



OREGON

Public Risk
Management Association

Date: February 14, 2011

To: State Farm Insurance

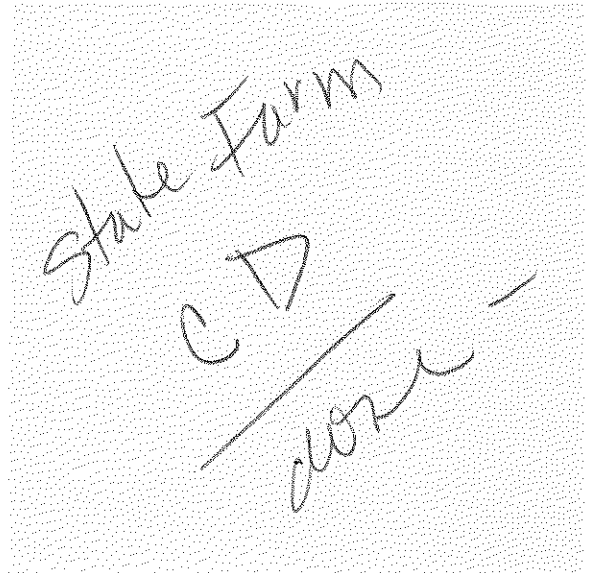
From: Sharon Harris;
Vice President Oregon Chapter PRIMA

Re: Account # 1013545548
Change of Officer Name and Address / addition of account signature

This request is to change the name and address for the Oregon PRIMA Treasurer from:

Sharon Harris
c/o City of Redmond
716 SW Evergreen Street
Redmond, OR 97756

To:
Gary Hales
OR PRIMA Treasurer
c/o Marion County
P.O. Box 14500
Salem, OR 97309



In addition to changing the name and address for all mail correspondence this request also adds Gary Hales as an additional signer for the OR PRIMA CD Account # 1013545548

Sharon Harris 2/14/11

ADD/REMOVE SIGNER(S)

1. Current signer initiating request

A. Request is initiated by phone:

1. Advise signer a letter of instruction on company letterhead signed by the current signer is required

2. Information needed in letter which can be faxed or mailed:

- a. Who is being added (if applicable)**
- b. Who is being removed (if applicable)**
- c. Physical address for any new signer(s)**
- d. Residential phone number**
- e. Date of Birth and Social for any new signer(s)**
- f. Security questions for any new signer(s)**

REQUEST CAN BE FAXED TO: (866) 323-3044

OR MAILED TO: PO Box 2316 Bloomington, IL 61702-2316

List of the 10 security questions for new signer. Responses to three questions are required to add a signer.

- What was the name of the city your mother was born in?**
- What was the last name of your first teacher?**
- What was the name of the company where you had your first job?**
- What was the make & model (example: Ford Mustang) of your first car?**
- What was the destination of your first airplane trip?**
- What is the middle name of your youngest brother or sister?**
- What was the last name of your first girlfriend/boyfriend?**
- What is the middle name of your oldest grandchild?**
- What was the name of your first pet?**
- What was the name of the street you lived on when you were born?**

State Farm Bank®

Home Office, Bloomington, Illinois 61710



P.O. Box 2316
Bloomington, Illinois 61702-2316

April 22, 2011

Oregon Chapter PRIMA
C/O Sharon Harris
716 SW Evergreen Ave
Redmond, Oregon 97756-2242

Re: State Farm Bank® Account No: 1013545548

Dear Customer(s):

We recently received a request to add signer Gary Hales and remove signer Sharon Harris. On 3/16/2011, we mailed you a resolution and signature card in order to complete your request. As of today, we have not received the requested documentation. Please be advised that your request was not completed and Sharon Harris remains on the account - Gary Hales does not have access. Also, we have changed the address back to the address referenced above because documents to finalize this request have not been received.

State Farm Bank® appreciates your business and looks forward to assisting you with your future financial needs. If you have any questions, please contact State Farm Bank toll-free at 1-877-SF4-BANK (1-877-734-2265).

Sincerely,

Business Accounts
State Farm Bank Operations Center

Oregon Chapter PRIMA
C/O Sharon Harris
716 SW Evergreen Ave
Redmond, Oregon 97756-2242



Bank

For Back Office Use Only

Account #

SSN# 38-3745420

Date:

RESOLUTION OF NONPROFIT ASSOCIATION OR ORGANIZATION

Authority to Open Account(s), to Deposit and Withdraw Funds

DATE: 05/08/2008

TO: NAME / ADDRESS OF FINANCIAL INSTITUTION

State Farm Bank
P.O. Box 2316
Bloomington IL 61702-2316

FROM: NAME / ADDRESS OF ASSOCIATION OR ORGANIZATION ("Organization")

Oregon Chapter PRIMA

716 SW Evergreen Ave
C/O Sharon Harris
Redmond OR 97756-2242

THIS IS TO CERTIFY THAT, I am the duly elected and qualified Secretary and keeper of the records of the above-named Organization and that the following is a true copy of this Resolution duly adopted by the officers of said Organization at a meeting held on the 8th day of May, 2008, at which a quorum was present, and that such Resolution is still in full force and effect and has not been amended or rescinded.

IT IS RESOLVED THAT:

Pursuant to authority contained in the By-Laws of said Organization the said officers have duly designated the above-named Financial Institution as a depository of the funds of said Organization. By virtue of said election, said By-Laws, and the designation aforesaid each of said officers is authorized to open and maintain a depository account or accounts of this Organization with Financial Institution, subject to the terms and conditions specified in the applicable Account Agreement(s), to deposit funds with said Financial Institution for the account of this Organization and to endorse in the name of this Organization checks, drafts or orders "for deposit only," and such endorsement may be written or stamped without designation of the officer making the endorsement.

The Financial Institution is authorized to pay out any funds at any time standing to the credit of this Organization with the Financial Institution and/or against any account of this Organization with the Financial Institution. The Financial Institution is authorized to honor any checks, drafts or orders drawn on said Financial Institution and signed in the name of this Organization by the officers listed below, including any checks, drafts or orders drawn to the individual order of any officer signing the name and/or tendered for deposit to the individual account of any such officer, until further written notice is received by Financial Institution.

Each of the undersigned officers are authorized for and on behalf of this Organization to open and have access to a safe deposit box or safe deposit boxes, subject to the terms and conditions specified in the applicable Lease(s).

The Secretary and keeper of the records of this Organization shall certify to the Financial Institution the names of the persons who are at present authorized to act on behalf of this Organization under this Resolution and shall from time to time hereafter, as changes in the personnel of said officers are made, immediately certify such changes to the Financial Institution. The Financial Institution shall be fully protected in relying on such certifications of the Secretary and shall be indemnified and held harmless from any claims, demands, expenses, loss or damage resulting from, or growing out of, honoring the signature of any officer so certified, or refusing to honor any signature not so certified.

This Resolution shall remain in full force and effect until written notice of its amendment shall have been received by the Financial Institution, and that receipt of such notice shall not affect any action taken by the Financial Institution prior thereto.

All transactions by any of the officers, employees or agents of this Organization on its behalf, and in its name, with the Financial Institution prior to the delivery to the Financial Institution of a certified copy of the foregoing Resolution is, in all respects, hereby ratified, confirmed, approved and adopted.

Unless specifically designated, each officer named whose signature appears below may sign without the other(s).

NOTE: Only the officer(s) authorized to make both deposits and withdrawals are to be listed below.

TITLE	NAME	SIGNATURE	NO. OF NECESSARY COUNTER SIGNATURES
	Sharon Harris		
		X	
		X	
		X	

SIGNATURES

The undersigned certifies that he/she is the Secretary and keeper of the above-named Organization and is authorized to make this certification on its behalf.

By X Its

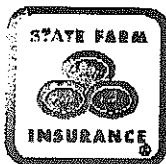
Attest:

President

Dwaine,
Please sign as
president and
4x
ST

Member
FDIC

Please Sign by ALL



Bank

For Back Office Use Only

Account # 1013545548

SSN#

Date:

CERTIFICATE OF TIME DEPOSIT APPLICATION

Non-negotiable and Non-Transferable

Application Date 09/07/2006

Account # 1013545548

NAME(S) / ADDRESS OF DEPOSITOR(S) Oregon Chapter PRIMA 101 NW A St Grants Pass OR 97526-2000			
TYPE OF ACCOUNT: ☐ Joint Tenancy with Right of Survivorship ☐ In Trust For (Payable on Death) - Beneficiary Name(s)		☒ Other	Renewal Type: automatically renewable
S.S.N./T.I.N. # 93-0929446		Term 1 Year Fixed Rate	
Requested Amount: \$ 5,000.00			

IN THE AMOUNT OF Five Thousand and zero cents DOLLARS.

☒ **FIXED RATE.** The deposit evidenced by this Certificate will earn an annual interest rate of 5.35 % Annual Percentage Yield 5.50 %

☐ **VARIABLE RATE.** The deposit evidenced by this Certificate will earn an interest rate based on the index indicated below as adjusted by the frequency indicated as "Adjustment Frequency". Initial Interest Rate _____ % Annual Percentage Yield _____ % Adjustment Frequency _____

First Adjustment Date _____ INDEX _____ Plus ☐ Minus ☐ a margin of _____ %

☐ The Interest Rate will not be ☐ increased to more than _____ % per annum ☐ decreased to less than _____ % per annum

☐ The Interest Rate will not change by more than _____ % per adjustment.

