08/02/2023 By: Lukas Hastings

[X] EXISTING Account - This agreement replaces previous agreement(s).

Account Description: (52) Now Public Fund

[X] Checking [] Savings [] NOW []

Initial Deposit \$ 8,818.29 Source: On file

Ownership of Account - CONSUMER Purpose

- [] Individual []
[] Joint - With Survivorship (and not as tenants in common)
[] Joint - No Survivorship (as tenants in common)
[] Trust - Separate Agreement:

[] Revocable Trust or [] Pay-on-Death Designation as Defined in this Agreement

(Name and Address of Beneficiaries):

Ownership of Account - BUSINESS Purpose

- [] Sole Proprietorship [] Single-Member LLC [] Partnership
[] LLC (LLC tax classification: [] C Corp [] S Corp [] Partnership)
[] C Corporation [] S Corporation [] Non-Profit
[X] Public Funds

Business:

Backup Withholding Certifications (Non-"U.S. Persons" - Use separate Form W-8)

[X] By signing at right, I, LAKE LAND COLLEGE, certify under penalties of perjury that the statements made in this section are true.

[X] TIN: 37-0896233 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

[X] Not Subject to Backup Withholding. 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 a 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 Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any)

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Account Number: [Redacted]
Port Number: [Redacted]

Account Owner(s) Name & Address
LAKE LAND COLLEGE
NDSL FED FUNDS 1349

C/O JEAN HIGHLAND
5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Additional Information: Amendment to 1804774 opened on 07/14/1992.

Reason for amendment: Changing account signers.

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledges the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- [X] Terms & Conditions [] Truth in Savings [X] Funds Availability
[] Electronic Fund Transfers [] Privacy [] Substitute Checks
[X] Common Features []

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X] JONATHAN B BULLOCK
I.D. # [Redacted] D.O.B. [Redacted]

(2): [X] JEAN ANNE HIGHLAND
I.D. # [Redacted] D.O.B. [Redacted]

(3): [X]
I.D. # _____ D.O.B. _____

(4): [X]
I.D. # _____ D.O.B. _____

[] Authorized Signer (Individual Accounts Only)

[X]
I.D. # _____ D.O.B. _____

ACCOUNT AGREEMENT

FIRST MID BANK & TRUST

PO BOX 499
MATTOON, IL 61938

Agreement Date: 08/02/2023 By: Lukas Hastings

EXISTING Account - This agreement replaces previous agreement(s).

Account Description: (52) Now Public Fund

Checking Savings NOW _____

Initial Deposit \$ 81.87 Source: On file

Ownership of Account - CONSUMER Purpose

Individual _____

Joint - With Survivorship (and not as tenants in common)

Joint - No Survivorship (as tenants in common)

Trust - Separate Agreement:

Revocable Trust or Pay-on-Death Designation
as Defined in this Agreement

(Name and Address of Beneficiaries):

Ownership of Account - BUSINESS Purpose

Sole Proprietorship Single-Member LLC Partnership

LLC (LLC tax classification: C Corp S Corp Partnership)

C Corporation S Corporation Non-Profit

Public Funds

Business: _____

Backup Withholding Certifications (Non-U.S. Persons - Use separate Form W-8)

By signing at right, I, LAKE LAND COLLEGE,
certify under penalties of perjury that the statements made in this section are true.

TIN: 37-0896233 The Taxpayer Identification
Number (TIN) shown is my correct taxpayer identification number.

Not Subject to Backup Withholding. 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 a 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 Recipient. I am an exempt recipient under the Internal Revenue
Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am
exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined
in the instructions).

Account Number: [REDACTED]
Number: Port Number: [REDACTED]

Account Owner(s) Name & Address
LAKE LAND COLLEGE
WORKING CASH FUND

C/O JEAN HIGHLAND
5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Additional Information: Amendment to 50032 opened on
09/09/1977.

Reason for amendment: Changing account signers.

Signature(s). The undersigned certifies the accuracy of the information he/she has
provided and acknowledges receipt of a completed copy of this form. The undersigned
authorizes the financial institution to verify credit and employment history and/or have
a credit reporting agency prepare a credit report on the undersigned, as individuals.
The undersigned also acknowledge the receipt of a copy and agree to the terms of the
following agreement(s) and/or disclosure(s):

Terms & Conditions Truth in Savings Funds Availability
 Electronic Fund Transfers Privacy Substitute Checks
 Common Features _____

The Internal Revenue Service does not require your consent to any
provision of this document other than the certifications required to
avoid backup withholding.

