CERTIFICATE OF AUTHORITY

Annual Halds (In)	For Debos	Sit Accounts	
Account Holder(s): WARREN COUNTY SCHOOL DISTRICT		Financial Institution: NORTHWEST SAVINGS BANK	
185 HOSPITAL DRISTE E	ING AC	100 LIBERTY STREET P.O. BOX 128 WARREN, PA 16365-	
SSN/TIN: 251157816		Account Number(s): 1026000495	
IN CONSIDERATION OF the existing	g or proposed banking re- incial institution, the perso	lationship between the above named Account Holder a [7] for profi	
Account Holder. The Account Holder of all assumed business names, if any, unde with the following governmental entities on the	r which the Account Holder	ete and correct name of the Account Holder. The following is a complete list does business. The Account Holder filed assumed business name listing	
Assumed Name(s):	Filed With:	Date(s):	
Signature Authorization. The Finance	cial Institution named above,	at any one or more of its offices or branches, is designated as the Financia may be withdrawn on checks, drafts, advices of debit, notes or other order	
for the payment of monies bearing the follow	ring appropriate number of s		
signatures are shown below:			
Names	Titles	Signatures	
KIMBERLY ANGOVE	PRESIDENT	X	
NORBERT KENNERKNECHT	TREASURER	X	
RUTH HUCK	SECRETARY	x	
		x	
		x	
		X	
		X	
		X	
		x	
individual order of any Agent or Agents sign item drawn against any of the Account Hold above or otherwise, even though drawn or er of the individual obligation of such Agent or f any obligation to inquire as to the circumstar application or disposition of such item or the	ing the same. The Financia er's accounts with the Finan dorsed to the order of any A or deposit to the Agent's per nees of the issue or use of a proceeds of the item.	nor and pay the same whether or not they are payable to bearer or to the ill institution is hereby directed to accept and pay without further inquiry an icial institution bearing the signature or signatures of Agents, as authorize Agent signing the same or tendered by such Agent for cashing or in paymer sonal account, and the Financial Institution shall not be required or be undeany item signed in accordance with the resolutions contained herein, or the	
Agent's Authority. Any one of sucl Account Holder for deposit with the Financia payable at the Financial Institution.	h Agents is authorized to e I Institution, or for collection	ndorse all checks, drafts, notes, and other items payable to or owned b or discount by the Financial Institution; and to accept drafts and other item	
agreements and arrangements regarding t	the manner, conditions, or	sute such other agreements, including, but not limited to, special depositor purposes for which funds, checks, or items of Account Holder may be s they deem reasonably necessary to carry out the provisions of these	
amendment or revocation thereof shall have maintained. Financial Institution shall be inc	re been delivered to and red demnified and held harmless	Agents shall be and remain in full force and effect until written notice of an accived by the Financial Institution at each location where an account is from any loss suffered or any liability incurred by it in continuing to act in thems in process at the time notice is given.	
Additional Provisions.			
need not accept this agreement for it to bed This agreement is dated:		dition to any other rights Financial Institution may have. Financial Institutio	
ACCOUNT HOLDER: WARREN COUNTY SCHOOL DISTRICT 185 HOSPITAL DR STE F WARREN, PA 16365			
WARREN, PA 16365 By: Name and Title of Authorized Represe	ntative		

