

CERTIFICATE OF AUTHORITY

For Deposit Accounts

Account Holder(s):

WARREN COUNTY SCHOOL DISTRICT
185 HOSPITAL DR STE F
WARREN, PA 16365

HOLDING AC

SSN/TIN: 251157816

Financial Institution:

NORTHWEST SAVINGS BANK
100 LIBERTY STREET
P.O. BOX 128
WARREN, PA 16365-

Account Number(s): 1026000495

IN CONSIDERATION OF the existing or proposed banking relationship between the above named Account Holder a ☒ for profit ☐ not for profit organization, and Financial Institution, the persons signing below jointly and severally and on behalf of the Account Holder represent to Financial Institution and agree with Financial Institution that:

Account Holder. The Account Holder named above is the complete and correct name of the Account Holder. The following is a complete list of all assumed business names, if any, under which the Account Holder does business. The Account Holder filed assumed business name listings with the following governmental entities on the indicated dates:

Assumed Name(s):	Filed With:	Date(s):

Signature Authorization. The Financial Institution named above, at any one or more of its offices or branches, is designated as the Financial Institution of and depository for the funds of the Account Holder, which may be withdrawn on checks, drafts, advices of debit, notes or other orders for the payment of monies bearing the following appropriate number of signatures:

Any 3 of the following named partners, employees or designated individuals of the Account Holder ("Agents"), whose actual 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 _____
		X _____

and that the Financial Institution shall be and is authorized to honor and pay the same whether or not they are payable to bearer or to the individual order of any Agent or Agents signing the same. The Financial Institution is hereby directed to accept and pay without further inquiry any item drawn against any of the Account Holder's accounts with the Financial Institution bearing the signature or signatures of Agents, as authorized above or otherwise, even though drawn or endorsed to the order of any Agent signing the same or tendered by such Agent for cashing or in payment of the individual obligation of such Agent or for deposit to the Agent's personal account, and the Financial Institution shall not be required or be under any obligation to inquire as to the circumstances of the issue or use of any item signed in accordance with the resolutions contained herein, or the application or disposition of such item or the proceeds of the item.

Agent's Authority. Any one of such Agents is authorized to endorse all checks, drafts, notes, and other items payable to or owned by Account Holder for deposit with the Financial Institution, or for collection or discount by the Financial Institution; and to accept drafts and other items payable at the Financial Institution.

The above named agents are authorized and empowered to execute such other agreements, including, but not limited to, special depository agreements and arrangements regarding the manner, conditions, or purposes for which funds, checks, or items of Account Holder may be deposited, collected, or withdrawn and to perform such other acts as they deem reasonably necessary to carry out the provisions of these resolutions.

Duration. The authority hereby conferred upon the above named Agents shall be and remain in full force and effect until written notice of any amendment or revocation thereof shall have been delivered to and received by the Financial Institution at each location where an account is maintained. Financial Institution shall be indemnified and held harmless from any loss suffered or any liability incurred by it in continuing to act in accordance with this authorization. Any such notice shall not affect any items in process at the time notice is given.

Additional Provisions.

The rights of Financial Institution under this agreement are in addition to any other rights Financial Institution may have. Financial Institution need not accept this agreement for it to become effective.

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

CERTIFICATE OF AUTHORITY

For Deposit Accounts

Account Holder(s):

WARREN COUNTY SCHOOL DISTRICT
185 HOSPITAL DR STE F
WARREN, PA 16365

FOOD SERVICE

SSN/TIN: 251157816

Financial Institution:

NORTHWEST SAVINGS BANK
100 LIBERTY STREET
P.O. BOX 128
WARREN, PA 16365-

Account Number(s): 1026005767

IN CONSIDERATION OF the existing or proposed banking relationship between the above named Account Holder a ☒ for profit ☐ not for profit organization, and Financial Institution, the persons signing below jointly and severally and on behalf of the Account Holder represent to Financial Institution and agree with Financial Institution that:

Account Holder. The Account Holder named above is the complete and correct name of the Account Holder. The following is a complete list of all assumed business names, if any, under which the Account Holder does business. The Account Holder filed assumed business name listings with the following governmental entities on the indicated dates:

Assumed Name(s):	Filed With:	Date(s):