Interest Payment Frequency monthly which will be ☐ credited to account number _____ ☐ paid to depositor(s) by check ☒ added to principal of this Certificate. Interest will be compounded daily

☐ **ADDITIONAL DEPOSITS.** You can make additional deposits to this account during the term (except no additions can be made in the 7 day period before any maturity date). Additions will earn interest from the date we receive the deposit and will not change the maturity date or interest rate of this account. The minimum additional deposit to this account is \$100.

EARLY WITHDRAWAL PENALTY (if applicable): 90 days of interest, earned or not, on the amount withdrawn

☒ Grace Period 20 ☐ business ☒ calendar days. ☒ If this is an automatically renewable certificate which is withdrawn during the grace period, the interest rate for the grace period will be the same rate of interest that would have been paid on this Certificate if renewed. ☐ If this is not an automatically renewable certificate, the interest rate for the grace period will be the same rate as the current rate paid on a savings account.

TERMS AND CONDITIONS

- GENERAL TERMS.** Words or phrases preceded by a ☐ is applicable only if the ☐ is marked. Phrases containing a blank space which is not filled in or completed with an N/A, are not applicable.
- PAYMENT AT MATURITY.** The balance of the account is payable at maturity. If this is a joint account, payment is subject to the terms discussed in paragraph 3 below.
- JOINT ACCOUNT.** If the account is established as a joint tenancy with right of survivorship, on the death of one party named on the account, all sums from this account rest in and belong to the surviving party(ies) as his/her separate property and estate. State Farm Bank is under no obligation to permit withdrawals to anyone other than the persons described above.
- IN TRUST FOR OR PAYABLE ON DEATH ACCOUNT.** If this account is established as an In Trust For or Payable on Death account, in the absence of trust documents to the contrary, the trustee(s) may change the named beneficiary(ies) at any time by written direction to us and the trustee(s) may withdraw all or part of the account at any time, without the knowledge or consent of the beneficiaries, subject to the policies, procedures and regulations of State Farm Bank. All withdrawals shall constitute a revocation of this designation as to the amount withdrawn. Beneficiaries of this account cannot withdraw funds from the account unless: (1) all of the trustees die, and (2) the beneficiary is then living.
- INTEREST.** Withdrawal of principal or interest prior to maturity will affect the annual percentage yield. For any renewals of the Certificate, interest will be paid at the rate then in effect at State Farm Bank for similar deposits and any such renewals will be for a time period equal to the original term and subject to these terms and conditions.
- VARIABLE RATE.** If this is a Variable Rate Certificate of Deposit, the account disclosure provided more fully describes the method used to determine the rate of return.
- TRANSFERABILITY.** No right in, or title to the deposit on the certificate is transferable.
- GOVERNING LAWS.** All terms of this account are subject to the applicable present and future laws and regulations of the State of Illinois and of the United States or any agency or instrumentality of this State and the United States, and all rules, regulations and practices now and hereafter adopted by State Farm Bank with respect to this account.
- DEPOSITS/WITHDRAWALS PRIOR TO MATURITY.** Unless otherwise indicated above, after the account is opened, you may not make deposits into this account.
- EARLY WITHDRAWAL PENALTIES.** If State Farm Bank allows a withdrawal, either partial or total, each time it allows such a withdrawal, Depositor may be assessed an early withdrawal penalty as set forth above.
- AUTOMATICALLY RENEWABLE CERTIFICATES** renew automatically on the Maturity Date. If the deposit is withdrawn during the Grace Period set forth on the face of this document, We will not charge an early withdrawal penalty. Interest paid on the account during the Grace Period shall be that Grace Period interest described above.
- SINGLE MATURITY CERTIFICATES** are not automatically renewable and mature on the Maturity Date set forth on this document. Interest will be paid on the account after maturity for a period of 10 calendar days at the savings account rate then in effect for State Farm Bank. No interest will be paid on the account after the tenth day following maturity.

ACKNOWLEDGMENT

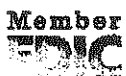
By making this deposit, the Depositor(s) agree(s) to the terms and Conditions stated above and has taken special notice of the discussion of Early Withdrawal Penalties which apply to this deposit included in the terms and Conditions. By signing below, Depositor(s) acknowledge(s) receipt of an Account Disclosure related to this Account.

[Signature]
DEPOSITOR SIGNATURE/DATE
Glyce J Stapleton

DEPOSITOR SIGNATURE/DATE

DEPOSITOR SIGNATURE/DATE

DEPOSITOR SIGNATURE/DATE



Account Number 1013545548
Account T.I.N. 93-0929446

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACKNOWLEDGMENT

By signing this document, the undersigned acknowledges that he/she is applying to open the type of account designated above and he/she agrees that such account, when opened by State Farm Bank® will be subject to and he/she agrees to be bound by the terms, conditions, disclosures and agreements set forth in State Farm Bank's Disclosures and Fee Schedule pamphlet (which will be provided separately), including, but not limited to State Farm Bank's Deposit Account Agreement, Funds Availability Policy, Truth In Savings Disclosure and Electronic Funds Transfer Customer Agreement. The undersigned agrees to contact State Farm Bank immediately upon receipt of the Disclosures and Fees Schedule pamphlet if he/she does not agree with its terms. If the type of account is a checking or NOW account, the undersigned acknowledges receipt of a copy of the State Farm Bank's Funds Availability Policy. If this account is in the name of a business entity the undersigned is acting on behalf of the business entity. If this account is designated as a joint account, the undersigned agree that they will be bound by the terms related to joint accounts in the Deposit Account Agreement. Further, Depositor authorizes State Farm Bank to obtain one or more consumer credit reports to determine Depositors eligibility.

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

I certify under penalties of perjury that the taxpayer identification number (TIN) provided is correct, I am a U.S. person (including a U.S. resident alien), and I am either exempt from backup withholding under Internal Revenue Service regulations, or I am not subject to backup withholding.

The above statement is true with the exception of:

- ☐ I am subject to backup withholding because of underreported interest and dividends.
- ☐ I have applied or will soon apply for a TIN. If one is not provided to this institution within 60 days from today, I will be subject to backup withholding.
- ☐ I am a Foreign Recipient and have provided this institution with the appropriate Form W-8 certification.

Taxpayer Identification Number: 93-0929446

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURES

1 No Signature Required

Oregon Chapter PRIMA
Sole Owner

Date

2

Ulyc Stapleton
Signed (RP)

Date

3

Date

4

Date

5

Date

6

Date



City of Redmond
Human Resources Department
716 SW Evergreen
P.O. Box 726
Redmond, Oregon 97756
Sharonh@ci.redmond.or.us

FAX

TO: Jessica
OF Business Accounts
FAX: State Farm Banks
PHONE: 309 / 994-0692
FROM: 309/ 994-5924
Sharon Harris
Oregon Chapter PRIMA
PAGES 2x (including cover sheet)
DATE: May 8, 2008
SUBJECT: New Tax ID number for Oregon Chapter PRIMA

1 year -
Sep 13th make
no penalty

prior to that
penalty amount
in

90 day on the
rules

5,000 → 63³⁰
2,000 → 21⁴⁴

Jessica,

copy
transfer 23 dup.

Following is a copy of notification from the IRS issuing Oregon Chapter PRIMA a new Employer Identification Number effective November 15, 2006.

Please change your records to the following EIN 38-374520

Please call me if you have any questions.

Thank you for your assistance

Sharon Harris
Oregon Chapter PRIMA – Treasurer
(541) 923-7738

877-734-2265
Business acct.

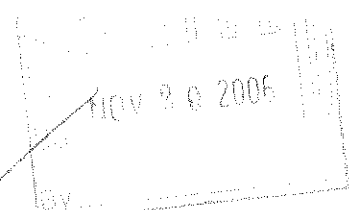
 IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

006644.338174.0019.001 1 MB 0.326 530




OREGON CHAPTER PRIMA
% ULYS STAPLETON
101 NW A ST
GRANTS PASS OR 97526

006644

 X
Date of this notice: 11-15-2006

Employer Identification Number:
38-3745420

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 38-3745420. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

To receive a ruling or a determination letter recognizing your organization as tax exempt, you should complete Form 1023 Revision 1024, Application for Recognition of Exemption at:

Internal Revenue Service
PO Box 192
Covington, KY 41012-0192

Publication 557, Tax Exempt for Your Organization, is available at most IRS offices or you can download this Publication from our Web site at www.irs.gov. This Publication has details on how you can apply.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear above on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

If you have questions, you can call or write to us at the phone number or address at the top of the first page of this notice. If you write, please tear off the stub at the end of this notice and send it along with your letter. Thank you for your cooperation.



Bank

12/1/07

COPIES 2

JUL 16 2007

June 28, 2007

1800-877-829-5500
7-10

OREGON CHAPTER PRIMA
OREGON CHAPTER PRIMA C/O ULYS STAPLETON
101 NW A ST
GRANTS PASS OR 97526-2000

Dear Sir or Madam:

During a recent audit of accounts we noted your business is classified as a Non-Profit Association or Organization. As a Non-Profit Association or Organization you may be exempt from reporting interest earnings to the Internal Revenue Service. If you have been determined by the IRS to be tax exempt and wish to suspend the reporting of your earned interest to the IRS we will need to update our records accordingly.

