

COLUMBIA COMMUNITY BANK

DOMESTIC FUNDS TRANSFER AGREEMENT

FAX TO: 503-924-2313

DATE: March 24, 2011

OFFICE: TIGARD

AMOUNT: \$ 150.00

RECEIVING BANK INFORMATION

ABA/ROUTING NUMBER: 031 000 037

Bank: MELLON FINANCIAL

ORIGINATOR INFORMATION

NAME: CARR BUTTERFIELD, LLC

PHONE: 503-635-5244

STREET: 155 B AVE., SUITE 240

ACCOUNT: 040002908

CITY/ZIP: LAKE OSWEGO, OR 97034

CONTACT NAME:

BENEFICIARY OR BENEFICIARY BANK INFORMATION

NAME: FINRA

Address: 9995, MELLON BANK ROOM 3490, 701 MARKET STREET

CITY/ZIP: PHILADELPHIA, PA 19106

ACCOUNT NO 8-234-353

FOR FURTHER CREDIT TO (IF APPLICABLE)

NAME: CRD #146569 (Integral Investment Advisors, Inc.)

ADDRESS

CITY/ZIP

ACCOUNT No.

SPECIAL INSTRUCTIONS

FUNDS ARE TO BE CREDITED TO FINRA REGULATION BANK DAILY ACCOUNT WITH THE ABOVE-REFERENCED

CRD NUMBER.

Fedwire may be used to complete this transfer. Fedwire transactions are governed by Regulation J. If your payment order identifies the beneficiary (recipient of the funds) both by name and identifying number or account number, payment may be made by the beneficiary's financial institution on the basis of the identifying number or account number, even if the number identifies someone other than the named beneficiary. If your payment order identifies an intermediary or beneficiary's financial institution by both name and an identifying number, a receiving financial institution may rely on the number as the proper identification even if it identifies an institution other than the named financial institution. If the Financial Institution is obligated under applicable state or federal funds transfer law to pay you interest, the interest rate shall be equal to the interest rate payable on the account to/from which the funds transfer was or should have been made. I unconditionally authorize the Financial Institution to execute this payment order and debit my account in the amount requested plus applicable charges (if I have not otherwise paid the Financial Institution.) I have read and understand the notice regarding wire transfers.

CUSTOMER'S SIGNATURE

CUSTOMER'S ID WITH ISSUE AND EXPIRY DATES

FOR BANK USE

Signatures		Signatures			Fee	
Wire Sequence #		Wire Agreement	YES	NO	N/A	Charge Analysis Waive
Input By						
Confirmed By						
Officer Approval		Fee Waiver Explanation				

VERIFIED W/CLIENT: Client Name

CCB Employee

Date:

Time

Branch Ver'd W/Hillsboro: Branch Employee

Hillsboro Employee

Date:

Time