

OLIVEHURST PUBLIC UTILITY DISTRICT

RESOLUTION NO. 2132

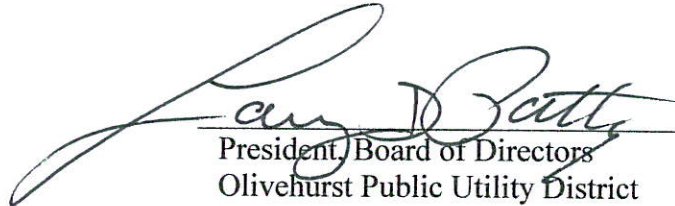
**A RESOLUTION ADOPTING
WASHINGTON MUTUAL BANK, FA, PUBLIC ENTITY RESOLUTION**

BE IT RESOLVED AS FOLLOWS:

The Board of Directors of the Olivehurst Public Utility District finds it necessary to adopt Washington Mutual Bank, FA, public entity resolution (Exhibit A).

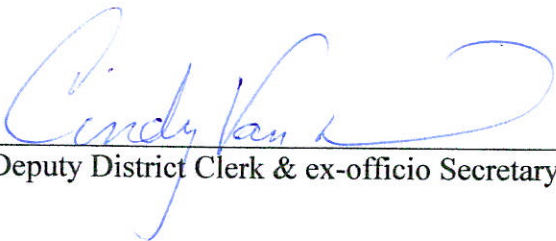
PASSED AND ADOPTED THIS 21st DAY OF SEPTEMBER 2006.

OLIVEHURST PUBLIC UTILITY DISTRICT




President, Board of Directors
Olivehurst Public Utility District

ATTEST:



Deputy District Clerk & ex-officio Secretary

APPROVE AS TO FORM AND LEGAL
SUFFICIENCY

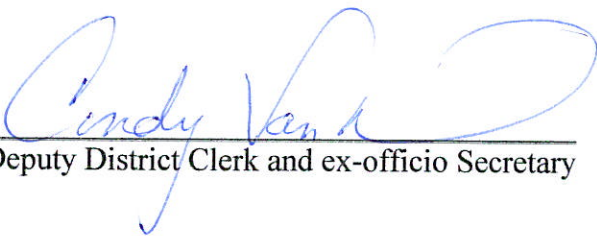


Legal Counsel

* * * * *

I hereby certify that the foregoing is a full, true and correct copy of a Resolution duly adopted and passed by the Board of Directors of the Olivehurst Public Utility District, Yuba County, California, at a meeting thereof held on the 21st day of September 2006, by the following vote:

AYES, AND IN FAVOR THEREOF:		Director Carpenter, Hollis, Miller, and Patty.
NOES	:	None.
ABSTAIN	:	None.
ABSENT	:	Director Morrison.


Deputy District Clerk and ex-officio Secretary



Washington Mutual Bank fsb
 Washington Mutual Bank, FA

PUBLIC ENTITY RESOLUTION

ACCOUNT NUMBER 0861-00004112956	DATE 8/23/2006
ACCOUNT TITLE(S) OLIVEHURST PUBLIC UTILITY DISTRICT	

I, _____, do hereby certify that I am the _____ of the public entity whose name appears above, and I also hereby certify that the board of directors or equivalent governing board of this public entity, by unanimous consent, or at a meeting duly and regularly held on _____ adopted a resolution of authority, a true copy of which is set forth below and which has been duly recorded and appears in the minute book of the public entity and has not been altered, amended, or revoked:

RESOLVED that with the Bank noted above, or if none noted, any bank which is a subsidiary of Washington Mutual, Inc (such bank being referred to herein as "Bank") is hereby selected as depository for funds of the public entity, and that such funds may be withdrawn on receipts, checks, drafts or similar order signed in the public entity's name by, or other written, verbal or electronic instruction of, any one of the following authorized person(s):

Name(s):	Title(s):
<u>LUCINDA VAN METER</u>	<u>SIGNATOR</u>
<u>TIMOTHY SHAW</u>	<u>SIGNATOR</u>
<u>BETSY MACAULEY</u>	<u>SIGNATOR</u>
_____	_____
_____	_____

RESOLVED FURTHER that this authority shall extend to and include the authority of any one of the authorized person(s) to transfer or withdraw all or part of said funds, withdraw funds payable to his/her or their order, or to bearer, and to negotiate, endorse and obtain payment or credit on orders or drafts payable to this public entity as payee or endorsee, without liability on the part of the Bank. Any one of the authorized person(s), on behalf of this public entity may open and deposit funds into any account, including without limit, a time deposit, at the Bank. Endorsements for deposits on behalf of the public entity may be supplied by Bank or made by rubber stamp or may be otherwise applied and shall bind the public entity with the same effect as though signed by the properly authorized person(s).