If you have been determined to be tax exempt please provide a copy of your Tax Exempt Letter of Determination from the IRS and sign the enclosed Tax-Exempt Affidavit for Non-Profit Organizations. If we do not receive these documents within 90 days we will report any 2007 or future interest earnings to the IRS and send a 1099-INT to you for your records.

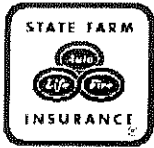
The reporting of interest will not change the tax status of your organization. Further tax reporting questions should be directed to your tax advisor.

State Farm® appreciates your business and looks forward to assisting you with your future financial needs. If you have any questions, please contact State Farm Bank toll-free at 1-877-SF4-BANK (1-877-734-2265) and ask to speak to a Business Specialist.

Thank you,

State Farm Bank
Operations Center

Let 800-994-0692
Business And assist
- (800-994-0692)
For all your
1-877-734-2265
Specialist



Bank[®]

TAX-EXEMPT AFFIDAVIT FOR NON-PROFIT ORGANIZATIONS

I, _____, being first duly sworn say that this organization has been determined by the Internal Revenue Service to be a tax-exempt organization and that this tax-exempt status has not been revoked or modified. A copy of the tax-exempt determination letter or ruling is enclosed. Furthermore, I or my delegate will promptly notify State Farm Bank[®] of any change in that tax-exempt status.

(Organization)

by _____
(Name/Title)

STATE OF _____
SS _____
COUNTY OF _____

On this _____ day of _____, personally appeared before me the above named affiant who made oath that the statements set forth and subscribed by the affiant are true to the affiant's best knowledge and belief.

(Seal)

Notary Public

My commission expires _____

**Member
FDIC**



Oregon PRIMA Board Meeting Minutes
May 11, 2007
Red Lion Inn
Salem, OR

Present: Sara Stevenson, Vice President Sharon Harris, Secretary
Val Saiki, Past President Nancy McDonald, Director
Ulys Stapleton, Treasurer Sharee Emmons, Director

Absent: Dwayne Kroening, President
Deane Bristow, Director
Marc Anderson, Director

The meeting was called to order by Vice President Sara Stevenson at 12:05 PM.

1. Minutes: Minutes from April meeting were reviewed Val made a motion to accept the minutes as written Sharon second, motion passes.

(Treasurers report was discussed after Item #4 Board Positions)

3. National PRIMA in Portland Oregon 2011: Vice President Stevenson gave an update on the National conference coming to Portland in 2011. At the National Board of Directors meeting on April 26th the Board approved Portland OR for the 2011 conference sight. Oregon Chapter agreed to give support for the conference. On behalf of the Washington Chapter May Sue Lindall from WA - PRIMA offered support for the conference as well.

4. Board Positions:

Ulys is retiring from City of Grants Pass effective May 31, 2007, so the Board needs to find a Treasurer. The Board held lots of discussion around the movement of Board Members. The Board reviewed the Bylaws which address that a member will "usually" fill an Officer position for two years. The Board discussed the current move of Treasurer and that other positions will need to be filled in January 2008. Val made a motion to move Sharon into the Treasurer position and Dean into the position of Secretary effective June 2007. Nancy second the motion, motion passes. The Board now currently has a vacant Director position. The Board can decide if they want to leave it vacant for the rest of 2007 or recruit for the position.

The Bylaws state that a letter of interest will be sent out to members in June to inquire about board interest and participation.

Action:

President Dwayne to decide if the vacant board position should be filled or remain vacant for rest of calendar year.

Membership committee can pursue recruitment of ORPRIMA members who might be interested in the open position. It would be good to have someone from the State and/or a School District.

Secretary to send out interest notification to OR-PRIMA members.

2. Treasurer's Report: Ulys reviewed the treasurer's report. One bill and a check came in after the last deposits that are not recorded on the handout. PRIMA roughly has around \$10,000+ dollars.

Sara made a motion to have a Resolution to have the following people valid signers on the PRIMA checking account:

Dwayne Kroening ORPRIMA President

Sara Stevenson ORPRIMA Vice President

Sharon Harris ORPRIMA Treasurer

Val second the motion, motion passes

Sharee made a motion to pass the Treasurer's report, Nancy second the motion, motion passes.

Action: Sara will Call Tiffany at Bank of Cascades and submit the signed document with the minutes to change signers.

5. Membership:

A) Membership discussion continued from April board meeting. The Board held a lot of discussion around membership rates/structure. The Board reviewed the difference between Affiliate, Associate and the Government rates; who are the members, the entity or the person. Sara gave some background on how the rate structure was originally created being molded after National PRIMA and the difference between the membership with National and the State chapter. The Board discussed if currently the Affiliate groups are paying for each individual or are they paying one fee for their group? Are the employees of the group paying a "member" rate at the conference? What are the benefits for more than one person from an organization to join? Is the cost difference at the conference worth the discounted rate? Etc. Currently there is a voting member and each additional member, but if other employees from the entity want to come to the conference the employees do not know if they are to pay the member rate or the non-member rate. At the 2006 conference there was confusion with an entity who wanted to bring several employees to the conference they felt the entity was the member and therefore wanted to sign all the employees up under the member rate. The board discussed a few rate options including how the largest entities such as the State of Oregon might pay versus a very small entity. After about 45 minutes of discussion it was decided that Sharon would send to the whole board some payment options for the government groups. The board did discuss a new flat rate for Affiliate membership of \$100 per Affiliate as the board does ask these groups for a donation at the time of the ORPRIMA Conference. Ulys moved that the Affiliate membership group would pay a flat rate of \$100 Sharon second the motion the motion passes.

B) Board briefly discussed the membership list, Val to get the CCIS list and submit to Marcene.

Action: Sharon to send to the Board some rate alternatives for consideration.

6. Fall Conference Salishan October 3-5, 2007:

Board discussed having the sessions from the Spring Conference on Wednesday instead of having a speaker on Diversity. By the sessions being on Wednesday those that attended the Spring Conference will not be hearing duplicate sessions. The Board also discussed potential sponsors and who might have contact information for them.

Board discussed what to do for the Thursday night event. Talked about having an ice cream social (have teams and build a sundae) or a hypnotist.

Action: Board members continue to make contact with potential speakers and make contact with sponsors.

7. Web Page Update:

No report

8. 2008 conference:

Discussion regarding securing a location for the 2008 conference location at the Bend River House.

Action: Marcene will check the availability.

9. OCCMA Conference

PRIMA/CCIS to host the same session as we had at the Spring Conference on Employee Theft.

10. Other:

- a) Ulys is retiring and will e-mail his letter of resignation to the board.
- b). There will be no meeting in June 2007

Val moved to adjourn the meeting at 3:00 Sharon second.
Next Meeting 12:00, July, Anthony's Restaurant
In the Big Green Box on Market St., Salem OR

Submitted by: Sharon Harris, OR-PRIMA Secretary



May 8, 2008

Oregon Chapter PRIMA
716 SW Evergreen Ave
C/O Sharon Harris
Redmond, OR 97756-2242

Re: State Farm Bank® Account Number 1013545548

Dear Customer:

We recently received your request to change the Tax – ID number on the above referenced account. The enclosed documents will need to be signed in order to complete your request. You can return the documents upon completion in the envelope provided. Also enclosed is a copy of the most recent statement that was sent to the previous account address. An account specific address has been added to your account to prevent this problem in the future.

State Farm® appreciates your business and looks forward to assisting you with your future financial needs. If you have any questions, please contact State Farm Bank toll-free at 1-877-SF4-BANK (1-877-734-2265) and ask to speak to a *Business Accounts Representative*.

