

ORIGIN ID BZSA (202) 591-5511
ERIM CANLIGIL
GET MICHIGAN WORKING AGAIN
SUITE 250
1747 PENNSYLVANIA AVENUE NW
WASHINGTON, DC 20006
UNITED STATES US

SHIP DATE: 17MAR21
ACTWGT: 0.30 LB
CAD: 109262515/NET4340

BILL SENDER

TO BUREAU OF ELECTIONS

430 WEST ALLEGAN ST
1ST FLOOR

LANSING MI 48918

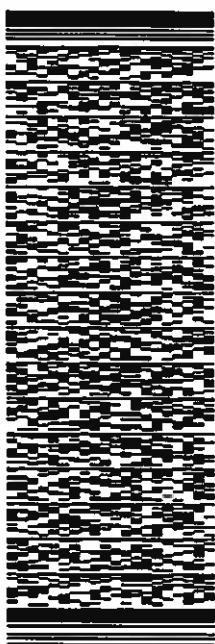
(202) 662-4140

REF:

PO:

DEPT:

56DJ3/AC39/FE4A



TRK# 7731 8429 3312
0201

THU - 18 MAR 4:30P
STANDARD OVERNIGHT

XXLANA

MI-US 48918
GRR



After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



March 18, 2021

Dear Customer,

The following is the proof-of-delivery for tracking number: 773184293312

Delivery Information:

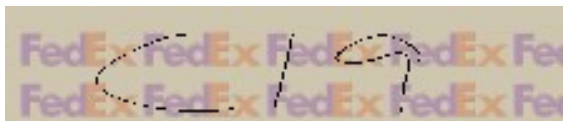
Status:	Delivered	Delivered To:	Mailroom
Signed for by:	S.WALTERS	Delivery Location:	430 W ALLEGAN ST
Service type:	FedEx Standard Overnight		
Special Handling:	Deliver Weekday		LANSING, MI, 48918
		Delivery date:	Mar 18, 2021 10:02

Shipping Information:

Tracking number:	773184293312	Ship Date:	Mar 17, 2021
		Weight:	0.5 LB/0.23 KG

Recipient:
Bureau of Elections,
430 West Allegan St
1st Floor
LANSING, MI, US, 48918

Shipper:
Erim Canligil, Get Michigan Working Again
SUITE 250
1747 PENNSYLVANIA AVENUE NW
WASHINGTON, DC, US, 20006



Thank you for choosing FedEx

EXHIBIT 2

AFFIDAVIT OF ERIM CANLIGIL

I, ERIM CANLIGIL, having been duly sworn, hereby state as follows:

1. I am over the age of eighteen and have personal knowledge of the facts outlined in this Affidavit. If called to testify, my testimony would be consistent with this affidavit.

2. Get Michigan Working Again ("GMWA") Super PAC is an independent expenditure committee duly organized under Michigan law in accordance with its statement of organization. (See **Exhibit A.**)

3. I am, and have been at all relevant times, the treasurer for GMWA.

4. In a separate capacity, I am also, and have been at all relevant times, the Chief Financial Officer of the Republican Governors Association ("RGA").

5. Although they have staff in common, GMWA and RGA are distinct and separate legal entities.

6. I am aware of the allegations in the pending Michigan Campaign Finance Complaint, dated October 26, 2022, filed by Complainant Lonnie Scott against GMWA, RGA, and Tudor Dixon for Governor, Inc.

7. GMWA operates as an independent expenditure committee under the Michigan Campaign Finance Act ("MCFA" or "the Act") with me as its treasurer. Since GMWA was formed under the Act, I have served as its treasurer and resided outside Michigan. Simultaneously, I have been employed by the RGA as its Chief Financial Officer.

8. In compliance with the MCFA, GMWA maintains its official primary depository account at Chain Bridge Bank in McClean, Virginia, as reported to the Michigan Department of State ("the Department"). I know this because I oversaw the opening of the bank account and ensured statements filed with the Department accurately reflected the account's existence and use.

9. When the account was opened, the bank required a federal employee identification number ("EIN"). To facilitate opening the bank account for GMWA, the bank was provided the RGA's EIN with the understanding that the account belonged to GMWA. The reason for this was that GMWA has not been issued an EIN from the Internal Revenue Service and, instead, shares an EIN with the RGA.

10. Although the account is technically shared by the RGA and GMWA, the account is exclusively used for GMWA expenditures and is not, and never has been, used for an expenditure by the RGA.

11. I have reviewed and implemented the Department's guidance applicable to GMWA, including provisions of the Disclosure Division's Manual such as Appendix K concerning Out-of-State Groups. My role as treasurer of GMWA led me to review and apply such resources to ensure GMWA complies with the Department's guidance.