CERTIFICATE OF AUTHORITY

	Тогворо	sit Accounts
Account Holder(s):		Financial Institution:
WARREN COUNTY SCHOOL DISTRICT 185 HOSPITAL DR STE F WARREN, PA 16365 FOOD 5	Service	NORTHWEST SAVINGS BANK 100 LIBERTY STREET P.O. BOX 128 WARREN, PA 16365-
SSN/TIN: 251157816	4 4 7 1 4 4 4 4 4 4 4	Account Number(s): 1026005767
	I Institution, the perso	elationship between the above named Account Holder a one signing below jointly and severally and on behalf of the Account Holder to
	ich the Account Holder	ete and correct name of the Account Holder. The following is a complete lis does business. The Account Holder filed assumed business name listings
Assumed Name(s):	Filed With:	Date(s):
Signature Authorization. The Financial In	positivition named above	, at any one or more of its offices or branches, is designated as the Financia
Institution of and depository for the funds of the for the payment of monies bearing the following	Account Holder, which appropriate number of	may be withdrawn on checks, drafts, advices of debit, notes or other order signatures:
Any 3 of the following r signatures are shown below:	amed partners, employ	ees or designated individuals of the Account Holder ("Agents"), whose actua
Names	Titles	Signatures
KIMBERLY ANGOVE	PRESIDENT	W.
NORBERT KENNERKNECHT	TREASURER	*
RUTH HUCK	SECRETARY	.X
		X
		X
		X
		X
		x
		x
individual order of any Agent or Agents signing the drawn against any of the Account Holder's above or otherwise, even though drawn or endors of the individual obligation of such Agent or for de any obligation to inquire as to the circumstances application or disposition of such item or the production of the producti	ne same. The Financia accounts with the Finan- ned to the order of any A posit to the Agent's per of the issue or use of seeds of the item.	onor and pay the same whether or not they are payable to bearer or to the all institution is hereby directed to accept and pay without further inquiry any cial institution bearing the signature or signatures of Agents, as authorized Agent signing the same or tendered by such Agent for cashing or in payment sonal account, and the Financial institution shall not be required or be under any item signed in accordance with the resolutions contained herein, or the endorse all checks, drafts, notes, and other items payable to or owned by
Account Holder for deposit with the Financial Inst payable at the Financial Institution.	itution, or for collection	or discount by the Financial Institution; and to accept drafts and other item
agreements and arrangements regarding the r	nanner, conditions, or	cute such other agreements, including, but not limited to, special depositor purposes for which funds, checks, or items of Account Holder may be us they deem reasonably necessary to carry out the provisions of these
amendment or revocation thereof shall have be	en delivered to and re ified and held harmles:	Agents shall be and remain in full force and effect until written notice of an eceived by the Financial Institution at each location where an account i s from any loss suffered or any liability incurred by it in continuing to act in tiems in process at the time notice is given.
Additional Provisions.		
The rights of Financial Institution under this need not accept this agreement for it to become		fition to any other rights Financial Institution may have. Financial Institution
This agreement is dated: 7/23/2009		
ACCOUNT HOLDER: WARREN COUNTY SCHOOL DISTRICT 185 HOSPITAL DR STE F WARREN, PA 16365		
By: Name and Title of Authorized Representative	e	

CERTIFICATE OF AUTHORITY

	For Depos	it Accounts		
Account Holder(s):		Financial Institution:		
WARREN COUNTY SCHOOL DISTRICT		NORTHWEST SAVINGS BANK 100 LIBERTY STREET		
185 HOSPITAL DR STE F WARREN, PA 16365	FUND	P.O. BOX 128		
LICIV	0.74 3	WARREN, PA 16365-		
SSN/TIN: 251157816		Account Number(s): 1026019206		
	al Institution, the persor	ationship between the above named Account Holder a for profit is signing below jointly and severally and on behalf of the Account Holder		
Account Holder. The Account Holder na	med above is the complet hich the Account Holder (e and correct name of the Account Holder. The following is a complete list loes business. The Account Holder filed assumed business name listings		
Assumed Name(s):	Filed With:	Date(s):		
	Account Holder, which m	at any one or more of its offices or branches, is designated as the Financia ay be withdrawn on checks, drafts, advices of debit, notes or other orders gnatures:		
	named partners, employe	es or designated individuals of the Account Holder ("Agents"), whose actua		
signatures are shown below:	Titles	Signatures		
KIMBERLY ANGOVE	PRESIDENT	X		
NORBERT KENNERKNECHT	TREASURER	*		
RUTH HUCK	SECRETARY	X.		
	OLONE MICH	X		
		X		
		X		
		X		
		x		
		x		
		X		
individual order of any Agent or Agents signing item drawn against any of the Account Holder's above or otherwise, even though drawn or endor of the individual obligation of such Agent or for d any obligation to inquire as to the circumstances application or disposition of such item or the pro-	the same. The Financial accounts with the Financial sed to the order of any Ageposit to the Agent's person of the issue or use of alceeds of the item. The same of the same of alceeds of the item. The same of the item.	or and pay the same whether or not they are payable to bearer or to the Institution is hereby directed to accept and pay without further inquiry any ial Institution bearing the signature or signatures of Agents, as authorized jent signing the same or tendered by such Agent for cashing or in paymen onal account, and the Financial Institution shall not be required or be unde my item signed in accordance with the resolutions contained herein, or the dorse all checks, drafts, notes, and other items payable to or owned by		
		r discount by the Financial Institution; and to accept drafts and other items		
The above named agents are authorized agreements and arrangements regarding the	manner, conditions, or p	te such other agreements, including, but not limited to, special depository surposes for which funds, checks, or items of Account Holder may be they deem reasonably necessary to carry out the provisions of these		
amendment or revocation thereof shall have b	een delivered to and red nified and held harmless	ogents shall be and remain in full force and effect until written notice of any elived by the Financial Institution at each location where an account is from any loss suffered or any liability incurred by it in continuing to act in tems in process at the time notice is given.		
Additional Provisions.				
The rights of Financial Institution under th need not accept this agreement for it to become		on to any other rights Financial Institution may have. Financial Institution		
This agreement is dated:	·			
ACCOUNT HOLDER: WARREN COUNTY SCHOOL DISTRICT 185 HOSPITAL DR STE F WARREN, PA 16365				
By: Name and Title of Authorized Representati	ve			