(1): [X]
JONATHAN B BULLOCK

I.D. # [REDACTED] D.O.B. [REDACTED]

(2): [X]
JEAN ANNE HIGHLAND

I.D. # [REDACTED] D.O.B. [REDACTED]

(3): [X]

I.D. # _____ D.O.B. _____

(4): [X]

I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)

[X]

I.D. # _____ D.O.B. _____

ACCOUNT AGREEMENT

FIRST MID BANK & TRUST

PO BOX 499
MATTOON, IL 61938

Agreement Date: 08/02/2023 By: Lukas Hastings

[X] EXISTING Account - This agreement replaces previous agreement(s).

Account Description: (52) Now Public Fund

[X] Checking [] Savings [] NOW []

Initial Deposit \$ 20,000.00 Source: On file

Ownership of Account - CONSUMER Purpose

- [] Individual []
[] Joint - With Survivorship (and not as tenants in common)
[] Joint - No Survivorship (as tenants in common)
[] Trust - Separate Agreement:

[] Revocable Trust or [] Pay-on-Death Designation as Defined in this Agreement

(Name and Address of Beneficiaries):

Ownership of Account - BUSINESS Purpose

- [] Sole Proprietorship [] Single-Member LLC [] Partnership
[] LLC (LLC tax classification: [] C Corp [] S Corp [] Partnership)
[] C Corporation [] S Corporation [] Non-Profit
[X] Public Funds

Business:

Backup Withholding Certifications (Non-U.S. Persons - Use separate Form W-8)

[X] By signing right, I, LAKE LAND COLLEGE, certify under penalties of perjury that the statements made in this section are true.

[X] TIN: 37-0896233 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

[X] Not Subject to Backup Withholding. 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 a 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 Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any)

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Account Account Number:
Number: Port Number:

Account Owner(s) Name & Address
LAKE LAND COLLEGE
PAYROLL CASH
PAYROLL ACCOUNT D

C/O JEAN HIGHLAND
5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Additional Information: Amendment to 21289 opened on 09/09/1977.

Reason for amendment: Changing account signers.

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- [X] Terms & Conditions [] Truth in Savings [X] Funds Availability
[] Electronic Fund Transfers [] Privacy [] Substitute Checks
[X] Common Features []

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X] JONATHAN B BULLOCK

I.D. # D.O.B.

(2): [X] JEAN ANNE HIGHLAND

I.D. # D.O.B.

(3): [X]

I.D. # D.O.B.

(4): [X]

I.D. # D.O.B.

[] Authorized Signer (Individual Accounts Only)

[X]

I.D. # D.O.B.

ACCOUNT AGREEMENT

FIRST MID BANK & TRUST

PO BOX 499
MATTOON, IL 61938

Agreement Date: 08/02/2023 By: Lukas Hastings

[X] EXISTING Account - This agreement replaces previous agreement(s).

Account Description: (52) Now Public Fund

[X] Checking [] Savings [] NOW []

Initial Deposit \$ 2.00 Source: On file

Ownership of Account - CONSUMER Purpose

- [] Individual []
[] Joint - With Survivorship (and not as tenants in common)
[] Joint - No Survivorship (as tenants in common)
[] Trust - Separate Agreement:

[] Revocable Trust or [] Pay-on-Death Designation as Defined in this Agreement

(Name and Address of Beneficiaries):

Ownership of Account - BUSINESS Purpose

- [] Sole Proprietorship [] Single-Member LLC [] Partnership
[] LLC (LLC tax classification: [] C Corp [] S Corp [] Partnership)
[] C Corporation [] S Corporation [] Non-Profit
[X] Public Funds

Business:

Backup Withholding Certifications (Non-U.S. Persons - Use separate Form W-8)

[X] By signing at right, I, LAKE LAND COLLEGE, certify under penalties of perjury that the statements made in this section are true.