RESOLVED FURTHER that the authorized persons are empowered to act in all matters relating to such account, including without limit, execute any and all documents and agreements required by the Bank and to perform other acts reasonably necessary to carry out any agreement between this public entity and Bank and such shall be binding on this public entity and such public entity shall be subject to the terms and conditions of such agreements as the Bank may require, to the bylaws, rules and regulations of the Bank governing account and to any amendments, modifications or additions thereto from time to time in effect.

RESOLVED FURTHER that funds deposited with the Bank may be withdrawn pursuant to telephone, electronic or other instructions from any agent or person purporting to be an agent of this public entity, so long as such funds are transferred to an account at the Bank in the name of this public entity regardless of the authorized signers on such account(s), or pursuant to electronic, telephone or automated instruction using a personal identification number or password.

RESOLVED FURTHER that Bank is authorized to act without further inquiry in accordance with any instruction regarding such funds and account received from any one or more of the persons authorized to act hereby. This authority shall continue in full force and effect until written notice is received by Bank and Bank has had a reasonable opportunity to act on such notice.

RESOLVED FURTHER that all prior resolutions relating to any of the above matters are hereby revoked. This authority shall continue until notice in writing of its revocation shall have been given to and received by the Bank. All transactions which would have been authorized by this resolution but were taken prior to it are hereby ratified.

In Testimony whereof, I am the duly authorized officer or director of this public entity as indicated below; the foregoing is a true and correct copy of the resolution adopted by the Board or Directors of said public entity, that public entity is authorized to take the action set forth in said resolution and that such resolution is in full force and effect.

10/10/06
Date
Timothy R. Shaw
Certifying Officer Signature

10/10/06
Date
Cindy Van Meter
Attested By (signature of another officer, if the certifying officer is listed as an authorized person)