Signature Authorization. The Financial Institution named above, at any one or more of its offices or branches, is designated as the Financial Institution of and depository for the funds of the Account Holder, which may be withdrawn on checks, drafts, advices of debit, notes or other orders for the payment of monies bearing the following appropriate number of signatures:

Any 3 of the following named partners, employees or designated individuals of the Account Holder ("Agents"), whose actual 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 _____
		X _____

and that the Financial Institution shall be and is authorized to honor and pay the same whether or not they are payable to bearer or to the individual order of any Agent or Agents signing the same. The Financial Institution is hereby directed to accept and pay without further inquiry any item drawn against any of the Account Holder's accounts with the Financial Institution bearing the signature or signatures of Agents, as authorized above or otherwise, even though drawn or endorsed to the order of any Agent signing the same or tendered by such Agent for cashing or in payment of the individual obligation of such Agent or for deposit to the Agent's personal account, and the Financial Institution shall not be required or be under any obligation to inquire as to the circumstances of the issue or use of any item signed in accordance with the resolutions contained herein, or the application or disposition of such item or the proceeds of the item.

Agent's Authority. Any one of such Agents is authorized to endorse all checks, drafts, notes, and other items payable to or owned by Account Holder for deposit with the Financial Institution, or for collection or discount by the Financial Institution; and to accept drafts and other items payable at the Financial Institution.

The above named agents are authorized and empowered to execute such other agreements, including, but not limited to, special depository agreements and arrangements regarding the manner, conditions, or purposes for which funds, checks, or items of Account Holder may be deposited, collected, or withdrawn and to perform such other acts as they deem reasonably necessary to carry out the provisions of these resolutions.

Duration. The authority hereby conferred upon the above named Agents shall be and remain in full force and effect until written notice of any amendment or revocation thereof shall have been delivered to and received by the Financial Institution at each location where an account is maintained. Financial Institution shall be indemnified and held harmless from any loss suffered or any liability incurred by it in continuing to act in accordance with this authorization. Any such notice shall not affect any items in process at the time notice is given.

Additional Provisions.

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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

CERTIFICATE OF AUTHORITY

For Deposit Accounts

Account Holder(s):

WARREN COUNTY SCHOOL DISTRICT
185 HOSPITAL DR STE F
WARREN, PA 16365

GEN FUND

SSN/TIN: 251157816

Financial Institution:

NORTHWEST SAVINGS BANK
100 LIBERTY STREET
P.O. BOX 128
WARREN, PA 16365-

Account Number(s): 1026019206

☐ IN CONSIDERATION OF the existing or proposed banking relationship between the above named Account Holder a ☒ for profit not for profit organization, and Financial Institution, the persons signing below jointly and severally and on behalf of the Account Holder represent to Financial Institution and agree with Financial Institution that:

Account Holder. The Account Holder named above is the complete and correct name of the Account Holder. The following is a complete list of all assumed business names, if any, under which the Account Holder does business. The Account Holder filed assumed business name listings with the following governmental entities on the indicated dates:

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Names	Titles	Signatures
KIMBERLY ANGOVE	PRESIDENT	X
NORBERT KENNERKNECHT	TREASURER	X
RUTH HUCK	SECRETARY	X
		X
		X
		X
		X
		X
		X
		X

and that the Financial Institution shall be and is authorized to honor and pay the same whether or not they are payable to bearer or to the individual order of any Agent or Agents signing the same. The Financial Institution is hereby directed to accept and pay without further inquiry any item drawn against any of the Account Holder's accounts with the Financial Institution bearing the signature or signatures of Agents, as authorized above or otherwise, even though drawn or endorsed to the order of any Agent signing the same or tendered by such Agent for cashing or in payment of the individual obligation of such Agent or for deposit to the Agent's personal account, and the Financial Institution shall not be required or be under any obligation to inquire as to the circumstances of the issue or use of any item signed in accordance with the resolutions contained herein, or the application or disposition of such item or the proceeds of the item.

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ACCOUNT HOLDER:

WARREN COUNTY SCHOOL DISTRICT
185 HOSPITAL DR STE F
WARREN, PA 16365

By: _____
Name and Title of Authorized Representative