

Lake Land College Board of Trustees



RESOLUTION NUMBER: 0724-001

DATE: July 11, 2024

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, in August 2023 the Board appointed Ms. Jean Anne Highland as the Treasurer due to a vacancy in the Vice President for Business Services position, and in April 2024 the Board appointed Mr. John Woodruff as Vice President for Business Services; and

WHEREAS, the Board has the need to appoint the Vice President for Business Services as the College Treasurer, revoke prior appointments and approve a surety bond(s) for the newly 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 Ms. Highland's authority as Treasurer and appoints Mr. John Woodruff 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 11th day of July, 2024 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 Bonds 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 11th day of July, 2024.

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 11th day of July, 2024.

Secretary, Board of Trustees

The Cincinnati Insurance Company .
6200 S Gilmore Rd
Fairfield, OH 45014-5141
Public Official Bond No. CBE6000011

KNOW ALL MEN BY THESE PRESENTS:

That John Woodruff
Of Charleston State of Illinois (hereinafter called the Principal) and
The Cincinnati Insurance Company . (hereinafter called the Surety), a corporation organized under the laws of the state of
Ohio with its principal office in the City of Fairfield and the State of Ohio are held

and firmly bound unto Lake Land College
(hereinafter called the Obligee) in the sum of Four Million Twenty-Five Thousand Dollars and Zero Cents
(\$ 4,025,000.00) for the payment whereof
to the Obligee the Principal binds himself/herself, his/her heirs, executors, administrators, and assigns, and the Surety
binds itself, its successors, and assigns, jointly and severally, firmly by these presents.

Signed, sealed and dated this 31st day of May, A.D. 2024.

Whereas the above named Principal has been duly appointed or elected to the office of VP Business Services,
and

Whereas, the effective date of this bond is July 28th, 2024.

Now, therefore, the condition of the foregoing obligation is such that if the Principal shall faithfully perform such duties as
may be imposed on him/her by law and shall honestly account for all money that may come into his/her hands in his/her
official capacity during such period, then this obligation shall be void; otherwise, it shall remain in full force until cancelled
as provided herein.

This Bond is executed by the Surety upon the following express conditions, which shall be conditions precedent to the right
of recovery hereunder:

First: That the Surety may, if it shall so elect, cancel this Bond by giving thirty (30) days notice in writing to Lake Land College
and this
Bond shall be deemed canceled at the expiration of said thirty (30) days; the Surety remaining liable, however, subject to
all terms, conditions, and provisions of this Bond, for any act or acts covered by this Bond which may have been
committed by the Principal up to the date of such cancellation; and the Surety shall, upon surrender of this Bond and its
release from all liability hereunder, refund the premium paid, less a pro rata part therefore for the time this Bond shall have
been in force.

Second: That the Surety shall not be liable hereunder for the loss of any public moneys or funds occurring
through or resulting from failure of, or default in payment by, any banks or depositories in which any public moneys or
funds have been deposited, or may be deposited by or placed to the credit, or under control of the Principal, whether or
not such banks or depositories were or may be selected or designated by the Principal or by other persons; or by reason
of the allowance to, or acceptance by the Principal of any interest on said public moneys or funds, any law decision,
ordinance, or statute to the contrary notwithstanding.

Third: That the Surety shall not be liable for any loss or losses, resulting from the failure of the Principal to collect
any taxes, licenses, levies, assessments, etc., with the collection of which he/she may be chargeable by reason of his/her
election or appointment as aforesaid.

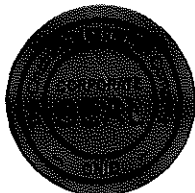
Witness:

(as to the Principal)

Principal

The Cincinnati Insurance Company .

By _____
Attorney-in-Fact: Shelby Enloe



STATE OF Illinois SS
COUNTY OF Coles

John Woodruff being
duly sworn, says that he/she will support the constitution of the United States and of the State of Illinois
and that he/she will faithfully, honestly, and impartially perform and discharge the duties of the office position to which
he/she has been appointed while he/she shall hold said office.