Timothy R. Shaw / General Manager
Certifying Officer Printed Name/Title

Cindy Van Meter / District Clerk
Attesting Officer Printed Name/Title

1062

COMP NO. 002	OWN CODE 04/10	PRODUCT DDA	FC NUMBER 09547	ACCOUNT NUMBER 086100004112956
1. ACCOUNT TITLE OLIVEHURST PUBLIC UTILITY DISTRICT				
2. ACCOUNT TITLE				
3. ACCOUNT TITLE				
4. ACCOUNT TITLE				
ADDRESS : STREET PO BOX 670		CITY OLIVEHURST	STATE CA	ZIP 95961
IDENTIFICATION			APPROVAL CODE ESTABLISHED	
CONTACT PERSON Betsy Macauley			BUSINESS PHONE 530-743-0317	TAX ID 94-6003628
DATE OPENED 03/12/1996	BY MLE	TAX LINE 1	DATE CHANGED	
The account opened under this Master Account Agreement shall be of the following type: A PUBLIC ENTITY ACCOUNT				Ownership/Subownership Code: 04-10
This type of account is described in the Account Disclosures and Regulations.				
Number of signatures required (see paragraph 3 below) <u>1</u> .				
<p>1. The Depositor shall be bound by the Bank's Account Disclosures and Regulations, and all amendments thereto, from time to time in effect. Such provisions are by this reference made a part of this Agreement as if set forth herein in full. All accounts products or services opened shall remain open and in effect until they terminate in accordance with their own terms or until Bank terminates them or receives termination notice from Depositor, owner or signer in form satisfactory to Bank. Not all accounts, products and services offered by Bank may be available to Depositor.</p> <p>2. This Agreement shall govern all accounts, products and services opened by Depositor in the capacity as indicated at the time of signing this Agreement and all other accounts, products and services that Depositor may from time to time authorize the Bank to open under this Agreement, in that ownership capacity. Such authorization may be in writing, in person, by telephone or other means as Bank may accept, at its option, or by Depositor's use of such without specific authorization (except as required by law). Depositor and each owner or signer, if more than one, agrees that any other of them may authorize Bank to open or provide other accounts, products or services from time to time in the same ownership capacity. Further, Depositor and each owner or signer, if more than one, appoints each other his attorney-in-fact to endorse, cash or deposit, any checks or drafts payable to the order of any one or more of them. This power of attorney shall not be affected by the subsequent incapacity of any owner, signer or Depositor.</p> <p>3. Instructions to permit withdrawal upon more than one signature apply only to checks and in-person transactions taking place in a branch. Other withdrawal or transfer transactions may be paid on the authorization of any one signer notwithstanding any instructions to the contrary, or, at its option, Bank may refuse such transaction and require joint written instructions. Without limiting the foregoing, funds in the account may be paid for accounts authorized for such; (a) upon checks, receipts, orders or drafts signed in Depositor's or agent's name by the prescribed number of authorized persons as set forth above; (b) pursuant to electronic, telephone or automated instructions using a personal identification number or; (c) pursuant to telephonic instructions from any agent or person purporting to be an agent of Depositor so long as such funds are transferred to an account in the name of Depositor or check is made payable to the Depositor. Notwithstanding the foregoing, Bank shall not be liable for any refusal or failure to make transfers or withdrawals pursuant to telephonic instructions. Except for consumer accounts, as defined in the Account Disclosures and Regulations, depositor agrees that so long as a personal identification number is used or the agent or the purported agent identifies him or herself to Bank's satisfaction, every such payment/transfer of funds shall be at the sole risk of Depositor until Bank receives written revocation regarding such authorization applicable to future transactions.</p> <p>4. Most disputes arising under this Agreement related to accounts or services hereunder are subject to mandatory binding arbitration. Rights to trial by a judge or jury are waived hereby. Bank must be notified by Depositor of claims, and proceedings to enforce any such claims must be brought, within the time requirements established in the Account Disclosures and Regulations.</p>				
TAX CERTIFICATION - UNDER PENALTIES OF PERJURY I CERTIFY THAT:				
1) The Tax ID number shown on this form is my correct Taxpayer Identification Number.				
2) I certify that I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding, or (c) this account is owned by an entity exempt from backup withholding.				
3) Check this box <input type="checkbox"/> if you are subject to backup withholding and can not certify the provisions of (2) above.				
4) <input type="checkbox"/> If this box is checked, the above 1-3 of the Tax Certification do not apply because (a) I am not a United States person or (b) I am an individual and am neither a citizen nor a resident of the United States. I will complete the IRS form W-8BEN. (c) if this box is not checked, I am a U.S. person (including U.S. resident alien).				

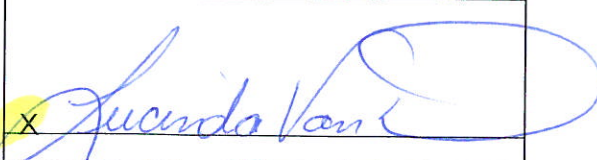
By signing below, I/we agree to be bound by the terms and conditions of this Master Account Agreement (the "Agreement") as set forth herein, and make the tax certification set forth above. In addition, I/we acknowledge receipt of the Account Disclosures and Regulations Relating to Deposit Accounts and Other Services and Electronic Funds Transfer Agreement and Disclosures ("Account Disclosures and Regulations"). Deposits are insured by the FDIC to the maximum amount permitted by law. **THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