12. Since its inception, I have overseen GMWA's bank account. At all times, the funds in the account have been used by GMWA, not the RGA. I, in my capacity as GMWA treasurer, and my agents in that capacity, have been the only people who have approved or authorized any transfer of GMWA funds.

13. Furthermore, I am familiar with GMWA's financial activity, as reported by statements to the Department. To my knowledge, the statements accurately reflect GMWA's financial activity.

14. The itemized expenditures GMWA reports to the Department are made from the bank account that was opened using the RGA's EIN but exclusively used by GMWA.

15. So, while there are tax filings from the RGA that reflect funds being reported as expenditures by GMWA, those funds belonged to GMWA, were spent by GMWA, and constitute

GMWA's expenditures under the Act. Allegations to the contrary are based on inferences and speculation that do not accurately reflect how GMWA makes and reports expenditures.

16. To my knowledge, any communication subject to MCL 169.247 that has identified GMWA as the entity paying for the communication was in fact paid for by GMWA.

17. As the treasurer of GMWA, I have never coordinated with, or otherwise unlawfully acted in concert with, Tudor Dixon for Governor, Inc, or any of its agents.

FURTHER AFFIANT SAYETH NOT.

Erim Canligil
Erim Canligil

STATE OF Virginia)
Fairfax COUNTY)

Signed and sworn before me in Fairfax County, State of Virginia by Viviana Ramirez
December 26 2022.

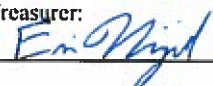
Viviana Ramirez
_____, Notary Public
State of Virginia County of Fairfax
My commission expires November 30 2026
Acting in Fairfax County



EXHIBIT A

**STATEMENT OF ORGANIZATION FORM FOR INDEPENDENT AND POLITICAL COMMITTEES (PACS), AND
INDEPENDENT EXPENDITURE COMMITTEES (SUPER PACS)**

Print, sign, and mail a copy of this Statement of Organization to the Bureau of Elections to complete this request. All information disclosed on this form will be available to the public.

Committee ID:	Type of Filing: original	Date Submitted: 03/11/2021	Date Committee Formed: 03/11/2021
Committee Type and Sponsor. Ind. Exp. Super PAC N			
Full Name of Committee (must include Candidate's first and last name) GET MICHIGAN WORKING AGAIN			
Acronym Or Abreviation			
<input checked="" type="checkbox"/> Out of State Committee Treasurer Irrevocable Written Stipulation.			
Primary Email Contact Treasurer ECANLIGIL@RGA.ORG			
Committee Street Address - No PO Boxes 1747 PENNSYLVANIA AVENUE NW SUITE 250 WASHINGTON DC 20006		Committee Mailing Address - May be PO Box 1747 PENNSYLVANIA AVENUE NW SUITE 250 WASHINGTON DC 20006 2026624140 ECANLIGIL@RGA.ORG	
Treasurer Full Name CANLIGIL ERIM			
Treasurer Business Address DC		Treasurer Mail Address 1747 PENNSYLVANIA AVENUE NW SUITE 250 WASHINGTON DC 20006 2026624928 ECANLIGIL@RGA.ORG	
Designated Record Keeper Full Name		Designated Record Keeper Address DC	
Official Depository CHAIN BRIDGE BANK NA 1445-A LAUGHLIN AVE MCLEAN VA 22101		Secondary Depository	
<input checked="" type="checkbox"/> Electronic Filing			
Reporting Waiver <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)			
Treasurer: 	Date: 3/11/2021	Designated Record Keeper	Date:

Please email, fax, mail, or hand deliver a signed copy of the Statement of Organization using one of the following methods:
 Email: Disclosure@Michigan.gov
 Fax: 517-373-0941

First Class, Certified, Registered and Priority Mail:
 Michigan Department of State
 Bureau of Elections
 P.O. Box 20126
 Lansing, MI 48901-0726

Hand Delivered and Overnight Delivery Service:
 Bureau of Elections
 430 West Allegan Street
 1st Floor, Richard H. Austin Building
 Lansing, MI 48918

ORIGIN ID BZSA (202) 591-5511
ERIM CANLIGIL
GET MICHIGAN WORKING AGAIN
SUITE 250
1747 PENNSYLVANIA AVENUE NW
WASHINGTON, DC 20006
UNITED STATES US