Sworn to by said _____
Before me, and by him/her subscribed in my presence this _____
day of _____, A.D. _____

Notary Public

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

Fairfield, Ohio

CBE6000011

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY and THE CINCINNATI CASUALTY COMPANY, corporations organized under the laws of the State of Ohio, and having their principal offices in the City of Fairfield, Ohio (herein collectively called the "Companies"), do hereby constitute and appoint

Shelby Enloe

of MATTOON II their true and legal Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and deliver on behalf of the Companies as Surety, any and all bonds, policies, undertakings or other like instruments, as follows:

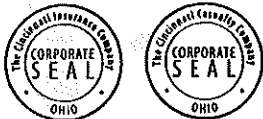
Four Million Twenty-Five Thousand Dollars \$ 4,025,000.00

This appointment is made under and by authority of the following resolutions adopted by the Boards of Directors of The Cincinnati Insurance Company and The Cincinnati Casualty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the President or any Senior Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company.

RESOLVED, that the signature of the President or any Senior Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Vice-President and the Seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS WHEREOF, the Companies have caused these presents to be sealed with their corporate seals, duly attested by their President or any Senior Vice President this 16th day of March, 2021.



STATE OF OHIO)SS:
COUNTY OF BUTLER)

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY



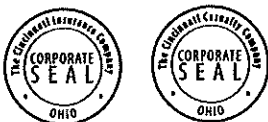
On this 16th day of March, 2021 before me came the above-named President or Senior Vice President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, to me personally known to be the officer described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of said Companies and the corporate seals and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporations.



Keith Collett, Attorney at Law
Notary Public - State of Ohio
My commission has no expiration date.
Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Vice-President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, hereby certify that the above is the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Power of Attorney is still in full force and effect.

Given under my hand and seal of said Companies at Fairfield, Ohio, this 31st day of May, 2024



**PUBLIC OFFICIAL BOND
(Continuous for Indefinite Term)**

Travelers Casualty and Surety Company of America

Bond No. 108063915

KNOW ALL MEN BY THESE PRESENTS, That we **JOHN WOODRUFF**
of _____
as Principal, and **Travelers Casualty and Surety Company of America**, a corporation duly incorporated under the laws of the State of CT, as Surety, are held and firmly bound unto **Lake Land College**, as Obligee, in the penal sum of **One Million** (\$1,000,000.00) Dollars, lawful money of the United States of America, for the payment of which well and truly to be made, said principal binds himself/herself, his/her heirs, executors, administrators and assigns, and said Surety binds itself, its successors and assigns, jointly and severally, firmly by these presents the liability of the Surety, however, being limited to the penal amount above named regardless of the number of years this bond remains in force or the number of premiums paid.

WHEREAS, the said Principal has been **Appointed** to the office of **VP of Business Services** for an indefinite term beginning **07/15/2024**, and is required to furnish a bond for the faithful performance of the duties of the said office or position.

NOW, THEREFORE THE CONDITION OF THIS OBLIGATION is such that if the above bounden Principal shall (except as hereinafter provided) faithfully perform the duties of his/her said office or position during the time this bond remains in force, and shall pay over to the persons authorized by law to receive the same all moneys that may come into his/her hands during the said time without fraud or delay, and at the expiration of said time, shall turn over to his/her successor all records and property which have therefore come into his/her hands, then this obligation to be null and void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER, that the above named Surety shall not be liable hereunder for any loss of any public fund resulting from the insolvency of any bank or banks in which said funds are deposited; and, if this provision shall be held void, this entire bond shall be void.

AND PROVIDED FURTHER, that any party to this instrument may cancel the same at any time, with or without cause, by notifying both of the others by certified mail of an intention thereby to cancel, in which event such cancellation shall be fully effective at the expiration of thirty (30) days from the mailing of such notice. In the absence of such a notice, and if there should be no cancellation by agreement between all of the parties hereto, the bond shall remain continuously in force and effect, in the penal amount above named, as long as the principal holds the said office or position.

SEALED and dated this June 06, 2024.

Witness By: **JOHN WOODRUFF, Principal**
Travelers Casualty and Surety Company of America

By: **Brian Woodbury, Attorney-in-Fact**

This notice provides no coverage, nor does it change any policy terms. To determine the scope of coverage and the insured's rights and duties under the policy, read the entire policy carefully. For more information about the content of this notice, the insured should contact their agent or broker. If there is any conflict between the policy and this notice, the terms of the policy prevail.