Sincerely,

Jessica – PRAR
Business Accounts
State Farm Bank®



Bank

SIGNATURE CARD

☐ TEMPORARY

☒ REPLACEMENT

DATE 05/08/2008

State Farm Bank

P.O. Box 2316

Bloomington IL 61702-2316

ACCOUNT INFORMATION

TITLE OF ACCOUNT Oregon Chapter PRIMA

ACCOUNT NUMBER 1013545548

ACCOUNT T.I.N. 38-3745420

TYPE OF ACCOUNT Business Certificate of Deposit

OWNERSHIP TYPE SOLE/BUSINESS

INDIVIDUAL/BUSINESS #1 INFORMATION

NAME AND ADDRESS

Oregon Chapter PRIMA

716 SW Evergreen Ave

C/O Sharon Harris

Redmond, Oregon 97756-2242

Title/Capacity: Sole Owner

Tax ID Number: 38-3745420

Date of Birth:

ID Type:

ID Number:

Primary Phone: 541-660-9838

Secondary Phone:

E-Mail Address:

INDIVIDUAL #2 INFORMATION

NAME AND ADDRESS

Sharon Harris

761 SW Evergreen Ave

Redmond, Oregon 97756-2243

Title/Capacity: Signer (RP)

Tax ID Number: 000-00-0000

Date of Birth: 12/18/1962

ID Type:

ID Number:

Primary Phone: 541-923-7738

Secondary Phone:

E-Mail Address:

INDIVIDUAL #3 INFORMATION

NAME AND ADDRESS

Title/Capacity:

Tax ID Number:

Date of Birth:

ID Type:

ID Number:

Primary Phone:

Secondary Phone:

E-Mail Address:

INDIVIDUAL #4 INFORMATION

NAME AND ADDRESS

Title/Capacity:

Tax ID Number:

Date of Birth:

ID Type:

ID Number:

Primary Phone:

Secondary Phone:

E-Mail Address:

INDIVIDUAL #5 INFORMATION

NAME AND ADDRESS

Title/Capacity:

Tax ID Number:

Date of Birth:

ID Type:

ID Number:

Primary Phone:

Secondary Phone:

E-Mail Address:

INDIVIDUAL #6 INFORMATION

NAME AND ADDRESS

Title/Capacity:

Tax ID Number:

Date of Birth:

ID Type:

ID Number:

Primary Phone:

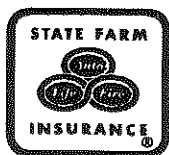
Secondary Phone:

E-Mail Address:



SIGNATURE REQUIRED ON REVERSE SIDE





Bank™

For Back Office Use Only

Account #

SSN# 38-3745420

Date:

RESOLUTION OF NONPROFIT ASSOCIATION OR ORGANIZATION

Authority to Open Account(s), to Deposit and Withdraw Funds

DATE: 05/08/2008

TO: NAME / ADDRESS OF FINANCIAL INSTITUTION

State Farm Bank
P.O. Box 2316
Bloomington IL 61702-2316

FROM: NAME / ADDRESS OF ASSOCIATION OR ORGANIZATION ("Organization")

Oregon Chapter PRIMA

716 SW Evergreen Ave
C/O Sharon Harris
Redmond OR 97756-2242

THIS IS TO CERTIFY THAT, I am the duly elected and qualified Secretary and keeper of the records of the above-named Organization and that the following is a true copy of this Resolution duly adopted by the officers of said Organization at a meeting held on the 8th day of May, 2008, at which a quorum was present, and that such Resolution is still in full force and effect and has not been amended or rescinded.

IT IS RESOLVED THAT:

Pursuant to authority contained in the By-Laws of said Organization the said officers have duly designated the above-named Financial Institution as a depository of the funds of said Organization. By virtue of said election, said By-Laws, and the designation aforesaid each of said officers is authorized to open and maintain a depository account or accounts of this Organization with Financial Institution, subject to the terms and conditions specified in the applicable Account Agreement(s), to deposit funds with said Financial Institution for the account of this Organization and to endorse in the name of this Organization checks, drafts or orders "for deposit only," and such endorsement may be written or stamped without designation of the officer making the endorsement.

The Financial Institution is authorized to pay out any funds at any time standing to the credit of this Organization with the Financial Institution and/or against any account of this Organization with the Financial Institution. The Financial Institution is authorized to honor any checks, drafts or orders drawn on said Financial Institution and signed in the name of this Organization by the officers listed below, including any checks, drafts or orders drawn to the individual order of any officer signing the name and/or tendered for deposit to the individual account of any such officer, until further written notice is received by Financial Institution.

Each of the undersigned officers are authorized for and on behalf of this Organization to open and have access to a safe deposit box or safe deposit boxes, subject to the terms and conditions specified in the applicable Lease(s).

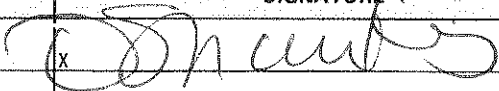
The Secretary and keeper of the records of this Organization shall certify to the Financial Institution the names of the persons who are at present authorized to act on behalf of this Organization under this Resolution and shall from time to time hereafter, as changes in the personnel of said officers are made, immediately certify such changes to the Financial Institution. The Financial Institution shall be fully protected in relying on such certifications of the Secretary and shall be indemnified and held harmless from any claims, demands, expenses, loss or damage resulting from, or growing out of, honoring the signature of any officer so certified, or refusing to honor any signature not so certified.

This Resolution shall remain in full force and effect until written notice of its amendment shall have been received by the Financial Institution, and that receipt of such notice shall not affect any action taken by the Financial Institution prior thereto.

All transactions by any of the officers, employees or agents of this Organization on its behalf, and in its name, with the Financial Institution prior to the delivery to the Financial Institution of a certified copy of the foregoing Resolution is, in all respects, hereby ratified, confirmed, approved and adopted.

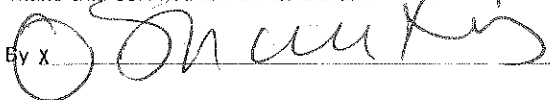
Unless specifically designated, each officer named whose signature appears below may sign without the other(s).

NOTE: Only the officer(s) authorized to make both deposits and withdrawals are to be listed below.

TITLE	NAME	SIGNATURE	NO. OF NECESSARY COUNTER SIGNATURES
	Sharon Harris		
		X	
		X	
		X	
		X	

SIGNATURES

The undersigned certifies that he/she is the Secretary and keeper of the above-named Organization's official records, and is duly authorized to make this certification on its behalf.

By X 

Its

Attest: 
X
President

Member
FDIC

Please Sign by ALL 3 Circles!



Account Number 1013545548
Account T.I.N. 38-3745420

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACKNOWLEDGMENT

By signing this document, the undersigned acknowledges that he/she is applying to open the type of account designated above and he/she agrees that such account, when opened by State Farm Bank® will be subject to and he/she agrees to be bound by the terms, conditions, disclosures and agreements set forth in State Farm Bank's *Disclosures and Customer Agreements and Pricing Schedule for Consumer and Business Deposit Accounts* pamphlets (which will be provided separately), including, but not limited to State Farm Bank's Deposit Account Agreement, Funds Availability Policy, Truth In Savings Disclosure and Electronic Funds Transfer Customer Agreement. The undersigned agrees to contact State Farm Bank immediately upon receipt of the *Disclosures and Customer Agreements and Pricing Schedule for Consumer and Business Deposit Accounts* pamphlets if he/she does not agree with the terms. If the type of account is a checking or NOW account, the undersigned acknowledges receipt of a copy of the State Farm Bank's Funds Availability Policy. If this account is in the name of a business entity the undersigned is acting on behalf of the business entity. If this account is designated as a joint account, the undersigned agree that they will be bound by the terms related to joint accounts in the Deposit Account Agreement. Further, Depositor authorizes State Farm Bank to obtain one or more consumer credit reports to determine Depositors eligibility.

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

I certify under penalties of perjury that the taxpayer identification number (TIN) provided is correct, I am a U.S. person (including a U.S. resident alien), and I am either exempt from backup withholding under Internal Revenue Service regulations, or I am not subject to backup withholding.

The above statement is true with the exception of:

- ☐ I am subject to backup withholding because of underreported interest and dividends.
- ☐ I have applied or will soon apply for a TIN. If one is not provided to this institution within 60 days from today, I will be subject to backup withholding.
- ☐ I am a Foreign Recipient and have provided this institution with the appropriate Form W-8 certification.

Taxpayer Identification Number: 38-3745420

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

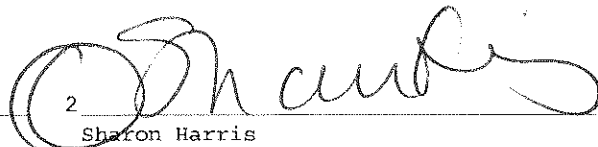
SIGNATURES

1 No Signature Required

Oregon Chapter PRIMA
Sole Owner

Date

2



Sharon Harris
Signer (RP)

Date

3

Date

4

Date

5

Date

6

Date



City of Redmond
Human Resources Department
716 SW Evergreen
P.O. Box 726
Redmond, Oregon 97756
Sharonh@ci.redmond.or.us

FAX

TO:	Jessica
OF	State Farm Bank
FAX:	309 / 994-0692
PHONE:	
FROM:	Sharon Harris
	Director of Human Resources / Risk Management
PAGES	10 (including cover sheet)
DATE:	March 6, 2008
SUBJECT:	Oregon Chapter PRIMA



Following is the documentation faxed to me along with some supporting documentation regarding the change of duties of Treasurer including the minutes (item #4) and the original document signed by Ulys Stapleton.

Thank you

SF Bank Fax Cover Sheet

Page 1 of 1



Facsimile Cover Sheet

Business

State Farm®

To: Sharon

Date: 03/06/08

From: Jessica - PRAR

Telephone number:

FAX number:
541-923-7736

Total pages:

The information contained in this facsimile message is intended for the sole use of the individual(s) named above. If you are not an intended recipient listed above, you are hereby notified that any disclosure, duplication, or distribution of this information or the taking of any action in reliance on the contents of this

transmission, without the express written consent of State Farm is **STRICTLY PROHIBITED**. If you have received this transmission in error, please notify us immediately by telephone, so we can arrange for the return of this material at no cost to you.