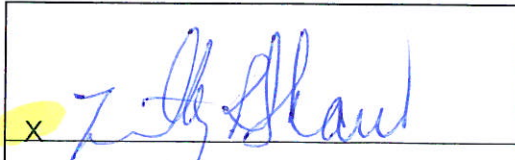
002

086100004112956

LUCINDA VAN METER SIGNATOR

TIMOTHY SHAW SIGNATOR

X 

X 

Please sign within the box

Thumb Print

Please sign within the box

Thumb Print

2007

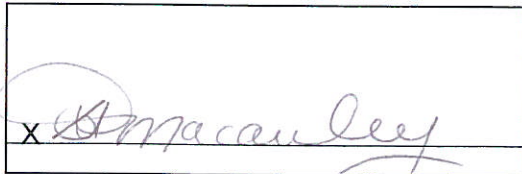
COMP NO. 002	OWN CODE 04/10	PRODUCT DDA	FC NUMBER 09547	ACCOUNT NUMBER 086100004112956
1. ACCOUNT TITLE OLIVEHURST PUBLIC UTILITY DISTRICT				
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ADDRESS : STREET PO BOX 670		CITY OLIVEHURST	STATE CA	ZIP 95961
IDENTIFICATION			PROVINCE	COUNTRY
CONTACT PERSON Betsy Macauley			BUSINESS PHONE 530-743-0317	APPROVAL CODE ESTABLISHED
DATE OPENED 03/12/1996			BY MLE	TAX ID 94-6003628
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Number of signatures required (see paragraph 3 below) <u>1</u> .				
<p>1. The Depositor shall be bound by the Bank's Account Disclosures and Regulations, and all amendments thereto, from time to time in effect. Such provisions are by this reference made a part of this Agreement as if set forth herein in full. All accounts products or services opened shall remain open and in effect until they terminate in accordance with their own terms or until Bank terminates them or receives termination notice from Depositor, owner or signer in form satisfactory to Bank. Not all accounts, products and services offered by Bank may be available to Depositor.</p> <p>2. This Agreement shall govern all accounts, products and services opened by Depositor in the capacity as indicated at the time of signing this Agreement and all other accounts, products and services that Depositor may from time to time authorize the Bank to open under this Agreement, in that ownership capacity. Such authorization may be in writing, in person, by telephone or other means as Bank may accept, at its option, or by Depositor's use of such without specific authorization (except as required by law). Depositor and each owner or signer, if more than one, agrees that any other of them may authorize Bank to open or provide other accounts, products or services from time to time in the same ownership capacity. Further, Depositor and each owner or signer, if more than one, appoints each other his attorney-in-fact to endorse, cash or deposit, any checks or drafts payable to the order of any one or more of them. This power of attorney shall not be affected by the subsequent incapacity of any owner, signer or Depositor.</p> <p>3. Instructions to permit withdrawal upon more than one signature apply only to checks and in-person transactions taking place in a branch. Other withdrawal or transfer transactions may be paid on the authorization of any one signer notwithstanding any instructions to the contrary, or, at its option, Bank may refuse such transaction and require joint written instructions. Without limiting the foregoing, funds in the account may be paid for accounts authorized for such; (a) upon checks, receipts, orders or drafts signed in Depositor's or agent's name by the prescribed number of authorized persons as set forth above; (b) pursuant to electronic, telephone or automated instructions using a personal identification number or; (c) pursuant to telephonic instructions from any agent or person purporting to be an agent of Depositor so long as such funds are transferred to an account in the name of Depositor or check is made payable to the Depositor. Notwithstanding the foregoing, Bank shall not be liable for any refusal or failure to make transfers or withdrawals pursuant to telephonic instructions. Except for consumer accounts, as defined in the Account Disclosures and Regulations, depositor agrees that so long as a personal identification number is used or the agent or the purported agent identifies him or herself to Bank's satisfaction, every such payment/transfer of funds shall be at the sole risk of Depositor until Bank receives written revocation regarding such authorization applicable to future transactions.</p> <p>4. Most disputes arising under this Agreement related to accounts or services hereunder are subject to mandatory binding arbitration. Rights to trial by a judge or jury are waived hereby. Bank must be notified by Depositor of claims, and proceedings to enforce any such claims must be brought, within the time requirements established in the Account Disclosures and Regulations.</p>				
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1) The Tax ID number shown on this form is my correct Taxpayer Identification Number.				
2) I certify that I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding, or (c) this account is owned by an entity exempt from backup withholding.				
3) Check this box <input type="checkbox"/> if you are subject to backup withholding and can not certify the provisions of (2) above.				
4) <input type="checkbox"/> If this box is checked, the above 1-3 of the Tax Certification do not apply because (a) I am not a United States person or (b) I am an individual and am neither a citizen nor a resident of the United States. I will complete the IRS form W-8BEN. (c) if this box is not checked, I am a U.S. person (including U.S. resident alien).				