Independent Agent And Broker Compensation Notice

For information on how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html.

Or write or call:

Travelers, Agency Compensation
One Tower Square
Hartford, Connecticut 06183

(866) 904.8348

**PUBLIC OFFICIAL BOND
(Continuous for Indefinite Term)**

Travelers Casualty and Surety Company of America

Bond No. 108063915

KNOW ALL MEN BY THESE PRESENTS, That we **JOHN WOODRUFF** of _____ as Principal, and **Travelers Casualty and Surety Company of America**, a corporation duly incorporated under the laws of the State of CT, as Surety, are held and firmly bound unto **Lake Land College**, as Obligee, in the penal sum of **One Million** (\$1,000,000.00) Dollars, lawful money of the United States of America, for the payment of which well and truly to be made, said principal binds himself/herself, his/her heirs, executors, administrators and assigns, and said Surety binds itself, its successors and assigns, jointly and severally, firmly by these presents the liability of the Surety, however, being limited to the penal amount above named regardless of the number of years this bond remains in force or the number of premiums paid.

WHEREAS, the said Principal has been **Appointed** to the office of **VP of Business Services** for an indefinite term beginning **07/15/2024**, and is required to furnish a bond for the faithful performance of the duties of the said office or position.

NOW, THEREFORE THE CONDITION OF THIS OBLIGATION is such that if the above bounden Principal shall (except as hereinafter provided) faithfully perform the duties of his/her said office or position during the time this bond remains in force, and shall pay over to the persons authorized by law to receive the same all moneys that may come into his/her hands during the said time without fraud or delay, and at the expiration of said time, shall turn over to his/her successor all records and property which have therefore come into his/her hands, then this obligation to be null and void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER, that the above named Surety shall not be liable hereunder for any loss of any public fund resulting from the insolvency of any bank or banks in which said funds are deposited; and, if this provision shall be held void, this entire bond shall be void.

AND PROVIDED FURTHER, that any party to this instrument may cancel the same at any time, with or without cause, by notifying both of the others by certified mail of an intention thereby to cancel, in which event such cancellation shall be fully effective at the expiration of thirty (30) days from the mailing of such notice. In the absence of such a notice, and if there should be no cancellation by agreement between all of the parties hereto, the bond shall remain continuously in force and effect, in the penal amount above named, as long as the principal holds the said office or position.

SEALED and dated this June 06, 2024.

Witness By: JOHN WOODRUFF, Principal

Travelers Casualty and Surety Company of America

Brian Woodbury

By: **Brian Woodbury, Attorney-in-Fact**





**Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company**

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Brian Woodbury** of **SAINT PAUL**, **Minnesota**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, **2021**.



State of Connecticut

By:



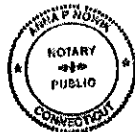
Robert L. Raney, Senior Vice President

City of Hartford ss.

On this the **21st** day of **April**, **2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2026**



Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **06** day of **June**, **2024**.



Kevin E. Hughes, Assistant Secretary

**To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.**

Lake Land College Board of Trustees



RESOLUTION NUMBER: 0724-002

DATE: July 11, 2024

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 appointed Mr. John Woodruff 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 11th day of July, 2024 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 11th day of July, 2024.

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 11TH day of July, 2024.

Secretary, Board of Trustees

Lake Land College Board of Trustees



RESOLUTION NUMBER: 0724-003

DATE: July 11, 2024

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 John Woodruff, 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 John Woodruff, 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 11th day of July, 2024 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 11th day of July, 2024.

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 11th day of July, 2024.

Secretary, Board of Trustees

Non-Corporate Agreement



Sub Firm #	BR Code	FA Code	Account Number
072	ILCR	IL20	[REDACTED]

(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 JOHN WOODRUFF	Title VP BUSINESS SERVICES
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 JOHN WOODRUFF, VP OF BUSINESS SERVICES	Date
Signature 3	Name and Title	Date
Signature 4	Name and Title	Date

Owner 10 Information (Reference definitions in the Mandatory Information for each Beneficial Owner section)