From: Bank Response Center

Office: Bloomington, IL

Telephone: 877-SF4-BANK

Fax: 309-763-9541

☐ Urgent ☒ For Review ☐ Please Comment ☐ For Reply ☐ Please Recycle

Message:

Sharon,

The following form has the new information needed for adding a new signer on the account. Upon completing the form if you could please fax or mail them back along with the meeting minutes to provide proof of the change of Treasurer. Once we have received those documents we can make the necessary changes in our system. After we have made those changes we can fax or mail the new forms to your business.

Thank you,

USPS Mailing Address:

PO Box 2316

Bloomington, IL 61702-2316

Routing #071174431

Non-USPS Overnight Delivery

Corporate South N-4

3 State Farm Plaza

Bloomington, IL 61791

Process for Changing Signers

We will need a letter signed by an authorized signer in order to make the changes. This letter will need to state who to delete and who to add to the account. Make sure all accounts numbers are on the request. We need the new signers name, address, phone, date of birth and 3 security questions. The signer must choose 3 questions from below. Please send this back with the request. You may need to ~~make sure all accounts numbers are on the request.~~

Name-



CITY OF REDMOND

Address-

Sharon T. Harris
Director of Human Resources
and Risk Management

Phone number

716 SW Evergreen
~~Redmond, OR 97756~~
Redmond, OR 97756

Phone: (541) 923-7738
Fax: (541) 923-7736
sharonh@ci.redmond.or.us

Date of Birth

12/18/42

Security Questions

We must have 3 answered

What was the name of the street you lived on when you were born?

What was the name of your 1st pet?

What is the middle name of your oldest grandchild?

What was the name of the Company where you had your 1st job?What was the last name of your 1st teacher?What was the destination of your 1st Airplane trip?

What is the middle name of your youngest sibling? Michael

What was the last name of your 1st Girlfriend/boyfriend?What was the make and model of your 1st car? Subaru

What city was your mother born in? Portland

Oregon PRIMA Board Meeting Minutes
May 11, 2007
Red Lion Inn
Salem, OR

Present: Sara Stevenson, Vice President Sharon Harris, Secretary
Val Saiki, Past President Nancy McDonald, Director
Ulys Stapleton, Treasurer Sharee Emmons, Director

Absent: Dwayne Kroening, President
Deane Bristow, Director
Marc Anderson, Director

The meeting was called to order by Vice President Sara Stevenson at 12:05 PM.

1. Minutes: Minutes from April meeting were reviewed Val made a motion to accept the minutes as written Sharon second, motion passes.

(Treasurers report was discussed after Item #4 Board Positions)

3. National PRIMA in Portland Oregon 2011: Vice President Stevenson gave an update on the National conference coming to Portland in 2011. At the National Board of Directors meeting on April 26th the Board approved Portland OR for the 2011 conference sight. Oregon Chapter agreed to give support for the conference. On behalf of the Washington Chapter May Sue Lindall from WA - PRIMA offered support for the conference as well.

4. Board Positions:

Ulys is retiring from City of Grants Pass effective May 31, 2007, so the Board needs to find a Treasurer. The Board held lots of discussion around the movement of Board Members. The Board reviewed the Bylaws which address that a member will "usually" fill an Officer position for two years. The Board discussed the current move of Treasurer and that other positions will need to be filled in January 2008. Val made a motion to move Sharon into the Treasurer position and Dean into the position of Secretary effective June 2007. Nancy second the motion, motion passes. The Board now currently has a vacant Director position. The Board can decide if they want to leave it vacant for the rest of 2007 or recruit for the position.

The Bylaws state that a letter of interest will be sent out to members in June to inquire about board interest and participation.

Action:

President Dwayne to decide if the vacant board position should be filled or remain vacant for rest of calendar year.

Membership committee can pursue recruitment of ORPRIMA members who might be interested in the open position. It would be good to have someone from the State and/or a School District.

Secretary to send out interest notification to OR-PRIMA members.

2. Treasurer's Report: Ulys reviewed the treasurer's report. One bill and a check came in after the last deposits that are not recorded on the handout. PRIMA roughly has around \$10,000+ dollars.

Sara made a motion to have a Resolution to have the following people valid signers on the PRIMA checking account:

Dwayne Kroening ORPRIMA President

Sara Stevenson ORPRIMA Vice President

Sharon Harris ORPRIMA Treasurer

Val second the motion, motion passes

Sharee made a motion to pass the Treasurer's report, Nancy second the motion, motion passes.

Action: Sara will Call Tiffany at Bank of Cascades and submit the signed document with the minutes to change signers.

5. Membership:

A) Membership discussion continued from April board meeting. The Board held a lot of discussion around membership rates/structure. The Board reviewed the difference between Affiliate, Associate and the Government rates; who are the members, the entity or the person. Sara gave some background on how the rate structure was originally created being molded after National PRIMA and the difference between the membership with National and the State chapter. The Board discussed if currently the Affiliate groups are paying for each individual or are they paying one fee for their group? Are the employees of the group paying a "member" rate at the conference? What are the benefits for more than one person from an organization to join? Is the cost difference at the conference worth the discounted rate? Etc. Currently there is a voting member and each additional member, but if other employees from the entity want to come to the conference the employees do not know if they are to pay the member rate or the non-member rate. At the 2006 conference there was confusion with an entity who wanted to bring several employees to the conference they felt the entity was the member and therefore wanted to sign all the employees up under the member rate. The board discussed a few rate options including how the largest entities such as the State of Oregon might pay versus a very small entity. After about 45 minutes of discussion it was decided that Sharon would send to the whole board some payment options for the government groups. The board did discuss a new flat rate for Affiliate membership of \$100 per Affiliate as the board does ask these groups for a donation at the time of the ORPRIMA Conference. Ulys moved that the Affiliate membership group would pay a flat rate of \$100 Sharon second the motion the motion passes.

B) Board briefly discussed the membership list, Val to get the CCIS list and submit to Marcene.

Action: Sharon to send to the Board some rate alternatives for consideration.

6. Fall Conference Salishan October 3-5, 2007:

Board discussed having the sessions from the Spring Conference on Wednesday instead of having a speaker on Diversity. By the sessions being on Wednesday those that attended the Spring Conference will not be hearing duplicate sessions. The Board also discussed potential sponsors and who might have contact information for them.

Board discussed what to do for the Thursday night event. Talked about having an ice cream social (have teams and build a sundae) or a hypnotist.

Action: Board members continue to make contact with potential speakers and make contact with sponsors.

7. Web Page Update:

No report

8. 2008 conference:

Discussion regarding securing a location for the 2008 conference location at the Bend River House.

Action: Marcene will check the availability.

9. OCCMA Conference

PRIMA/CCIS to host the same session as we had at the Spring Conference on Employee Theft.

10. Other:

- a) Ulys is retiring and will e-mail his letter of resignation to the board.
- b). There will be no meeting in June 2007

Val moved to adjourn the meeting at 3:00 Sharon second.
Next Meeting 12:00, July, Anthony's Restaurant
In the Big Green Box on Market St., Salem OR

Submitted by: Sharon Harris, OR-PRIMA Secretary



09/07/2006

Oregon Chapter PRIMA
 101 NW A St
 Grants Pass OR 97526-2000

Re: 1013545548 - Bus CD - 1 Year

Thank you for choosing State Farm Bank®. Enclosed is the documentation necessary to complete the application process.

Please verify that all forms are completed, signed and dated before returning.

- Signature Card - This card documents the signature of the account owner(s) and authorized signers and serves as authorization for the account. It also contains a Taxpayer Identification Number Certification. The government requires verification of your tax status. If the primary account owner is subject to backup withholding, or is a Foreign Recipient, please check the appropriate box.
- Depending on the type of account and services requested, additional forms may be required, and are enclosed, if applicable.
- Please enclose your check, money order, or cashier's check made payable to yourself. On the back of the deposit item, please write "For Deposit Only - State Farm Bank". Below that write your account number listed above. Below your account number, endorse the deposit item with your signature. If you are funding an IRA account with funds from a direct rollover or transfer, a check is not needed. The mailing address for the forms and deposit is: State Farm Bank, P.O. Box 2316, Bloomington, IL 61702-2316

Upon account approval, you will receive the items below within 7 to 10 business days. Some items may be received separately or may not be applicable to your account.

- Receipt for Deposit and Disclosures and Fee Schedule
- Checks, Deposit tickets and Withdrawal tickets
- Postage paid envelope to use for your next deposit. You may request additional postage paid envelopes by calling the Bank.
- ATM card or Check Card. The Personal Identification Number (PIN) will be mailed separately.
- Internet Password.

If you have any questions, please contact State Farm Bank® toll-free at 1-877-SF4BANK (1-877-734-2265).

We appreciate your business and look forward to helping you secure your financial future.

