

## Resolutions Authorizing an Institution to Open and Maintain Accounts and Use Services

As evidenced by my signature below, I certify that the following are correct and complete copies of the resolutions duly adopted on 11-04-2019 by the board of directors of \_\_\_\_\_  
(date)

EUGENE WINSTON WHEELER JR ("Institution"), a banking corporation  
(official name of banking institution)

duly established and operating under the laws of State of Ohio, United States of America, with its head office located at 848 FRANKLIN RD NE, MASSILLON, OHIO 44646, in accordance with applicable law and the Institution's chartering documents. I also certify that such resolutions have not been modified, remain in effect, and are not in conflict with any provisions of the Institution's certificate of incorporation, by-laws, or chartering and/or licensing statutes or requirements:

1. RESOLVED, that the Institution is authorized to open and/or maintain a Master Account at the Federal Reserve Bank of the District in which the Institution is located, to agree to all of the provisions of the Federal Reserve Banks' Operating Circular No.1, Account Relationships, to obtain services from and incur obligations to any Federal Reserve Bank, and to agree to all of the provisions of the Federal Reserve Banks' operating circulars covering such services.

2. RESOLVED, that the President, the Chief Financial Officer, Cashier, and \_\_\_\_\_

### MASTER ACCOUNT HOLDER

(exact titles of officials, or if Institution chooses to authorize specific individuals, insert names and titles of such individuals)

of the Institution, and each of their successors in office, are each hereby authorized and directed to transmit to the Federal Reserve Banks a list of the names, titles and signatures of persons to be recognized as authorized to apply for a Master Account in the Institution's name, execute agreements relating to such account or any Federal Reserve Bank services, issue instructions on the Institution's behalf to any Federal Reserve Bank, and transact business on the Institution's behalf.

3. RESOLVED, that the officials designated in the foregoing resolutions are each hereby authorized to do any and all acts that may be necessary or incidental to any transaction authorized by the relevant resolution, or that may be designed to carry out the purpose of such resolution; and that such resolution and all the powers hereby granted shall continue in full force until written notice of revocation has been received by the Federal Reserve Bank of the District in which the Institution is located and such Federal Reserve Bank has had reasonable time to act on such notice.

4. RESOLVED, that all prior resolutions regarding accounts with Federal Reserve Banks and/or the use of Federal Reserve Bank services (other than resolutions authorizing the Institution to borrow from and pledge collateral to a Federal Reserve Bank and resolutions relating to daylight overdraft capacity and net debit caps) are hereby revoked.



Wheeler, Eugene Winston Jr  
(Signature of certifying official)\*

Wheeler, Eugene Winston Jr, Authorized Signatory  
(Name and Title)

11-04-2019  
(Date)

Void Where Prohibited By Law  
Encouraged Where Endorsed By Public Policy

\* The certifying official must be the Secretary or Assistant Secretary of the Institution or another officer of similar or higher rank. The official also must have the authority to certify the statements in this document and may not be a person authorized in Paragraph 2.





# Federal Reserve Bank Official Authorization List

11-04-2019 - 0093669648


\*Page 1 of 2

This supersedes our previous Official Authorization List? *		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(If neither is selected, previous list will also remain in effect)			
Financial Institution Name*		Routing (ABA) Number*	
EUGENE WINSTON WHEELER JR		0093669648	
Effective Date*		Street Address*	
11/04/2019		848 FRANKLIN ROAD N.E.	
Telephone*		Street Address	
(216) 924-2224			
City*		State*	Zip Code*
MASSILLON		Ohio	44646


**Authorizing Officer\*** (Must be identified by name or title in Paragraph 2 of your Institution's authorizing Resolutions):

Signature*		Title*	
		MASTER ACCOUNT HOLDER	
Name *	First*	Middle Initial	Last
	EUGENE	W	WHEELER
Phone*		Extension	Suffix
(216) 924-2224			JR
Email Address*			
GENO.WHEELER@YAHOO.COM			

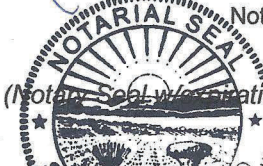
**Notary Public Authentication of Authorizing Officer\***

State of <u>Ohio</u>	
County of <u>Stark</u>	
Subscribed and sworn to before me on <u>4 Nov, 2019</u>	
By <u>Kimberly A. Chapman</u>	
(Authorizing Officer's Printed Name)	

**Certifying Official** (The section must be completed if Paragraph 2 of your Institution's authorizing Resolutions identifies Authorized Officers by title only. The Certifying Official must be the Secretary or Assistant Secretary of the institution or of an officer of similar or higher rank. The official must also have the authority to certify the statements in this document.)

I, _____	
(Certifying Official's Printed Name and Title)	
of the above Institution, do hereby certify that	
_____ is a	
(Authorizing Officer's Printed Name)	
_____ of such Institution.	
(Title of Authorizing Officer)	

**Notary Public Authentication of Certifying Official**

State of <u>Ohio</u>	
County of <u>Stark</u>	
Subscribed and sworn to before me on <u>4 Nov, 2019</u>	
By <u>Kimberly A. Chapman</u>	
(Certifying Official's Printed Name)	

**Federal Reserve Bank**  
**Official Authorization List**

\*Page 2 of 2

To the Federal Reserve Banks: Below are the names, titles, and signatures of the individuals authorized to transact business and issue instructions (except for Discount Window, Operating Circular 10, transactions) on behalf of the Institution identified on page one of this document.


Name:	First EUGENE	Middle Initial W	Last WHEELER	Suffix JR
Phone:	(216) 924-2224		Extension:	
Title:	MASTER ACCOUNT HOLDER		Email: GENO.WHEELER@YAHOO.COM	
Signature:			Limitations to Authority: (leave blank if none)	

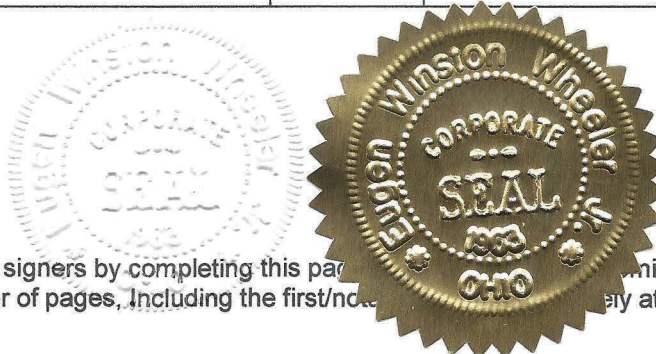
Name:	First	Middle Initial	Last	Suffix
Phone:			Extension:	
Title:			Email:	
Signature:			Limitations to Authority: (leave blank if none)	

Name:	First	Middle Initial	Last	Suffix
Phone:			Extension:	
Title:			Email:	
Signature:			Limitations to Authority: (leave blank if none)	

The Authorizing Officer on Page 1 of this document is required to sign each page of the Official Authorization List.

**Authorizing Officer\*** (Must be identified by name or title in Paragraph 2 of your Institution's authorizing Resolutions):

Signature*			Title* MASTER ACCOUNT HOLDER	
Name*	First* EUGENE	Middle Initial W	Last* WHEELER	Suffix JR



Void Where Prohibited By Law  
 Encouraged Where Endorsed By Public Policy

You may add additional signers by completing this page. Indicate the total number of pages, including the first/last page, at the top right hand corner of this document.

Last Updated: 08/2012



*Wheeler, Eugene Winston*  
EUGENE WINSTON WHEELER JR



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