<input type="checkbox"/> Individual Owner		Trust Name	
<input type="checkbox"/> Trustee (Individual or Non-Individual)		Non-Individual Trustee Name	
First Name		Middle Name (if exists)	
Last Name		Date of Birth (MM/DD/YYYY)	
Physical Address (Including country if outside of the U.S.)			
Street Address (No P.O. Box)		City	
State \ Province	Postal Code	Country	
Identification Number			
U.S. Person	Social Security Number (SSN)	Non-U.S. Person	Passport Number, ITIN, or Similar ID
			Country of Issuance

Section 5 Certification

The name of the person opening or maintaining the account in Section II of this form must sign the certification section below:

Full Legal Name of Person Opening or Maintaining the Account (First, Middle, Last)

JONATHAN B BULLOCK

I (named above as the natural person opening or maintaining the account), hereby:

- (a) Certify, to the best of my knowledge, that the information provided above is complete and correct.
- (b) Agree that the legal entity customer listed above will notify us of any change to the information provided herein that would result in a change to the list of beneficial owners identified above.

Signature of Person Opening or Maintaining the Account	Date Signed (MM/DD/YYYY)
X	

Office Use Only: 072 ILCR IL20 ██████████
 Sub Firm # BR Code FA Code Account Number

Non-Corporate Agreement



Sub Firm #	BR Code	FA Code	Account Number
072	ILCR	IL20	

(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 JOHN WOODRUFF	Title VP BUSINESS SERVICES
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, choses 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 JOHN WOODRUFF, VP OF BUSINESS SERVICES	Date
Signature 3	Name and Title	Date
Signature 4	Name and Title	Date

Owner 10 Information (Reference definitions in the Mandatory Information for each Beneficial Owner section)

<input type="checkbox"/> Individual Owner		Trust Name	
<input type="checkbox"/> Trustee (Individual or Non-Individual)		Non-Individual Trustee Name	
First Name		Middle Name (if exists)	
Last Name		Date of Birth (MM/DD/YYYY)	
Physical Address (Including country if outside of the U.S.)			
Street Address (No P.O. Box)		City	
State \ Province	Postal Code	Country	
Identification Number			
U.S. Person	Social Security Number (SSN)	Non-U.S. Person	Passport Number, ITIN, or Similar ID
			Country of Issuance

Section 5 Certification

The name of the person opening or maintaining the account in Section II of this form must sign the certification section below:

Full Legal Name of Person Opening or Maintaining the Account (First, Middle, Last)

JONATHAN B BULLOCK

I (named above as the natural person opening or maintaining the account), hereby:

- (a) Certify, to the best of my knowledge, that the information provided above is complete and correct.
- (b) Agree that the legal entity customer listed above will notify us of any change to the information provided herein that would result in a change to the list of beneficial owners identified above.

Signature of Person Opening or Maintaining the Account	Date Signed (MM/DD/YYYY)
X	

Office Use Only: 072 ILCR IL20
 Sub Firm # BR Code FA Code Account Number

Exhibit B

Associated Person Information



Sub Firm #	BR Code	FA Code	Account Number	<input checked="" type="checkbox"/> New <input type="checkbox"/> Update
072	ILCR	IL20	[REDACTED]	

(Office Use Only)

Associated Person Information				
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Non-Personal				
Name (First, Middle, Last) JOHN WOODRUFF				
Legal Address - <i>Cannot be a P.O. Box</i> [REDACTED]				
City [REDACTED]		State	IL	ZIP [REDACTED]
Home Phone [REDACTED]	Business Phone [REDACTED]	Fax Number [REDACTED]	Other Number [REDACTED]	
SSN/Tax ID [REDACTED]	Birth Date [REDACTED]	Occupation Description	A Other Description (required)	
Country of Citizenship/Registration	State of Registration	Permanent U.S. Resident?	Email Address	
US	IL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	JWOODRUFF2@LAKELANDCOLLEGE.EDU	
Government ID Type	Government ID Number	Government ID Place of Issue	Date of Issue	Expiration Date
ND	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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 [REDACTED]
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		<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:		Business Subtype:		
<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"/> 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"/> 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		<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"/> GUN DLR/FIREARMS (5E)	<input type="checkbox"/> FOREIGN NGO (5F)	<input type="checkbox"/> TRAVEL AGENT (5A)
	<input type="checkbox"/> GEM/PREC MTL DLRS (5C)	<input type="checkbox"/> MONEY SERVICE BUS (5D)	<input type="checkbox"/> PEP-FOREIGN (5G)	<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"/> FOR PERS INV/HOLDING CO (6H)	<input type="checkbox"/> MONEY SERVICE BUS (6D)	
	<input type="checkbox"/> FFI (6L)	<input type="checkbox"/> FOREIGN TRUST (6I)	<input type="checkbox"/> FOREIGN NGO (6K)	<input type="checkbox"/> TRAVEL AGENT (6A)
	<input type="checkbox"/> FOR FIN INTERMEDIARY (6M)	<input type="checkbox"/> GEM/PREC MTL DLRS (6C)	<input type="checkbox"/> PEP-FOREIGN (6N)	<input checked="" type="checkbox"/> NOT APPLICABLE (00)
	<input type="checkbox"/> FOR OPERATING CO (6G)	<input type="checkbox"/> GUN DLR/FIREARMS (6F)		
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

