

BOARD OF SARPY COUNTY AND CITIES WASTEWATER AGENCY

RESOLUTION APPOINTING THE CHAIR, VICE CHAIR AND TREASURER OF THE SARPY COUNTY AND CITIES WASTEWATER AGENCY AS AUTHORIZED OFFICERS TO DRAW DOWN FUNDS

WHEREAS, pursuant to the Interlocal Cooperation Act, set out at Neb. Rev. Stat. § 13-801 et seq., (hereinafter the “Act”), Sarpy County and the Cities of Papillion, Bellevue, Springfield, La Vista and Gretna entered into an agreement, (hereinafter the “Agency Formation Agreement”) and formed the interlocal agency called the Sarpy County and Cities Wastewater Agency (hereinafter the “Agency”); and,

WHEREAS, the Agency is a separate body corporate and politic under the Act; and,

WHEREAS, pursuant to Agency Formation Agreement, the powers of the Agency as a body are exercised by the Agency Board; and,

WHEREAS, pursuant to Section III of the Agency Formation Agreement, the Agency Board may establish such other Agency Board Officer duties beyond those specifically established therein as may deemed appropriate; and,

WHEREAS, the Agency Board deems it appropriate that certain Agency Board Officers be appointed as Authorized Officers authorized to draw down Agency funds and exercise the authorities as identified in the attached Entity Authorization.

NOW, THEREFORE, BE IT RESOLVED BY THE AGENCY BOARD that the Chair, Vice Chair and Treasurer shall be appointed as Authorized Officers authorized to draw down Agency funds and exercise the authorities as identified in the attached Entity Authorization.

The above Resolution was approved by a vote of the Sarpy County and Cities Wastewater Agency Board at a public meeting duly held in accordance with applicable law on the 27th day of February _____ 2018.


Sarpy County and Cities Wastewater
Agency Board Chairman

ENTITY AUTHORIZATION

ENTITY CERTIFICATIONS.

I, Don Kelly (Authorization Signer's name), certify that: I am a/the Chair (Authorization Signer's title) designated to act on behalf of Sarpy County and Cities Wastewater Agency (Authorizing Entity). Authorizing Entity is a Public Fund (type of entity, like a "non-profit" corporation) and its Taxpayer Identification Number 82-4177340. I am authorized and directed to execute an original or a copy of this Authorization to Financial Institution, and anyone else requiring a copy. Authorizing Entity is duly organized, validly existing and in good standing under the laws of Nebraska and is duly qualified, validly existing and in good standing in all jurisdictions where Authorizing Entity operates or owns or leases property. Authorizing Entity has the power and authority to provide this Authorization, to confer the powers granted in this Authorization and to carry on Authorizing Entity's business and activities as now conducted. The designated Agents have the power and authority to exercise the actions specified in this Authorization and Authorizing Entity properly adopted these authorizations and appointed the Agents and me to act on its behalf. Authorizing Entity will notify Financial Institution before reorganizing, merging, consolidating, recapitalizing, dissolving or otherwise materially changing ownership, management or organizational form. Authorizing Entity will be fully liable for failing to notify Financial Institution of these material changes.

N/A

XXX Authorizing Entity conducts business and other activities under the additional trade name or fictitious name of and Authorizing Entity has the legal power and authority to use this trade name or fictitious name. Authorizing Entity will not use any trade name or fictitious name without Financial Institution's prior written consent and will preserve Authorizing Entity's existing name, trade names, fictitious names and franchises.