Enclosures

Member
FDIC

Compliance Systems, Inc. 2003, 2004
 ITEM 43809LO (0410)




Bank
SIGNATURE CARD

State Farm Bank

P.O. Box 2316

Bloomington IL 61702-2316

☐ TEMPORARY

☐ REPLACEMENT

DATE 09/07/2006

ACCOUNT INFORMATION

TITLE OF ACCOUNT Oregon Chapter PRIMA

ACCOUNT NUMBER 1013545548

ACCOUNT T.I.N. 93-0929446

TYPE OF ACCOUNT Bus CD - 1 Year

OWNERSHIP TYPE SOLE/BUSINESS

INDIVIDUAL/BUSINESS #1 INFORMATION

NAME AND ADDRESS

Oregon Chapter PRIMA

Tax ID Number: 93-0929446

Date of Birth:

ID Type:

ID Number:

Primary Phone: 541-660-9838

Secondary Phone:

E-Mail Address:

~~101 NW A St~~ 716 SW Evergreen
~~Grants Pass, Oregon 97526-2000~~ Redmond OR
 Title/Capacity: Sole Owner 97754

INDIVIDUAL #2 INFORMATION

NAME AND ADDRESS

Tlyc J Stapleton

Tax ID Number: 541-58-8395

Date of Birth: 08/11/1949

ID Type:

ID Number:

Primary Phone: 541-474-6360

Secondary Phone:

E-Mail Address:

~~2075 Allen Creek Rd~~ 716 SW Evergreen
~~Grants Pass, Oregon 97527-5723~~ Redmond OR
 Title/Capacity: Signer (RP) 97754

INDIVIDUAL #3 INFORMATION

NAME AND ADDRESS

Tax ID Number:

Date of Birth:

ID Type:

ID Number:

Primary Phone:

Secondary Phone:

E-Mail Address:

Title/Capacity:

INDIVIDUAL #4 INFORMATION

NAME AND ADDRESS

Tax ID Number:

Date of Birth:

ID Type:

ID Number:

Primary Phone:

Secondary Phone:

E-Mail Address:

Title/Capacity:

INDIVIDUAL #5 INFORMATION

NAME AND ADDRESS

Tax ID Number:

Date of Birth:

ID Type:

ID Number:

Primary Phone:

Secondary Phone:

E-Mail Address:

Title/Capacity:

INDIVIDUAL #6 INFORMATION

NAME AND ADDRESS

Tax ID Number:

Date of Birth:

ID Type:

ID Number:

Primary Phone:

Secondary Phone:

E-Mail Address:

Title/Capacity:



SF Bank Fax Cover Sheet

Page 1 of 1



Facsimile Cover Sheet

Business

State Farm®

To: Sharon Harris,

Date: 04/08/08

From: Jessica

Telephone number:

FAX number:

Total pages:

541-923-7736

The information contained in this facsimile message is intended for the sole use of the individual(s) named above. If you are not an intended recipient listed above, you are hereby notified that any disclosure, duplication, or distribution of this information or the taking of any action in reliance on the contents of this

transmission, without the express written consent of State Farm is **STRICTLY PROHIBITED**. If you have received this transmission in error, please notify us immediately by telephone, so we can arrange for the return of this material at no cost to you.

From: Bank Response Center

Office: Bloomington, IL

Telephone: 877-SF4-BANK

Fax: 309-763-9541

☐ Urgent ☒ For Review ☐ Please Comment ☐ For Reply ☐ Please Recycle

Message:

Sharon,

The following are the documents with the corrected information printed. If you have any other questions please feel free to contact me at 309-994-5924.

Thank you,

Jessica - PRAR

Business Accounts

State Farm Bank(r)

USPS Mailing Address:

PO Box 2316

Bloomington, IL 61702-2316

Routing #071174431

Non-USPS Overnight Delivery

Corporate South N-4

3 State Farm Plaza

Bloomington, IL 61791



Bank

RESOLUTION OF NONPROFIT ASSOCIATION OR ORGANIZATION

Authority to Open Account(s), to Deposit and Withdraw Funds

For Back Office Use Only

Account #

SSN# 93-0929446

Date:

DATE: 04/08/2008

TO: NAME / ADDRESS OF FINANCIAL INSTITUTION	FROM: NAME / ADDRESS OF ASSOCIATION OR ORGANIZATION ("Organization")
State Farm Bank P.O. Box 2316 Bloomington IL 61702-2316	Oregon Chapter PRIMA 716 SW Evergreen Ave C/O Sharon Harris Redmond OR 97756-2242

THIS IS TO CERTIFY THAT, I am the duly elected and qualified Secretary and keeper of the records of the above-named Organization and that the following is a true copy of this Resolution duly adopted by the officers of said Organization at a meeting held on the 8th day of April, 2008, at which a quorum was present, and that such Resolution is still in full force and effect and has not been amended or rescinded.

IT IS RESOLVED THAT:

Pursuant to authority contained in the By-Laws of said Organization the said officers have duly designated the above-named Financial Institution as a depository of the funds of said Organization. By virtue of said election, said By-Laws, and the designation aforesaid each of said officers is authorized to open and maintain a depository account or accounts of this Organization with Financial Institution, subject to the terms and conditions specified in the applicable Account Agreement(s), to deposit funds with said Financial Institution for the account of this Organization and to endorse in the name of this Organization checks, drafts or orders "for deposit only," and such endorsement may be written or stamped without designation of the officer making the endorsement.

The Financial Institution is authorized to pay out any funds at any time standing to the credit of this Organization with the Financial Institution and/or against any account of this Organization with the Financial Institution. The Financial Institution is authorized to honor any checks, drafts or orders drawn on said Financial Institution and signed in the name of this Organization by the officers listed below, including any checks, drafts or orders drawn to the individual order of any officer signing the name and/or tendered for deposit to the individual account of any such officer, until further written notice is received by Financial Institution.

Each of the undersigned officers are authorized for and on behalf of this Organization to open and have access to a safe deposit box or safe deposit boxes, subject to the terms and conditions specified in the applicable Lease(s).

The Secretary and keeper of the records of this Organization shall certify to the Financial Institution the names of the persons who are at present authorized to act on behalf of this Organization under this Resolution and shall from time to time hereafter, as changes in the personnel of said officers are made, immediately certify such changes to the Financial Institution. The Financial Institution shall be fully protected in relying on such certifications of the Secretary and shall be indemnified and held harmless from any claims, demands, expenses, loss or damage resulting from, or growing out of, honoring the signature of any officer so certified, or refusing to honor any signature not so certified.

This Resolution shall remain in full force and effect until written notice of its amendment shall have been received by the Financial Institution, and that receipt of such notice shall not affect any action taken by the Financial Institution prior thereto.

All transactions by any of the officers, employees or agents of this Organization on its behalf, and in its name, with the Financial Institution prior to the delivery to the Financial Institution of a certified copy of the foregoing Resolution is, in all respects, hereby ratified, confirmed, approved and adopted.

Unless specifically designated, each officer named whose signature appears below may sign without the other(s).

NOTE: Only the officer(s) authorized to make both deposits and withdrawals are to be listed below.

TITLE	NAME	SIGNATURE	NO. OF NECESSARY COUNTER SIGNATURES
	Sharon Harris		
		X	
		X	
		X	
		X	

SIGNATURES

The undersigned certifies that he/she is the Secretary and keeper of the above-named Organization's official records, and is duly authorized to make this certification on its behalf.

By Its _____

Attest:

President

Member
FDIC

Please Sign by ALL 3 Circles!





Bank

SIGNATURE CARD

State Farm Bank

P.O. Box 2316

Bloomington IL 61702-2316

☐ TEMPORARY☒ REPLACEMENT

DATE: 04/08/2008

ACCOUNT INFORMATION

TITLE OF ACCOUNT Oregon Chapter PRIMA

ACCOUNT NUMBER 1013545548

ACCOUNT T.I.N. 93-0929446

TYPE OF ACCOUNT Business Certificate of Deposit

OWNERSHIP TYPE SOLE/BUSINESS

INDIVIDUAL/BUSINESS #1 INFORMATION

NAME AND ADDRESS

Oregon Chapter PRIMA

716 SW Evergreen Ave

C/O Sharon Harris

Redmond, Oregon 97756-2242

Title/Capacity: Sole Owner

Tax ID Number: 93-0929446

Date of Birth:

ID Type:

ID Number:

Primary Phone: 541-660-9838

Secondary Phone:

E-Mail Address:

INDIVIDUAL #2 INFORMATION

NAME AND ADDRESS

Sharon Harris

761 SW Evergreen Ave

Redmond, Oregon 97756-2243

Title/Capacity: Signer (RP)

Tax ID Number: 000-00-0000

Date of Birth: 12/18/1962

ID Type:

ID Number:

Primary Phone: 541-923-7738

Secondary Phone:

E-Mail Address:

INDIVIDUAL #3 INFORMATION

NAME AND ADDRESS

Title/Capacity:

Tax ID Number:

Date of Birth:

ID Type:

ID Number:

Primary Phone:

Secondary Phone:

E-Mail Address:

INDIVIDUAL #4 INFORMATION

NAME AND ADDRESS

Title/Capacity:

Tax ID Number:

Date of Birth:

ID Type:

ID Number:

Primary Phone:

Secondary Phone:

E-Mail Address:

INDIVIDUAL #5 INFORMATION

NAME AND ADDRESS

Title/Capacity:

Tax ID Number:

Date of Birth:

ID Type:

ID Number:

Primary Phone:

Secondary Phone:

E-Mail Address:

INDIVIDUAL #6 INFORMATION

NAME AND ADDRESS

Title/Capacity:

Tax ID Number:

Date of Birth:

ID Type:

ID Number:

Primary Phone:

Secondary Phone:

E-Mail Address:



SIGNATURE REQUIRED ON REVERSE SIDE



Account Number 1013545548

Account T.I.N. 93-0929446

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACKNOWLEDGMENT

By signing this document, the undersigned acknowledges that he/she is applying to open the type of account designated above and he/she agrees that such account, when opened by State Farm Bank® will be subject to and he/she agrees to be bound by the terms, conditions, disclosures and agreements set forth in State Farm Bank's *Disclosures and Customer Agreements and Pricing Schedule for Consumer and Business Deposit Accounts* pamphlets (which will be provided separately), including, but not limited to State Farm Bank's Deposit Account Agreement, Funds Availability Policy, Truth In Savings Disclosure and Electronic Funds Transfer Customer Agreement. The undersigned agrees to contact State Farm Bank immediately upon receipt of the *Disclosures and Customer Agreements and Pricing Schedule for Consumer and Business Deposit Accounts* pamphlets if he/she does not agree with the terms. If the type of account is a checking or NOW account, the undersigned acknowledges receipt of a copy of the State Farm Bank's Funds Availability Policy. If this account is in the name of a business entity the undersigned is acting on behalf of the business entity. If this account is designated as a joint account, the undersigned agree that they will be bound by the terms related to joint accounts in the Deposit Account Agreement. Further, Depositor authorizes State Farm Bank to obtain one or more consumer credit reports to determine Depositors eligibility.