By signing below, I/we agree to be bound by the terms and conditions of this Master Account Agreement (the "Agreement") as set forth herein, and make the tax certification set forth above. In addition, I/we acknowledge receipt of the Account Disclosures and Regulations Relating to Deposit Accounts and Other Services and Electronic Funds Transfer Agreement and Disclosures ("Account Disclosures and Regulations"). Deposits are insured by the FDIC to the maximum amount permitted by law. **THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

002

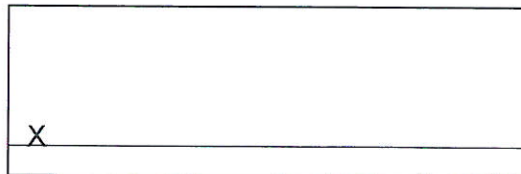
086100004112956

BETSY MACAULEY SIGNATOR

X 

Please sign within the box

Thumb Print

X 

Please sign within the box

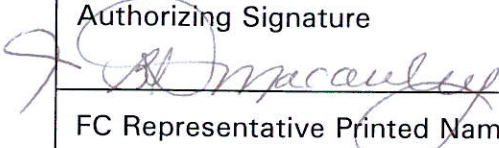
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Consent for Verification

Authorizing Name BETSY I MACAULEY	Social Security Number 546-04-3740	Date: 08/23/2006
Address (Street, City, State ZIP) 1720 FOWLER RD NEWCASTLE, CA 95658-9407		
Business/Account Name		Account Number:
Type of signer (check one) <input type="checkbox"/> Guardian/Conservator <input type="checkbox"/> Executor <input type="checkbox"/> Trustee of Trust <input type="checkbox"/> Custodian <input type="checkbox"/> Representative Payee <input type="checkbox"/> Attorney-in-Fact <input type="checkbox"/> Signator on Corporate Account <input type="checkbox"/> Signator on Other Entity Business Account <input type="checkbox"/> Signator on Club or Organization Account <input type="checkbox"/> Signator on Association Account <input type="checkbox"/> Other		

By completing and signing this form, you are authorizing Washington Mutual to perform a credit review, now and hereafter, in connection with any account for which you are proposed to be or are an authorized signer.

You further authorize Washington Mutual to disclose the results of any such credit review to the Account Holder on whose behalf you are requesting to act.

Authorizing Signature 	Signator Title (if applicable)	
FC Representative Printed Name and Initials MARGIE EASON Initials MLE	Verification Response: <input type="checkbox"/> Approved APPROVAL CODE: _____ <input type="checkbox"/> Adverse	Notice provided on date noted above or mailed on: _____
FC Name MARYSVILLE CA	FC Number 01411	

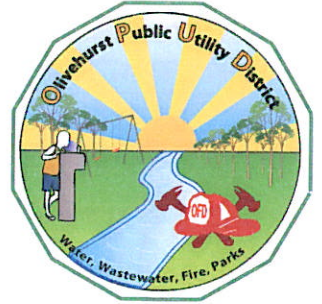
Retain at FC

OLIVEHURST PUBLIC UTILITY DISTRICT

BOARD OF DIRECTOR

James Carpenter
Catherine A. Hollis
Philip R. Miller
Michael Morrison
Larry D. Patty

P O. Box 670
1970 9th Avenue
Olivehurst, CA 95961
Telephone (530) 743-0317
Fax (530) 743-3023



GENERAL MANAGER

Timothy R. Shaw

TO: Washington Mutual

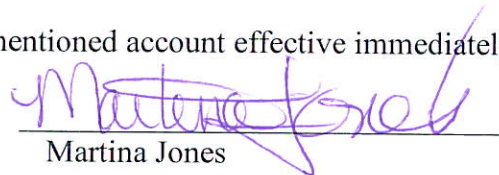
DATE: August 22, 2006


FROM: Olivehurst Public Utility District

RE: ACCT # 861-411295-6

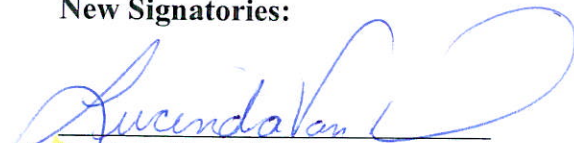
Please **delete** the following signatories from the above-mentioned account effective immediately:

