

CAPITAL CITY BANK  
P O BOX 900  
TALLAHASSEE, FL 32302-0900  
(850) 402-7500

**OWNERSHIP OF ACCOUNT - CONSUMER PURPOSE** (Select one and initial):  
 Single-Party Account  Multiple-Party Account  
 Multiple-Party Account - Tenancy by the Entireties  
 Trust-Separate Agreement Dated: \_\_\_\_\_

**RIGHTS AT DEATH** (Select one and initial):  
 Single-Party Account  
 Single-Party Account With Pay-on-Death Designation (name beneficiaries below)  
 Multiple-Party Account With Right of Survivorship  
 Multiple-Party Account With Right of Survivorship and Pay-on-Death Designation (name beneficiaries below)  
 Multiple-Party Account Without Right of Survivorship

NAME OR NAMES OF BENEFICIARIES:

**OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE**  
 SOLE PROPRIETORSHIP  PARTNERSHIP  
 CORPORATION:  FOR PROFIT  NOT FOR PROFIT  
 LIMITED LIABILITY COMPANY  
 Public Funds  
BUSINESS: CIRCUIT COURT  
COUNTY & STATE OF ORGANIZATION: GADSDEN FL  
AUTHORIZATION DATED: 11/17/08

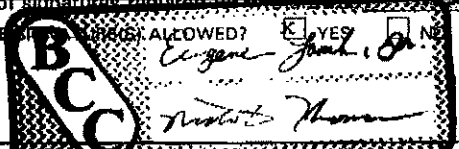
DATE OPENED 12/31/92 BY BERTA PEREZ  
INITIAL DEPOSIT \$ \_\_\_\_\_  CASH   
HOME TELEPHONE # (875) 000-0000  
BUSINESS PHONE # (850) 875-8660  
E-MAIL \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
Name and address of someone who will always know your location: \_\_\_\_\_

**BACKUP WITHHOLDING CERTIFICATIONS**  
TIN: 59-6000616  
 **TAXPAYER I.D. NUMBER** - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.  
 **BACKUP WITHHOLDING** - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.  
 **EXEMPT RECIPIENTS** - I am an exempt recipient under the Internal Revenue Service Regulations.  
**SIGNATURE:** I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).  
[Signature] 11/21/08  
(Date)

ACCOUNT NUMBER 6680838701

ZERO BALANCE ACCT  
**ACCOUNT OWNER(S) NAME & ADDRESS**  
GADSDEN COUNTY BOARD OF COUNTY COMM  
OF COUNTY COMMISSIONERS  
OPERATING ACCOUNT  
PO BOX 1649  
QUINCY FL 32353-1649  
Revised Date: 11/17/08  
CHANGE SIGNER

TYPE OF ACCOUNT  
 NEW  EXISTING  
 CHECKING  SAVINGS  
 MONEY MARKET  CERTIFICATE OF DEPOSIT  
 NOW   
This is your (check one):  
 Permanent  Temporary account agreement.

Number of documents required to verify credit history:  
FACSIMILE SIGNATURES ALLOWED?  YES  NO  
  
[X]

**SIGNATURE** \_\_\_\_\_  
I have read the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):  
 Truth in Savings  Funds Availability  Privacy  
 Electronic Fund Transfers  
 Terms & Conditions, Products & Services

(1): [X]  ]  
NICHOLAS THOMAS

I.D. # 267-91-0242 D.O.B. 12/10/65  
D.L. # T520-624-65-450-0 ChexSystems:

(2): [X]  ]  
EUGENE LAMB JR

I.D. # 266-58-0108 D.O.B. 08/04/47  
D.L. # L510-174-45-911 ChexSystems:

(3): [X] \_\_\_\_\_ ]  
I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_  
D.L. # \_\_\_\_\_ ChexSystems:

(4): [X] \_\_\_\_\_ ]  
I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_  
D.L. # \_\_\_\_\_ ChexSystems:

(4): [X] \_\_\_\_\_ ]  
I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_  
D.L. # \_\_\_\_\_ ChexSystems:

Convenience Account Agent (Single-Party Accounts Only)  
[X] \_\_\_\_\_ ]  
I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

**RESOLUTION FOR MACHINE SIGNED SIGNATURES**

CAPITAL CITY BANK  
P O BOX 900  
TALLAHASSEE, FL 32302-0900

By: GADSDEN COUNTY BOARD OF COUNTY COMM  
OF COUNTY COMMISSIONERS  
OPERATING ACCOUNT  
PO BOX 1649  
QUINCY FL 32353-1649

Referred to in this document as "Financial Institution" Referred to in this document as "Business Organization"

I, NICHOLAS THOMAS, Secretary of GADSDEN COUNTY BOARD OF COUNTY COMM (Business Organization) do hereby certify that at a REGULAR (regular, special) meeting of the governing body of the Business Organization, duly and regularly called, and held at the office of the Business Organization on the 17th day of NOVEMBER 08, there being a quorum of said parties present, the following resolution was unanimously passed as appears from the records of said Business Organization and is now in full force and effect.