GENERAL AUTHORIZATIONS. I certify Authorizing Entity authorizes and agrees that Pinnacle Bank is designated to provide Authorizaing Entity the financial accomodations indicated in this Authorization, subject to the Financial Institution's rules and regulations from time to time. All prior transactions obligating Authorizing Entity to Financial Institution by or on behalf of Authorizing Entity are ratified by execution of this Authorization. Any Agent, while acting on behalf of Authorizing Entity, is authorized, subject to any expressed restrictions, to make all other arrangements with Financial Instiution which are necessary for the effective exercise of the powers indicated within this Authorization. The signatures of the Agents are conclusive evidence of their authority to act on behalf of Authorizing Entity. Any revocation, modification or replacement of this Authorization must be accompanied by documentation, satisfactory to Financial Institution, establishing the authority for the change. Authorizing Entity agrees not to combine proceeds from collateral securing any debts owed to Financial Institution with unrelated funds.

SPECIFIC AUTHORIZATIONS. The following persons (Agents) are authorized to act on behalf of Authorizing Entity in fulfilling the purposes of this Authorization:

Table with 2 columns: Individual's Name, Title, & if applicable, Representative Entity's Name and Relationship to Authorizing Entity; Signature or Facsimile Signature. Rows include Amber Powers, Treasurer; Don Kelly, Chair; and Vice Chair.

Authorizing Entity has adopted any facsimile signatures indicated above. Financial Institution may rely on those facsimile signatures that resemble the specimens within this Authorization or the specimens that Authorizing Entity periodically files with Financial Institution, regardless of by whom or by what means the signatures were affixed.

Authorizing Entity authorizes and directs the designated Agents to act, as indicated, on Authorizing Entity's behalf to:
If more than one signature required indicate number of signatures by each power.

(Indicate a, b, c, d, e, f, g and/or h to exercise each specific power):

- 1 **A** Exercise all of the powers listed in this authorization.
- 2 Open or close any share or deposit accounts in Authorizing Entity's name, including, without limitation, accounts such as share draft, checking, savings, certificates of deposit or term share accounts, escrow, demand deposit, reserve, and overdraft line-of-credit accounts. Number of signatures required 1.
- 3 Enter into and execute any preauthorized electronic transfer agreements for automatic withdrawals, deposits or transfers initiated through an electronic ATM or point-of-sale terminal, telephone, computer or magnetic tape using an access device like an ATM or debit card, a code or other similar means. Number of signatures required 1.
- 4 Enter into and execute commercial wire transfer agreements that authorize transfers by telephone or other communication systems through the network chosen by Financial Institution. Number of signatures required 1.
- 5 Endorse for cash, deposit, negotiation, collection or discount by Financial Institution any and all deposit checks, drafts, certificates of deposit and other instruments and orders for the payment of money owned or held by Trust. Number of signatures required 1.
- 6 **B, C** Sign checks or orders for the payment of money, withdraw or transfer funds on deposit with you. Number of signatures required 1.
- 7 Enter into and execute a written night depository agreement, a lock-box agreement or a safe deposit box lease agreement. Number of signatures required 1.
- 8 Periodically amend, restructure, renew, extend, modify, substitute or terminate any agreements or arrangements with Financial Institution that relate to this Authorization. Number of signatures required 1.
- 9 Execute other agreements that Financial Institution may require, and perform or cause to be performed any further action necessary to carry out the purposes of this Authorization. Number of signatures required 1.
- 10 Other (specify) _____
Number of signatures required _____.

INTERPRETATION. Whenever used, the singular includes the plural and the plural includes the singular. The section headings are for convenience only and are not to be used to interpret or define the terms of this Authorization.

SIGNATURES. By signing, I certify and agree to the terms contained in this Authorization on behalf of Authorizing Entity on _____
_____. I also acknowledge receipt of a copy of this Authorization.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

AUTHORIZATION'S SIGNERS:

By: _____
Name **Amber Powers**

By: _____
Attest: Name **Don Kelly**

N/A

EFFECT ON PREVIOUS AUTHORIZATIONS This authorization supersedes authorization dated _____ . If not completed, all authorizations remain in effect.

FOR FINANCIAL INSTITUTION USE ONLY

Acct/Loan # _____ Authorization and agreement completed and effective _____
By JOANN CHECKSFIELD _____ for the Financial Institution.