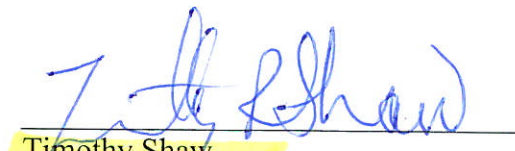

Alfred King

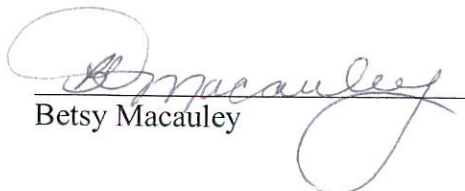

Martina Jones


Janis Belcher

New Signatories:


Lucinda Van Meter


Timothy Shaw


Betsy Macauley

Thank you.



AUTHORIZING NAME <i>Lucinda Van Meter</i>		SOCIAL SECURITY NUMBER <i>557-13-4931</i>	DATE <i>9/13/06</i>
ADDRESS (Street, City, State, Zip) <i>1170 E. 22nd Street #32 Marysville WA 95901</i>			
BUSINESS/ACCOUNT NAME		ACCOUNT NUMBER	
Type of signer (check one)			
<input type="checkbox"/> Guardian/Conservator <input type="checkbox"/> Executor <input type="checkbox"/> Trustee of Trust <input type="checkbox"/> Custodian <input type="checkbox"/> Representative Payee <input type="checkbox"/> Attorney-in-Fact <input type="checkbox"/> Signator on Corporate Account <input type="checkbox"/> Signator on Other Entity Business Account <input type="checkbox"/> Signator on Club or Organization Account <input type="checkbox"/> Signator on Association Account <input type="checkbox"/> Other			

By completing and signing this form, you are authorizing Washington Mutual to perform a credit review, now and hereafter, in connection with any account for which you are proposed to be or are an authorized signer.

You further authorize Washington Mutual to disclose the results of any such credit review to the Account Holder on whose behalf you are requesting to act.

AUTHORIZING SIGNATURE <i>Lucinda Van Meter</i>		SIGNATOR TITLE (if applicable) <i>District Clerk</i>	
FC REPRESENTATIVE PRINTED NAME AND INITIALS	VERIFICATION RESPONSE: <input type="checkbox"/> Approved <input type="checkbox"/> Adverse	Notice provided on date noted above or mailed on:	
INITIALS	APPROVAL CODE:		
FC NAME	FC #		

RETAIN AT FC



AUTHORIZING NAME <i>Timothy R. Shaw</i>		SOCIAL SECURITY NUMBER <i>565-86-4398</i>	DATE <i>10/10/06</i>
ADDRESS (Street, City, State, Zip) <i>1378 Eagle Lane, Marysville WA 98901</i>			
BUSINESS/ACCOUNT NAME		ACCOUNT NUMBER	
Type of signer (check one)			
<input type="checkbox"/> Guardian/Conservator <input type="checkbox"/> Executor <input type="checkbox"/> Trustee of Trust <input type="checkbox"/> Custodian <input type="checkbox"/> Representative Payee <input type="checkbox"/> Attorney-in-Fact <input type="checkbox"/> Signator on Corporate Account <input type="checkbox"/> Signator on Other Entity Business Account <input type="checkbox"/> Signator on Club or Organization Account <input type="checkbox"/> Signator on Association Account <input type="checkbox"/> Other			

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AUTHORIZING SIGNATURE <i>Timothy R. Shaw</i>	SIGNATOR TITLE (if applicable) <i>General Manager</i>	
FC REPRESENTATIVE PRINTED NAME AND INITIALS	VERIFICATION RESPONSE: <input type="checkbox"/> Approved <input type="checkbox"/> Adverse	Notice provided on date noted above or mailed on:
INITIALS	APPROVAL CODE:	
FC NAME	FC #	

RETAIN AT FC