For the categories of personal data that Wells Fargo may collect and how we use it, see the Wells Fargo California Consumer Privacy Act Notice at Collection at <https://www.wellsfargo.com/privacy-security/notice-of-data-collection/>. See additional Wells Fargo privacy notices at <https://www.wellsfargo.com/privacy-security/>.

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

PEP (3A) - 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.

NOT APPLICABLE (00)

Foreign Non-Individual:

CASINO (6B) - 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.

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.

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.

Associated Person Information



Sub Firm #	BR Code	FA Code	Account Number	<input checked="" type="checkbox"/> New <input type="checkbox"/> Update
072	ILCR	IL20	[REDACTED]	

(Office Use Only)

Associated Person Information

<input checked="" type="checkbox"/> Individual		<input type="checkbox"/> Non-Personal		
Name (First, Middle, Last) JOHN WOODRUFF				
Legal Address - <i>Cannot be a P.O. Box</i> [REDACTED]				
City [REDACTED]		State IL		ZIP [REDACTED]
Home Phone [REDACTED]	Business Phone [REDACTED]	Fax Number [REDACTED]	Other Number [REDACTED]	
SSN/Tax ID [REDACTED]	Birth Date [REDACTED]	Occupation Description A	Other Description (required)	
Country of Citizenship/Registration US	State of Registration IL	Permanent U.S. Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Email Address JWOODRUFF2@LAKELANDCOLLEGE.EDU	
Government ID Type ND	Government ID Number [REDACTED]	Government ID Place of Issue [REDACTED]	Date of Issue [REDACTED]	Expiration Date [REDACTED]
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 [REDACTED]
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>*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.</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"/> GUN DLR/FIREARMS (5E)	<input type="checkbox"/> FOREIGN NGO (5F)	<input type="checkbox"/> TRAVEL AGENT (5A)
	<input type="checkbox"/> GEM/PREC MTL DLRS (5C)	<input type="checkbox"/> MONEY SERVICE BUS (5D)	<input type="checkbox"/> PEP-FOREIGN (5G)	<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"/> FOR PERS INV/HOLDING CO (6H)	<input type="checkbox"/> MONEY SERVICE BUS (6D)	
	<input type="checkbox"/> FFI (6L)	<input type="checkbox"/> FOREIGN TRUST (6I)	<input type="checkbox"/> FOREIGN NGO (6K)	<input type="checkbox"/> TRAVEL AGENT (6A)
	<input type="checkbox"/> FOR FIN INTERMEDIARY (6M)	<input type="checkbox"/> GEM/PREC MTL DLRS (6C)	<input type="checkbox"/> FOREIGN NGO (6K)	<input type="checkbox"/> TRAVEL AGENT (6A)
	<input type="checkbox"/> FOR OPERATING CO (6G)	<input type="checkbox"/> GUN DLR/FIREARMS (6F)	<input type="checkbox"/> PEP-FOREIGN (6N)	<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

For the categories of personal data that Wells Fargo may collect and how we use it, see the Wells Fargo California Consumer Privacy Act Notice at Collection at <https://www.wellsfargo.com/privacy-security/notice-of-data-collection/>. See additional Wells Fargo privacy notices at <https://www.wellsfargo.com/privacy-security/>.

