

COMPANY AUTHORIZATION RESOLUTION

Please check one:

New Account Information

Supersedes Previous Resolution

Century Bank
 Referred to in this document as "Financial Institution"

By:

A/C Name: _____
 Referred to in this document as "Company"

N.M. Company Code: _____

I _____, certify that I am Secretary (clerk) of the above named Company organized under the laws of _____, Federal Employer ID Number _____, engaged in business under the legal name of _____, state that this is a true and accurate copy of the resolution adopted effective the ___ day of _____, 20__ by Board of Directors or governing board at a meeting held on the ___ day of _____, 20__, or by written consent dated _____ day of _____, 20__.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

	Name	Title or Position	Signature
A.	_____	_____	X _____
B.	_____	_____	X _____
C.	_____	_____	X _____
D.	_____	_____	X _____
E.	_____	_____	X _____
F.	_____	_____	X _____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.):

Indicate A, B, C, D, E, and/or F _____ _____ _____ _____	Indicate number of signatures required: _____ _____ _____ _____
(1) Exercise and sign Application for Deposit of Securities 600A	
(2) Exercise and sign Application for Withdrawal of Securities 600B	
(3) Exercise, sign and modify Company Name Address Verification Form	
(4) Exercise, sign; add and replace users to the Internet Access Agreement	

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

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes all previous resolutions received by the financial institution

CERTIFICATION OF AUTHORITY

I further certify that the Board of Directors of the Company has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate)

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Company on _____ (date).

X _____ X _____
Attest by one Other Officer Secretary

RESOLUTIONS

The Company named on this resolution resolves that,

- 1) The Financial Institution is designated as a custodial depository for securities held on behalf of the Company.
- 2) This resolution shall continue in effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any prior resolutions adopted by the Board of the Company and certified to the Financial Institution as governing the operation of this Company's account(s), are in full force and affect, until the Financial Institution receives an updated version of this form or its revocation and replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- 3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Company. Any agent, so long as they act in a representative capacity as an Agent of the Company, is authorized to exercise the powers indicated on page one.
- 4) All Transactions, with the respect to any deposits (600A) or withdrawals (600B) on behalf of the Company with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- 5) The Company agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Company, as long as they contain the required number of signatures for this purpose.
- 6) The Company acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Company to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to our online account access product known as TrustReporter.
- 7) The Company acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes but is not limited to, facsimile signatures, personal identification numbers (PIN), and digital signatures. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Please mail forms to: Century Bank
ATTN: Alan Snow
PO Box 1507
Santa Fe, NM 87504-1507

Overnight Address :
ATTN: Alan Snow
100 S. Federal
Santa Fe, NM 87501

Should you have any questions regarding these procedures, please contact: Alan Snow (505) 995-1210 or by e-mail alan.snow@mycenturybank.com, Debbie Guillen (505) 995-1211 or by e-mail debbie.guillen@mycenturybank.com or Melissa Wiggins (505) 995-1213 or by e-mail melissa.wiggins@mycenturybank.com

FOR FINANCIAL INSTITUTION USE ONLY

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

This resolution is superseded by resolution: Dated: _____