[X] TIN: 37-0896233 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

[X] Not Subject to Backup Withholding. 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 a 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 Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any)

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Account Account Number:
Number: Port Number:

Account Owner(s) Name & Address
LAKE LAND COLLEGE
CREDIT CARD ACCOUNT

C/O JEAN HIGHLAND
5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Additional Information: Amendment to 168601 opened on 06/26/1991.

Reason for amendment: Changing account signers.

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- [X] Terms & Conditions [] Truth in Savings [X] Funds Availability
[] Electronic Fund Transfers [] Privacy [] Substitute Checks
[X] Common Features []

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X] JONATHAN B BULLOCK
I.D. # D.O.B.

(2): [X] JEAN ANNE HIGHLAND
I.D. # D.O.B.

(3): [X]
I.D. # D.O.B.

(4): [X]
I.D. # D.O.B.

[] Authorized Signer (Individual Accounts Only)

[X]
I.D. # D.O.B.

Exhibit B

Corporate Authorization Resolution

FIRST MID BANK & TRUST

By: LAKE LAND COLLEGE

PO BOX 499
MATTOON, IL 61938

5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, _____, certify that I am Secretary (clerk) of the above named corporation organized under the laws of ILLINOIS, Federal Employer I.D. Number 37-0896233, engaged in business under the trade name of LAKE LAND COLLEGE, 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 / / (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:

Table with 3 columns: Name and Title or Position, Signature, Facsimile Signature (if used). Rows include JONATHAN B BULLOCK, JEAN ANNE HIGHLAND, and six blank rows (A-F).

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
N/A	(1) Exercise all of the powers listed in this resolution.	N/A
A B	(2) Open any deposit or share account(s) in the name of the Corporation.	1
A B	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	1
N/A	(4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	N/A
N/A	(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.	N/A
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other:	_____

Limitations on Powers. The following are the Corporation's express limitations on the powers granted under this resolution.

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 in this resolution, 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.

Effect on Previous Resolutions. This resolution supersedes resolution dated N/A . 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 stated above 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 (date).

Secretary

Attest by One Other Officer

For Financial Institution Use Only

Acknowledged and received on (date) by _____ (initials)

This resolution is superseded by resolution dated N/A .

Comments: UB: Lukas Hastings Branch: MATTOON [3]

Corporate Authorization Resolution

FIRST MID BANK & TRUST

PO BOX 499
MATTOON, IL 61938

By: LAKE LAND COLLEGE
FLEX SPENDING
C/O JEAN HIGHLAND
5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, _____, certify that I am Secretary (clerk) of the above named corporation organized under the laws of ILLINOIS, Federal Employer I.D. Number 37-0896233, engaged in business under the trade name of LAKE LAND COLLEGE, 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 ____ / ____ / ____ (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)
JONATHAN B BULLOCK		
A. _____	X _____	X _____
JEAN ANNE HIGHLAND		
B. _____	X _____	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	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
N/A	(1) Exercise all of the powers listed in this resolution.	N/A
A B	(2) Open any deposit or share account(s) in the name of the Corporation.	1
A B	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	1
N/A	(4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	N/A
N/A	(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.	N/A
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other:	_____

Limitations on Powers. The following are the Corporation's express limitations on the powers granted under this resolution.

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 in this resolution, 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.

Corporate Authorization Resolution

FIRST MID BANK & TRUST

PO BOX 499
MATTOON, IL 61938

By: LAKE LAND COLLEGE
NDSL FED FUNDS 1349
C/O JEAN HIGHLAND
5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, _____, certify that I am Secretary (clerk) of the above named corporation organized under the laws of ILLINOIS _____, Federal Employer I.D. Number 37-0896233, engaged in business under the trade name of LAKE LAND COLLEGE, 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 ____ / ____ / ____ (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 <i>(if used)</i>
JONATHAN B BULLOCK A. _____	X _____	X _____
JEAN ANNE HIGHLAND B. _____	X _____	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	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
N/A	(1) Exercise all of the powers listed in this resolution.	N/A
A B	(2) Open any deposit or share account(s) in the name of the Corporation.	1
A B	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	1
N/A	(4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	N/A
N/A	(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.	N/A
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other:	_____

Limitations on Powers. The following are the Corporation's express limitations on the powers granted under this resolution.

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 in this resolution, 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.