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

I certify under penalties of perjury that the taxpayer identification number (TIN) provided is correct, I am a U.S. person (including a U.S. resident alien), and I am either exempt from backup withholding under Internal Revenue Service regulations, or I am not subject to backup withholding.

The above statement is true with the exception of:

- ☐ I am subject to backup withholding because of underreported interest and dividends.
- ☐ I have applied or will soon apply for a TIN. If one is not provided to this institution within 60 days from today, I will be subject to backup withholding.
- ☐ I am a Foreign Recipient and have provided this institution with the appropriate Form W-8 certification.

Taxpayer Identification Number: 93-0929446

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURES

1 No Signature Required

Oregon Chapter PRIMA

Sole Owner

Date

2

Sharon Harris

Signer (RP)

Date

3

Date

4

Date

5

Date

6

Date



Bank

RESOLUTION OF NONPROFIT ASSOCIATION OR ORGANIZATION

Authority to Open Account(s), to Deposit and Withdraw Funds

For Back Office Use Only

Account #

SSN# 93-0929446

Date:

DATE: 03/07/2008

TO: NAME / ADDRESS OF FINANCIAL INSTITUTION

State Farm Bank
P.O. Box 2316
Bloomington IL 61702-2316

FROM: NAME / ADDRESS OF ASSOCIATION OR ORGANIZATION ("Organization")

Oregon Chapter PRIMA

Oregon Chapter Prima C/O Ulys Stapleton
101 NW A St
Grants Pass OR 97526-2000

THIS IS TO CERTIFY THAT, I am the duly elected and qualified ~~Secretary~~ ^{Treasurer} and keeper of the records of the above-named Organization and that the following is a true copy of this Resolution duly adopted by the officers of said Organization at a meeting held on the 7th day of March, 2008, at which a quorum was present, and that such Resolution is still in full force and effect and has not been amended or rescinded.

IT IS RESOLVED THAT:

Pursuant to authority contained in the By-Laws of said Organization the said officers have duly designated the above-named Financial Institution as a depository of the funds of said Organization. By virtue of said election, said By-Laws, and the designation aforesaid each of said officers is authorized to open and maintain a depository account or accounts of this Organization with Financial Institution, subject to the terms and conditions specified in the applicable Account Agreement(s), to deposit funds with said Financial Institution for the account of this Organization and to endorse in the name of this Organization checks, drafts or orders "for deposit only," and such endorsement may be written or stamped without designation of the officer making the endorsement.

The Financial Institution is authorized to pay out any funds at any time standing to the credit of this Organization with the Financial Institution and/or against any account of this Organization with the Financial Institution. The Financial Institution is authorized to honor any checks, drafts or orders drawn on said Financial Institution and signed in the name of this Organization by the officers listed below, including any checks, drafts or orders drawn to the individual order of any officer signing the name and/or tendered for deposit to the individual account of any such officer, until further written notice is received by Financial Institution.

Each of the undersigned officers are authorized for and on behalf of this Organization to open and have access to a safe deposit box or safe deposit boxes, subject to the terms and conditions specified in the applicable Lease(s).

The Secretary and keeper of the records of this Organization shall certify to the Financial Institution the names of the persons who are at present authorized to act on behalf of this Organization under this Resolution and shall from time to time hereafter, as changes in the personnel of said officers are made, immediately certify such changes to the Financial Institution. The Financial Institution shall be fully protected in relying on such certifications of the Secretary and shall be indemnified and held harmless from any claims, demands, expenses, loss or damage resulting from, or growing out of, honoring the signature of any officer so certified, or refusing to honor any signature not so certified.

This Resolution shall remain in full force and effect until written notice of its amendment shall have been received by the Financial Institution, and that receipt of such notice shall not affect any action taken by the Financial Institution prior thereto.

All transactions by any of the officers, employees or agents of this Organization on its behalf, and in its name, with the Financial Institution prior to the delivery to the Financial Institution of a certified copy of the foregoing Resolution is, in all respects, hereby ratified, confirmed, approved and adopted.

Unless specifically designated, each officer named whose signature appears below may sign without the other(s).

NOTE: Only the officer(s) authorized to make both deposits and withdrawals are to be listed below.

TITLE	NAME	SIGNATURE	NO. OF NECESSARY COUNTER SIGNATURES
	Sharon Harris	X	
		X	
		X	
		X	

SIGNATURES

The undersigned certifies that he/she is the Secretary and keeper of the above-named Organization's official records, and is duly authorized to make this certification on its behalf.

By X

Treasurer

Attest:

X

President

Secretary

Member
FDIC



El Paso BRC Facsimile Cover Sheet

Page 1 of 2



*Give correct
Tax #*

B/SNP

Facsimile Cover Sheet

Business

State Farm®

To: David Wise

Date: 09-07-2006

From: State Farm Bank

Telephone number:

FAX number:

Total pages:

541-476-2231

6

The information contained in this facsimile message is intended for the sole use of the individual(s) named above. If you are not an intended recipient listed above, you are hereby notified that any disclosure, duplication, or distribution of this information or the taking of any action in reliance on the contents of this

transmission, without the express written consent of State Farm is **STRICTLY PROHIBITED**. If you have received this transmission in error, please notify us immediately by telephone, so we can arrange for the return of this material at no cost to you.

From: Bank Response Center

Office: El Paso, TX

Telephone: 877-SF4-BANK

Fax: 309-763-9541

☐ Urgent ☐ For Review ☐ Please Comment ☐ For Reply ☐ Please Recycle

Message:

Dave, please these are the forms that need to be signed, and returned back to the bank. Please have Mr. Stapleton include one of the following: Certificate of Registration from the Secretary of State; Letter of Determination from the IRS; Tax Exempt document from the IRS; or Renewal Notice from the Secretary of State. A resolution must be sent along with the documents as well. If the organization does not have a Resolution, Mr. Stapleton is more than welcome to use the Resolution form that is provided by State Farm Bank. I thank you for the opportunity to server you this evening. Have a great evening!

- Diana QLJ0 -

Non-USPS Overnight Delivery
Corporate South N-4
3 State Farm Plaza
Bloomington, IL 61791

USPS Mailing Address:
PO Box 2316
Bloomington, IL 61702-2316

Routing #071174431

*state Farm Bank -
Fax 309-944-0692*



006161 / 002894

P.O. Box 2316, Bloomington, Illinois 61702-2316

002894
OREGON CHAPTER PRIMA
101 NW A ST
GRANTS PASS OR 97526-2000

Consolidated Account Statement



Page 1 of 3

Statement Date

October 30, 2007

Looking for a no-hassle, no annual fee credit card with lots of benefits? Apply for a State Farm Bank® Visa® today. Enjoy great benefits - like online access anytime, worldwide Visa acceptance and no annual fees. College students can enjoy these benefits too with our credit card designed especially for students. Contact your State Farm® agent, call 1-877-SF4-BANK (1-877-734-2265) or visit statefarm.com to find out more.



For questions about your account(s), please contact us toll free at 1-877-SF4-BANK (1-877-734-2265).



Your Accounts at a Glance

Account Description	Account Number	Balance Amount
Your balances on 10-30-2007		
1-Year Business CD	1013545548	5,295.96



Business Certificates of Deposit

1-Year Business CD

Account Number: 1013545548

Maturity Date 09-13-2008



CITY OF REDMOND

Sharon T. Harris
Director of Human Resources
and Risk Management

716 SW Evergreen
PO Box 726
Redmond, OR 97756

Phone: (541) 923-7738
Fax: (541) 923-7736
sharonh@ci.redmond.or.us



CITY OF REDMOND

716 SW Evergreen Ave.
Redmond, OR 97756

Phone: (541) 923-7710
Fax: (541) 548-0706
info@ci.redmond.or.us
www.ci.redmond.or.us

March 05, 2008

Mr. David Wise
State Farm Insurance
598 NE E St
Grants Pass, OR 977526

Dear David:

I am writing this letter to request that the OR-PRIMA account number 1013545548 records be updated. I have taken over the Treasurer role from Ulys Stapleton per item number 4 on the attached PRIMA board meeting minutes dated May 11, 2007. Please update our account to reflect this change in addition to the change of mailing address noted on the account signature card, also attached.