RESOLVED, that Financial Institution, as a designated depository of this Business Organization be and it is hereby requested, authorized and directed to honor checks, drafts, or other orders for the payment of money drawn in this Business Organization's name, including those drawn to the individual order of any person or persons whose name or names appear thereon as signer or signers thereof, when bearing or purporting to bear the facsimile signature(s) of the following:

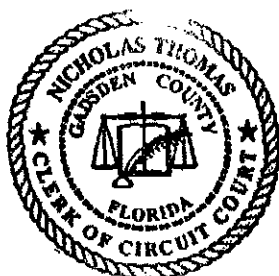
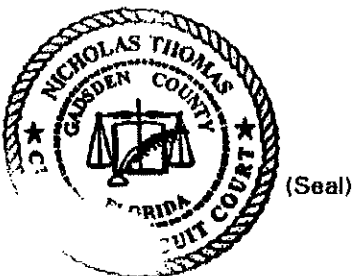
Eugene Lamb, Jr. 

*State whether such papers must bear one or more signatures.*

RESOLVED, that Financial Institution shall be entitled to honor and to charge this Business Organization for all such checks, drafts, or other orders regardless of by whom or by what means the facsimile signature or signatures thereon may have been affixed thereto, if such facsimile signature or signatures resemble the facsimile specimens duly certified to or filed with Financial Institution by the Secretary or other member of the governing body of this Business Organization.

BE IT FURTHER RESOLVED, that any and all resolutions heretofore adopted by the governing body of this Business Organization and certified to Financial Institution as governing the operation of this Business Organization's account(s) with it, be and are hereby continued in full force and effect except as the same may be supplemented or modified by the foregoing part of this resolution.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Secretary and have caused the seal of said Business Organization to be affixed hereunto this 21st day of November, 2008.



Nicholas Thomas  
Secretary

CAPITAL CITY BANK  
 P O BOX 900  
 TALLAHASSEE, FL 32302-0900  
 (850) 402-7500

ACCOUNT NUMBER 6680839501

ZERO BALANCE ACCT  
 ACCOUNT OWNER(S) NAME & ADDRESS

GADSDEN COUNTY BOARD OF COUNTY COMM  
 OF COUNTY COMMISSIONERS  
 PAYROLL ACCOUNT  
 PO BOX 1649  
 QUINCY FL 32353-1649

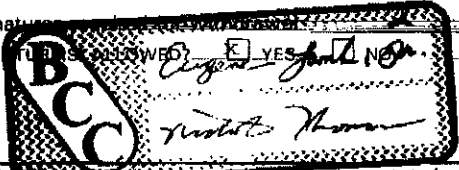
Revised Date: 11/17/08  
 CHANGE SIGNER

OWNERSHIP OF ACCOUNT - CONSUMER PURPOSE (Select one and initial):  
 Single-Party Account  Multiple-Party Account  
 Multiple-Party Account - Tenancy by the Entireties  
 Trust-Separate Agreement Dated: \_\_\_\_\_  
 \_\_\_\_\_

TYPE OF ACCOUNT  
 NEW  EXISTING  
 CHECKING  SAVINGS  
 MONEY MARKET  CERTIFICATE OF DEPOSIT  
 NOW  
 This is your (check one):  
 Permanent  Temporary account agreement.

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 Multiple-Party Account With Right of Survivorship  
 Multiple-Party Account With Right of Survivorship and Pay-on-Death Designation (name beneficiaries below)  
 Multiple-Party Account Without Right of Survivorship


NAME OR NAMES OF BENEFICIARIES:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


Number of signatures: \_\_\_\_\_  
 FACSIMILE SIGNATURES ALLOWED  YES  NO  
 [ X ] 

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE  
 SOLE PROPRIETORSHIP  PARTNERSHIP  
 CORPORATION:  FOR PROFIT  NOT FOR PROFIT  
 LIMITED LIABILITY COMPANY  
 Public Funds  
 BUSINESS: CIRCUIT COURT  
 COUNTY & STATE: GADSDEN FL  
 AUTHORIZATION DATED: 11/17/08

SIGNATURE(S) \_\_\_\_\_  
 The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):  
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DATE OPENED 12/31/92 BY BERTA PEREZ  
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 EMPLOYER \_\_\_\_\_  
 Name and address of someone who will always know your location: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


(1): [ X ]   
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 I.D. # 267-91-0242 D.O.B. 12/10/65  
 D.L. # T520-624-65-450-0 ChexSystems:

(2): [ X ]   
 EUGENE LAMB JR  
 I.D. # 266-58-0108 D.O.B. 08/04/47  
 D.L. # L510-174-45-911 ChexSystems:

(3): [ X ] \_\_\_\_\_  
 I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 D.L. # \_\_\_\_\_ ChexSystems:

(4): [ X ] \_\_\_\_\_  
 I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 D.L. # \_\_\_\_\_ ChexSystems:

Convenience Account Agent (Single-Party Accounts Only)  
 [ X ] \_\_\_\_\_  
 I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

BACKUP WITHHOLDING CERTIFICATIONS  
 TIN: 59-6000616  
 TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.  
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 SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).  
 11/21/08  
 (Date)

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✓ CAPITAL CITY BANK  
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OF COUNTY COMMISSIONERS  
PAYROLL ACCOUNT  
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Eugene Lamb, Jr. 

*State whether such papers must bear one or more signatures.*

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BE IT FURTHER RESOLVED, that any and all resolutions heretofore adopted by the governing body of this Business Organization and certified to Financial Institution as governing the operation of this Business Organization's account(s) with it, be and are hereby continued in full force and effect except as the same may be supplemented or modified by the foregoing part of this resolution.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Secretary and have caused the seal of said Business Organization to be affixed hereunto this 21st day of November, 2008.

  
Secretary