Effect on Previous Resolutions. This resolution supersedes resolution dated N/A . 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 stated above 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 (date).

Secretary

Attest by One Other Officer

For Financial Institution Use Only

Acknowledged and received on (date) by _____ (initials)

This resolution is superseded by resolution dated N/A .

Comments: UB: Lukas Hastings Branch: MATTOON [3]

Corporate Authorization Resolution

FIRST MID BANK & TRUST

PO BOX 499
MATTOON, IL 61938

By: LAKE LAND COLLEGE
WORKING CASH FUND
C/O JEAN HIGHLAND
5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, _____, certify that I am Secretary (clerk) of the above named corporation organized under the laws of ILLINOIS, Federal Employer I.D. Number 37-0896233, engaged in business under the trade name of LAKE LAND COLLEGE, 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 ____ / ____ / ____ (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)
JONATHAN B BULLOCK		
A. _____	X _____	X _____
JEAN ANNE HIGHLAND		
B. _____	X _____	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	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
N/A	(1) Exercise all of the powers listed in this resolution.	N/A
A B	(2) Open any deposit or share account(s) in the name of the Corporation.	1
A B	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	1
N/A	(4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	N/A
N/A	(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.	N/A
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other:	_____

Limitations on Powers. The following are the Corporation's express limitations on the powers granted under this resolution.

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 in this resolution, 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.

Corporate Authorization Resolution

FIRST MID BANK & TRUST

By: LAKE LAND COLLEGE
 PAYROLL CASH
 PAYROLL ACCOUNT D
 5001 LAKE LAND BLVD
 MATTOON IL 61938-9366

PO BOX 499
 MATTOON, IL 61938

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, _____, certify that I am Secretary (clerk) of the above named corporation organized under the laws of ILLINOIS, Federal Employer I.D. Number 37-0896233, engaged in business under the trade name of LAKE LAND COLLEGE, 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 ____ / ____ / ____ (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 <i>(if used)</i>
JONATHAN B BULLOCK		
A. _____	X _____	X _____
JEAN ANNE HIGHLAND		
B. _____	X _____	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	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
N/A	(1) Exercise all of the powers listed in this resolution.	N/A
A B	(2) Open any deposit or share account(s) in the name of the Corporation.	1
A B	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	1
N/A	(4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	N/A
N/A	(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.	N/A
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other:	_____

Limitations on Powers. The following are the Corporation's express limitations on the powers granted under this resolution.

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 in this resolution, 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.

Effect on Previous Resolutions. This resolution supersedes resolution dated N/A . 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 stated above 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
(date).

Secretary

Attest by One Other Officer

For Financial Institution Use Only

Acknowledged and received on *(date)* by _____ *(initials)*

This resolution is superseded by resolution dated

N/A

Comments: UB: Lukas Hastings Branch: MATTOON [3]

Corporate Authorization Resolution

FIRST MID BANK & TRUST

PO BOX 499
MATTOON, IL 61938

By: LAKE LAND COLLEGE
CREDIT CARD ACCOUNT
C/O JEAN HIGHLAND
5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, _____, certify that I am Secretary (clerk) of the above named corporation organized under the laws of ILLINOIS, Federal Employer I.D. Number 37-0896233, engaged in business under the trade name of LAKE LAND COLLEGE, 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 ____ / ____ / ____ (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)
JONATHAN B BULLOCK		
A. _____	X _____	X _____
JEAN ANNE HIGHLAND		
B. _____	X _____	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	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
N/A _____	(1) Exercise all of the powers listed in this resolution.	N/A _____
A B _____	(2) Open any deposit or share account(s) in the name of the Corporation.	1 _____
A B _____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	1 _____
N/A _____	(4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	N/A _____
N/A _____	(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.	N/A _____
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other:	_____

Limitations on Powers. The following are the Corporation's express limitations on the powers granted under this resolution.

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 in this resolution, 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.

Effect on Previous Resolutions. This resolution supersedes resolution dated N/A . 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 stated above 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 (date).

Secretary

Attest by One Other Officer

For Financial Institution Use Only

Acknowledged and received on (date) by _____ (initials)

This resolution is superseded by resolution dated N/A .

Comments: UB: Lukas Hastings Branch: MATTOON [3]