If I need to complete a new signature card please fax me the appropriate paperwork and I will promptly fax it back to your office. If I need to complete the paperwork in person, would it be possible do so through a local State Farm Representative?

I can be reached at 541-923-7738 if you have any questions or need any additional information.

Thank you for your help in updating our account information.

Sincerely,

Sharon Harris
OR-PRIMA Treasurer

David
Wise
FAX
541-476-2281

101 NW A ST
Grants Pass OR 97526
541-474-6360
541-479-0812 Fax

City of Grants Pass

Fax

To: David Wise, State Farm	From: Ulys Stapleton
Fax: 541-476-2281	pages Cover only
Phone:	Date: 2/20/2007
Re: New tax ID Number	CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

● Comments: OR-PRIMA Account # 1013545548, has a new tax ID Number, 38-3745420. Please contact me if you have any questions.

**THIS FAX CONTAINS CONFIDENTIAL MATERIALS
INTENDED ONLY FOR THE ADDRESSEE.**

The information in this facsimile communication is privileged and/or confidential information intended for the use of the individual or entity named above. If the reader of this cover page is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of the communication, or the information contained in this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone, and return this facsimile to us at the above address via the US postal service. Thank you.



Customer Service

- ◆ ***If you have any questions about your statement or would like to include some or all of your other accounts with State Farm Bank on one statement, please call us at the toll-free number listed below. (Car leases and Home Mortgage Loans can not be included.)***
- ◆ ***Call us toll free at 1-877-SF4-BANK (1-877-734-2265) for any questions about your account.***
- ◆ ***Send deposits or other correspondence to:***
State Farm Bank
P.O. Box 2316
Bloomington, IL 61702-2316
- ◆ ***For information about additional bank products, contact your agent or visit our website at statefarm.com®.***



Reclassification

Effective immediately, for regulatory and accounting purposes we may classify checking accounts as two sub-accounts: a checking sub-account and a savings sub-account. For interest bearing checking accounts, we calculate and pay interest at the same rate and in the same way on both sub-accounts. For non-interest bearing accounts, we do not pay interest on either sub-account. Subject to applicable law, we may transfer funds between these sub-accounts. We record the sub-accounts and any transfers between them on our internal accounting records only. The sub-accounts are subject to the same terms as the checking and savings accounts described in your Disclosures and Customer Agreements. This process will not affect the interest you may earn, FDIC insurance protection, or your monthly statement.

In Case of Errors or Questions About Your Electronic Transfers

Contact us toll free at 1-877-SF4-BANK (1-877-734-2265) or the address listed on page one of this statement. If you think your statement or receipt is wrong or if you need more information about your transfer on the statement or receipt, please contact us as soon as possible. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number.
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, or 20 business days for point of sale transactions, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.





March 31, 2008

Oregon Chapter PRIMA
C/O Sharon Harris
716 SW Evergreen Ave
Redmond, OR 97756-2242

Re: State Farm Bank® Account No(s): 1013545548

Dear Customer(s):

We recently received a request to remove Ulys Stapleton and add Sharon Harris as an authorized signer on the account. On March 7th, 2008, we mailed you new account documents in order to complete your request. As of today, we have not received the requested documentation. Please be advised that your request has not been completed at this time. If we do not receive a response by April 11th, 2008 Ulys Stapleton will be added back onto the account and Sharon Harris will not be added to the account.

State Farm® appreciates your business and looks forward to assisting you with your future financial needs. If you have any questions, please contact State Farm Bank toll-free at 1-877-SF4-BANK (1-877-734-2265) or you may reach me directly at 1-309-994-5924 between the hours of 9:00 a.m. - 5:15 p.m., central time, Monday - Friday.

Sincerely,

Jessica – PRAR
Business Accounts
State Farm Bank®



Bank

SIGNATURE CARD

State Farm Bank
P.O. Box 2316
Bloomington IL 61702-2316

☐ TEMPORARY ☒ REPLACEMENT

DATE 03/07/2008

ACCOUNT INFORMATION

TITLE OF ACCOUNT Oregon Chapter PRIMA

ACCOUNT NUMBER 1013545548
ACCOUNT T.I.N. 93-0929446

TYPE OF ACCOUNT Business Certificate of Deposit
OWNERSHIP TYPE SOLE/BUSINESS

INDIVIDUAL/BUSINESS #1 INFORMATION

NAME AND ADDRESS

Oregon Chapter PRIMA
Oregon Chapter Prima C/O Ulys Stapleton
101 NW A St
Grants Pass, Oregon 97526-2000
Title/Capacity: Sole Owner

Tax ID Number: 93-0929446
Date of Birth:
ID Type:
ID Number:
Primary Phone: 541-660-9838
Secondary Phone:
E-Mail Address:

INDIVIDUAL #2 INFORMATION

NAME AND ADDRESS

Sharon Harris

761 SW Evergreen Ave
Redmond, Oregon 97756-2243
Title/Capacity: Signer (RP)

Tax ID Number: 000-00-0000
Date of Birth: 12/18/1962
ID Type:
ID Number:
Primary Phone: 541-923-7738
Secondary Phone:
E-Mail Address:

INDIVIDUAL #3 INFORMATION

NAME AND ADDRESS

Title/Capacity:

Tax ID Number:
Date of Birth:
ID Type:
ID Number:
Primary Phone:
Secondary Phone:
E-Mail Address:

INDIVIDUAL #4 INFORMATION

NAME AND ADDRESS

Title/Capacity:

Tax ID Number:
Date of Birth:
ID Type:
ID Number:
Primary Phone:
Secondary Phone:
E-Mail Address:

INDIVIDUAL #5 INFORMATION

NAME AND ADDRESS

Title/Capacity:

Tax ID Number:
Date of Birth:
ID Type:
ID Number:
Primary Phone:
Secondary Phone:
E-Mail Address:

INDIVIDUAL #6 INFORMATION

NAME AND ADDRESS

Title/Capacity:

Tax ID Number:
Date of Birth:
ID Type:
ID Number:
Primary Phone:
Secondary Phone:
E-Mail Address:



SIGNATURE REQUIRED ON REVERSE SIDE



Bank of the Cascades
Keizer Branch
5120 River Rd N
Keizer, OR 97303
(877) 617-3400

OWNERSHIP OF ACCOUNT - PERSONAL PURPOSE

- ☐ INDIVIDUAL ☐ _____
☐ JOINT - WITH SURVIVORSHIP (and not as tenants in common)
☐ JOINT - NO SURVIVORSHIP (as tenants in common)
☐ TRUST - SEPARATE AGREEMENT: _____

☐ REVOCABLE TRUST OR ☐ PAY-ON-DEATH
DESIGNATION AS DEFINED IN THIS AGREEMENT
Name and Address of Beneficiaries: _____

COPY

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

- ☐ SOLE PROPRIETORSHIP
☒ CORPORATION: ☐ FOR PROFIT ☒ NOT FOR PROFIT
☐ PARTNERSHIP
☐ _____

BUSINESS: _____
COUNTY & STATE _____
OF ORGANIZATION: _____
AUTHORIZATION DATED: _____

DATE OPENED 01/18/01 BY JASON MOONEY
INITIAL DEPOSIT \$ _____
☐ CASH ☐ CHECK ☐ _____
HOME TELEPHONE # _____
BUSINESS PHONE # _____
DRIVER'S LICENSE # _____
E-MAIL _____
EMPLOYER _____
MOTHER'S MAIDEN NAME _____
Name and address of someone who will always know your location: _____

BACKUP WITHHOLDING CERTIFICATIONS

TIN: 38-3745420
☒ **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).

X _____ (Date)

ACCOUNT NUMBER 12002603

ACCOUNT OWNER(S) NAME & ADDRESS

OREGON CHAPTER PRIMA
C/O GARY HALES
PO BOX 14500
SALEM OR 97309

Revised Date: 11/17/10
CHANGED SIGNERS

☐ NEW ☒ EXISTING
TYPE OF ACCOUNT ☒ CHECKING ☐ SAVINGS
☐ MONEY MARKET ☐ CERTIFICATE OF DEPOSIT
☐ NOW ☐ _____

This is your (check one): Business Ckg w/Int
☒ Permanent ☐ Temporary account agreement.

Number of signatures required for withdrawal 1
FACSIMILE SIGNATURE(S) ALLOWED? ☐ YES ☒ NO

[X]

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):

- ☒ Deposit Account ☒ Funds Availability ☐ Truth in Savings
☐ Electronic Fund Transfers ☒ Privacy ☐ Substitute Checks
☐ _____

(1): [X] GARY HALES

I.D. # _____ D.O.B. _____

(2): [X]

I.D. # _____ D.O.B. _____

(3): [X]

I.D. # _____ D.O.B. _____

(4): [X]

I.D. # _____ D.O.B. _____

☐ Agent (Individual Accounts Only)

[X]

I.D.# _____ D.O.B. _____