SHIP DATE: 17MAR21
ACTWGT: 0.30 LB
CAD: 109262515/NET4340

BILL SENDER

TO BUREAU OF ELECTIONS

430 WEST ALLEGAN ST
1ST FLOOR

LANSING MI 48918

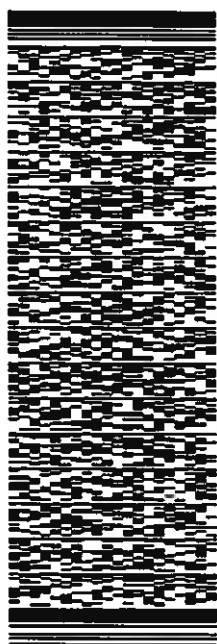
(202) 662-4140

REF:

PO:

DEPT:

56DJ3/AC39/FE4A



TRK# 7731 8429 3312
0201

THU - 18 MAR 4:30P
STANDARD OVERNIGHT

XX LANA

MI-US 48918
GRR



After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



March 18, 2021

Dear Customer,

The following is the proof-of-delivery for tracking number: 773184293312

Delivery Information:

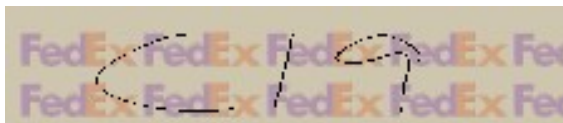
Status:	Delivered	Delivered To:	Mailroom
Signed for by:	S.WALTERS	Delivery Location:	430 W ALLEGAN ST
Service type:	FedEx Standard Overnight		
Special Handling:	Deliver Weekday		LANSING, MI, 48918
		Delivery date:	Mar 18, 2021 10:02

Shipping Information:

Tracking number:	773184293312	Ship Date:	Mar 17, 2021
		Weight:	0.5 LB/0.23 KG

Recipient:
Bureau of Elections,
430 West Allegan St
1st Floor
LANSING, MI, US, 48918

Shipper:
Erim Canligil, Get Michigan Working Again
SUITE 250
1747 PENNSYLVANIA AVENUE NW
WASHINGTON, DC, US, 20006



Thank you for choosing FedEx

EXHIBIT 3

Account Agreement

Date: 03/09/2021

Institution Name & Address

CHAIN BRIDGE BANK, N.A.
chainbridgebank.com
1445-A LAUGHLIN AVE
MCLEAN, VA 22101
(703) 748-2005

Owner/Signer Information 1

Name	Erim Canligil
Relationship	Signer
Address	1747 Pennsylvania Ave. N.W. Ste 250 Washington DC 20006-0000
Mailing Address (if different)	1747 Pennsylvania Ave. N.W. Ste 250 Washington DC 20006
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	Driver's License DL [REDACTED]
Other ID (description, details)	
Employer	RGA
Previous Financial Inst.	
E-Mail	ecanligil@RGA.ORG
Work Phone	(202) 662-4928
Home Phone:	Mobile Phone: [REDACTED]
Birth Date: [REDACTED]	SSN/TIN: [REDACTED]

Ownership of Account

The specified ownership will remain the same for all accounts.

<input type="checkbox"/> Individual	X
<input type="checkbox"/> Joint with Survivorship (not as tenants in common)	X
<input type="checkbox"/> Joint with No Survivorship (as tenants in common)	X
<input type="checkbox"/> Sole Proprietorship or Single Member LLC	<input type="checkbox"/> Partnership
<input type="checkbox"/> LLC-enter tax classification (<input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership)	
<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input checked="" type="checkbox"/> Non-profit	
<input type="checkbox"/> Trust-Separate Agreement Dated: _____	
<input checked="" type="checkbox"/> Organization, Lodge, Association	

Beneficiary Designation

(Check appropriate ownership above.)

<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Pay-On-Death (POD)
<input type="checkbox"/>	

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

Internal Use Easy Business Ck

Account Title & Address

Republican Governors Association
Get Michigan Working Again
1747 Pennsylvania Ave
Suite 250
Washington DC 20006

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

Signature(s)

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

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

☐ Authorized Signer (See Owner/Signer Information for Authorized Signer Designation(s).)