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

CASINO (6B) - 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.

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.

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- U.S.
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Lake Land College Board of Trustees



RESOLUTION NUMBER: 0724-004

DATE: July 11, 2024

RESOLUTION APPROVING SIGNATURE CARDS 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 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 John Woodruff and College President Dr. Jonathan Bullock, is attached as Exhibit A to and hereby made a part of this Resolution.

Section 2. The Secretary of the Board shall cause the originals of the Signature Cards to be delivered to First Mid Bank & Trust.

Section 3. 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 11th day of July, 2024 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 Approving Signature Cards 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 11th day of July, 2024.

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 11th day of July, 2024.

Secretary, Board of Trustees

ACCOUNT AGREEMENT

FIRST MID BANK & TRUST
PO BOX 499
MATTOON, IL 61938

Account Number: [REDACTED]

Account Owner(s) Name & Address
LAKE LAND COLLEGE
PAYROLL CASH
PAYROLL ACCOUNT D
5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Agreement Date: 06/24/2024 By: Chelsey Light
[X] EXISTING Account - This agreement replaces previous agreement(s).
Account Description: (52) Now Public Fund

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

Reason for amendment: Changing account signers.

[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):

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.

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:

(1): [X]
JONATHAN B BULLOCK

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

(2): [X]
JOHN E WOODRUFF

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. _____

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 AGREEMENT

FIRST MID BANK & TRUST
PO BOX 499
MATTOON, IL 61938

Account Number: [REDACTED]

Account Owner(s) Name & Address
LAKE LAND COLLEGE
WORKING CASH FUND
5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Agreement Date: 06/24/2024 By: Chelsey Light

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

Account Description: (52) Now Public Fund

[X] 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

[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).

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):

- [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] JOHN E WOODRUFF

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

Account Number: [REDACTED]

Account Owner(s) Name & Address
LAKE LAND COLLEGE
CREDIT CARD ACCOUNT
5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Agreement Date: 06/24/2024 By: Chelsey Light

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

Account Description: (52) Now Public Fund

Checking Savings NOW
Initial Deposit \$ 2.00 Source: On file

Ownership of Account - CONSUMER Purpose
Individual
Joint - With Survivorship
Joint - No Survivorship
Trust - Separate Agreement
Revocable Trust or Pay-on-Death Designation
(Name and Address of Beneficiaries):

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):

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.

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).

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

(2): [X] JOHN E WOODRUFF
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

Account Number: [Redacted]

Account Owner(s) Name & Address
LAKE LAND COLLEGE
NDSL FED FUNDS 1349
5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Agreement Date: 06/24/2024 By: Chelsey Light
[X] EXISTING Account - This agreement replaces previous agreement(s).
Account Description: (52) Now Public Fund

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

Reason for amendment: Changing account signers.

[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):

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.

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:

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

(2): [X] JOHN E WOODRUFF
I.D. # [Redacted] D.O.B. [Redacted]

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

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

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).

[X]
I.D. # _____ D.O.B. _____
[] Authorized Signer (Individual Accounts Only)

ACCOUNT AGREEMENT

FIRST MID BANK & TRUST
PO BOX 499
MATTOON, IL 61938

Account Number: [Redacted]

Account Owner(s) Name & Address
LAKE LAND COLLEGE
FLEX SPENDING
5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Agreement Date: 06/24/2024 By: Chelsey Light
[X] EXISTING Account - This agreement replaces previous agreement(s).
Account Description: (52) Now Public Fund

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

Reason for amendment: Changing account signers.

[X] 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):

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.

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:

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

(2): [X] JOHN E WOODRUFF
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. _____

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 AGREEMENT

FIRST MID BANK & TRUST
PO BOX 499
MATTOON, IL 61938

Account Number: [Redacted]

Account Owner(s) Name & Address
LAKE LAND COLLEGE
5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Agreement Date: 06/24/2024 By: Chelsey Light
[X] EXISTING Account - This agreement replaces previous agreement(s).
Account Description: (52) Now Public Fund

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

Reason for amendment: Changing account signers.

[X] 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):

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.

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:

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

(2): [X] JOHN E WOODRUFF
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. _____

Backup Withholding Certifications (Non-U.S. Persons - Use separate Form W-9)
[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).