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):	<input checked="" type="checkbox"/>	DocuSigned by: ERIM CANLIGIL 3B3F1D0C1E1A4C2... Erim Canligil I.D. # _____ D.O.B. _____
(2):	<input checked="" type="checkbox"/>	DocuSigned by: David Rexrode 660BF317A2294CD... David Alexander Rexrode I.D. # _____ D.O.B. _____
(3):	<input checked="" type="checkbox"/>	DocuSigned by: Jessica Furst Johnson B40A2DCB25444E... Jessica Furst Johnson I.D. # [REDACTED] D.O.B. [REDACTED]
(4):	<input checked="" type="checkbox"/>	I.D. # _____ D.O.B. _____

Owner/Signer Information 2

Name	David Alexander Rexrode	
Relationship	Signer	
Address		
Mailing Address (if different)		
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	Driver's License	DL
Other ID (description, details)		
Employer		
Previous Financial Inst.		
E-Mail	DREXRODE@RGA.ORG	
Work Phone	(202) 662-4143	
Home Phone:		Mobile Phone:
Birth Date:		SSN/TIN:

Owner/Signer Information 3

Name	Jessica Furst Johnson	
Relationship	Signer	
Address		
Mailing Address (if different)		
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	Driver's License	DL
Other ID (description, details)		
Employer		
Previous Financial Inst.		
E-Mail	jjohnson@rga.org	
Work Phone		
Home Phone:		Mobile Phone:
Birth Date:		SSN/TIN:

Owner/Signer Information 4

Name		
Relationship		
Address		
Mailing Address (if different)		
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	-	-
Other ID (description, details)		
Employer		
Previous Financial Inst.		
E-Mail		
Work Phone		
Home Phone:		Mobile Phone:
Birth Date:		SSN/TIN:

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

Non-Individual Owner Information

Name	Republican Governors Association	
State/Country & Date of Organization		
Nature of Business		
Address	1747 Pennsylvania Ave Washington DC 20006-0000	
Mailing Address (if different)	1747 Pennsylvania Ave Washington DC 20006	
Authorization/Resolution Date		
Previous Financial Inst.		
E-Mail	ECANLIGIL@rga.org	
Phone	(202) 662-4140	
EIN: 11-3655877	Mobile Phone:	

Account Description	Account #	Initial Deposit/Source
Checking		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Services Requested

<input type="checkbox"/> ATM	<input type="checkbox"/> Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Backup Withholding Certifications

(If not a "U.S. Person", certify foreign status separately)

☒ By signing signature field (1) on this document, I certify under penalties of perjury that the statements made in this section are true and that I am a U.S. citizen or other U.S. person (as defined in the instructions).

☒ **Taxpayer I.D. Number - TIN:** 11-3655877

The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

☒ **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 Recipients.** 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.

Other Terms/Information

Resolution of Lodge, Association or Other Similar Organization

CHAIN BRIDGE BANK, N.A.
1445-A LAUGHLIN AVE
MCLEAN, VA 22101

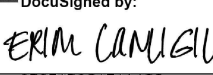
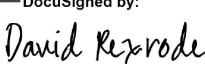
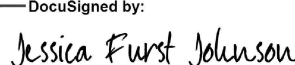
By: Republican Governors Association
Get Michigan Working Again
1747 Pennsylvania Ave
Suite 250
Washington DC 20006

Referred to in this document as "Financial Institution"

Referred to in this document as "Association"

I, David Rexrode, certify that I am Secretary (clerk) of the above named association organized under the laws of District of Columbia, Federal Employer I.D. Number 11-3655877, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Association duly and properly called and held on March 09, 2021 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

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

Name and Title or Position	Signature	Facsimile Signature (if used)
A. Erim Canligil	X  <small>DocuSigned by: 3B3F1D0C1E1A4C2...</small>	X
B. David Rexrode	X  <small>DocuSigned by: 660BF317A2294CD...</small>	X
C. Jessica Johnson	X  <small>DocuSigned by: B40A2DCB254444E...</small>	X
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

RAA0151

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

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
A, B, C	(1) Exercise all of the powers listed in this resolution.	1
	(2) Open any deposit or share account(s) in the name of the Association.	
	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	
	(4) Borrow money on behalf and in the name of the Association, sign, execute and deliver promissory notes or other evidences of indebtedness.	
	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Association as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	
	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	
	(7) Other:	

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

Resolutions

The Association named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Association and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Association and certified to the Financial Institution as governing the operation of this association's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Association. Any Agent, so long as they act in a representative capacity as an Agent of the Association, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated in this resolution, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Association with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.

- (5) The Association agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Association. The Association authorizes the Financial Institution, at any time, to charge the Association for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Association acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Association to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Association acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Association with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Association authorizes each Agent to have custody of the Association's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Effect on Previous Resolutions. This resolution supersedes resolution dated _____ . If not completed, all resolutions remain in effect.

Certification of Authority

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

☒ If checked, the Association is a non-profit lodge, association or similar organization.

DocuSigned by:

 660BF317A2294CD...
 (Secretary)

DocuSigned by:

 3B3F1D0C1E1A4C2...
 (Attest by Other Officer)

 (Attest by Other Officer)

For Financial Institution Use Only

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

☐ This resolution is superseded by resolution dated _____ .

Comments: