

OLIVEHURST PUBLIC UTILITY DISTRICT

RESOLUTION NO. 2176


**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 resolutions (Exhibit A & Exhibit B).

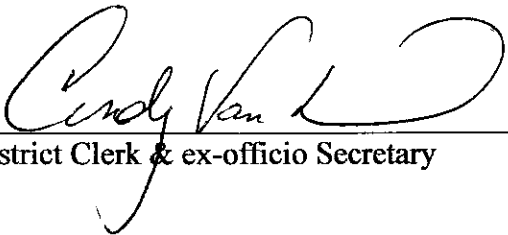
PASSED AND ADOPTED THIS 17th DAY OF APRIL 2008.

OLIVEHURST PUBLIC UTILITY DISTRICT




President, Board of Directors
Olivehurst Public Utility District

ATTEST:



District Clerk & ex-officio Secretary

APPROVE AS TO FORM AND LEGAL
SUFFICIENCY

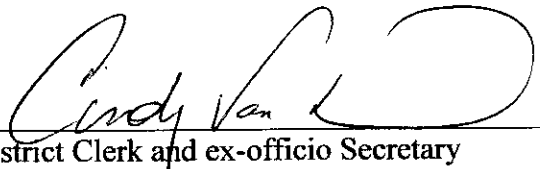


Legal Counsel

* * * * *

I hereby certify that the foregoing is a full, true, and correct copy of an Ordinance 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 17th day of April, 2008, by the following vote:

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


District Clerk and ex-officio Secretary

- Washington Mutual Bank, also operating as Washington Mutual Bank, FA
- Washington Mutual Bank fsb

COMPANY NUMBER 002	FC NUMBER 1411	BOX NUMBER H000943	RENTAL DATE April 4, 2007	FC EMPLOYEE # U102305
FC NAME MARYSVILLE		FC ADDRESS 726 E STREET MARYSVILLE CA 95901		
CORPORATE/ASSOCIATION NAME (see complete renter information below) OLIVEHURST PUBLIC UTILITY DISTRICT		BOX SIZE 3X5	INITIAL ANNUAL RENTAL RATE \$ 70.00	

CORPORATE/UNINCORPORATED ASSOCIATION LEASE AGREEMENT

Important Notice: (1) Any claims of loss or damage may not exceed \$10,000.00 as more thoroughly described in below. (2) The contents of your safebox may not be fully protected against loss under the insurance coverage maintained by the bank or safe deposit company. Safebox contents are not insured by the FDIC. (3) For your protection, you may wish to secure your own insurance through an insurance company of your choice. (4) You should keep a complete list and description of all property stored in your safebox, and any available proof of ownership.

The below named corporation/unincorporated association ("Renter"), pursuant to the resolution (dated below) adopted by the Board of Directors of Renter or otherwise adopted by Renter, as the case may be, hereby rents from Bank the Safebox referenced above (the "Box") as of the Rental Date set forth above. Renter shall be bound by the Safebox Regulations, and all amendments thereto, from time to time in effect ("Safebox Regulations"). Such provisions are by this reference made a part of this Lease Agreement as if set forth herein in full and Renter acknowledges receipt thereof.

The initial annual rental for the Box is as set forth above; subsequent years' rental rates shall be disclosed in an annual rental billing. The undersigned hereby acknowledge(s) receipt of 2 keys to said box.

Most disputes arising under this Lease Agreement are subject to mandatory binding arbitration as set forth in the Safebox Regulations. Rights to trial by a judge or jury are waived hereby.

Renter: OLIVEHURST PUBLIC UTILITY DISTRICT, a PUBLIC ENTITY,

By: GLEN P PHILLIPS
Its: ACCOUNTANT

By: LUCINDA VAN METER
Its: DISTRICT CLERK

Corporation/Unincorporated Association information:

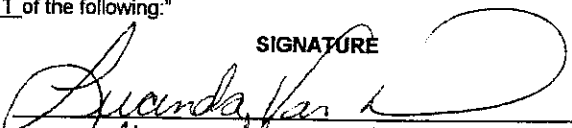

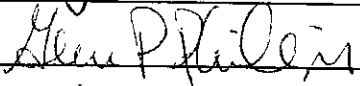
Address (Street, City, State, ZIP) 1970 9TH AVE OLIVEHURST CA 95961	Telephone # 530-743-4657	EIN 94-6003628
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CORPORATE/UNINCORPORATED ASSOCIATION RESOLUTION TO RENT SAFEBOX

We, GLEN P PHILLIPS and LUCINDA VAN METER, Principal Officer and Secretary respectively of OLIVEHURST PUBLIC UTILITY DISTRICT
(NAME OF CORPORATION OR UNINCORPORATED ASSOCIATION)
located at 1970 9TH AVE OLIVEHURST CA 95961
(ADDRESS)

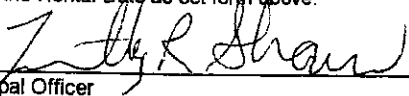
hereby certify that the following is a full, true and correct copy of a resolution adopted by the Board of Directors of said corporation or by said unincorporated association at a meeting duly and regularly called and held on the _____ day of _____, in the year of _____:

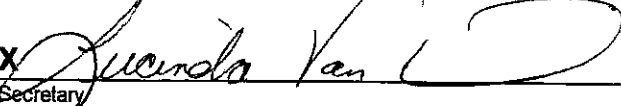
"RESOLVED that this corporation / unincorporated association shall rent a Box from the 1411, financial center of Washington Mutual ("the Bank"), for an annual rental rate currently in effect and as amended by a subsequent annual rental billing, subject to the Bank's Safe Deposit Regulations, the Lease Agreement, and all amendments or additions thereto adopted by the Bank and made available in the Bank and that the right of access to and control of the contents of the Box rented in the Bank in the name of this corporation / unincorporated association and the right to remove the whole or any part of said contents shall be and is hereby given to any 1 of the following:"

NAMES (printed)	SIGNATURE	OFFICIAL TITLE
1 <u>LUCINDA VAN METER</u>		<u>DISTRICT CLERK</u>
2 <u>TIMOTHY R SHAW</u>		<u>GEN MANAGER</u>
3 <u>GLEN P PHILLIPS</u>		<u>ACCOUNTANT</u>
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

and such right shall continue until notice in writing of its revocation shall have been given to and received by the Bank."

IN WITNESS WHEREOF we have hereunto set our hands and caused the seal of this corporation/unincorporated association, if required, to be hereunto affixed on the Rental Date as set forth above.

X 
Principal Officer

X 
Secretary

COMP NO 02	OWN CODE 04	PRODUCT DDA	FC NUMBER 09547	ACCOUNT NUMBER 0861-0000411295-6
1. ACCOUNT TITLE OLIVEHURST PUBLIC UTILITY DISTRICT				
2. ACCOUNT TITLE				
3. ACCOUNT TITLE				
4. ACCOUNT TITLE				
ADDRESS (CITY, STATE, ZIP CODE - GIVE PROVINCE AND COUNTRY - IF NOT IN U.S.A.) PO BOX 670 OLIVEHURST, CA 95961-0670				
IDENTIFICATION				VERIFICATION STATUS ESTABLISHED
TAX ID 94-6003628	CONTACT PERSON ALFRED JR, GARY P, LANA L, JANIS B, JANICE H			BUSINESS PHONE (916) 743-4657
DATE OPENED 03/12/1996	BY MLE	TAX LINK 1	DATE CHANGED 03/25/2008	
The account and deposits opened under this Agreement shall be of the following type: A PUBLIC ENTITY ACCOUNT.				04 / 10
This type of account is described in detail in the Account Disclosures and Regulations				

1. I/we (the Depositor) agree that the Business Account Disclosures and Regulations, including any amendments Bank may make from time to time and any related disclosures (the Account Disclosures and Regulations) shall govern all accounts, products, or services provided to Depositor by Bank. This Agreement and the Account Disclosures and Regulations shall govern all accounts, products, services selected by Depositor now or in the future, regardless of whether the selection is made in person, in writing, orally, electronically or by use of the account, product, or service.
2. Withdrawals or transfer transactions may be paid by Bank on the authorization of any one account owner or signer even if you have given any contrary instructions. Depositor agrees that any one account owner or signer, if more than one, may authorize Bank to open or provide other accounts, products, or services from time to time in the same ownership capacity. Further, Depositor agrees that any one account owner or signer, if more than one, is authorized to endorse, cash, or deposit any check or draft payable to the any of them.
3. 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 Business Account Disclosures and Regulations.

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 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 if you are subject to backup withholding and cannot certify the provisions of (2) above.
- 4) I am a US person (including US resident alien).

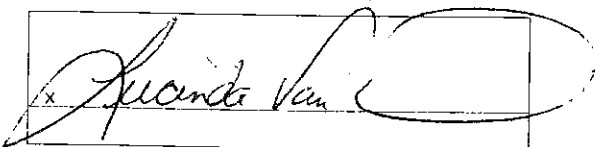
The certification above does not apply if you are not a U.S. person (or a U.S. resident alien). A Form W-8BEN must be completed as an attachment to this application.

By signing the below, I/we agree to be bound by the terms and conditions of this Master Account Agreement (the "Agreement") as set forth herein, and, if applicable, make the tax certification set forth above. In addition, I/we acknowledge receipt of the Business Account Disclosure and Regulations Relating to Deposit Accounts and Other Service and Electronic Funds Transfer Agreement and Disclosure ("Business Account Disclosure and Regulations") The INTERNAL REVENUE SERVICE DOES NOT REQUIRE MY CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

02

0861-0000411295-6

LUCINDA A VAN METER

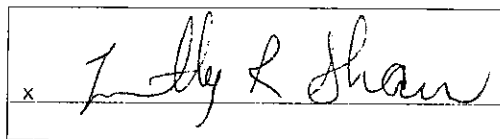
X 

Please sign within the box

SIGNATOR

Thumb Print

TIMOTHY R SHAW

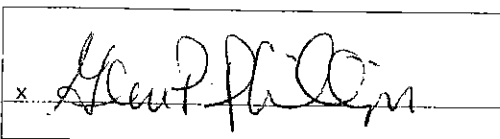
X 

Please sign within the box

SIGNATOR

Thumb Print

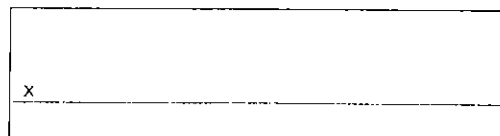
GLEN P PHILLIPS

X 

Please sign within the box

SIGNATOR

Thumb Print

X 

Please sign within the box

Thumb Print

CORPORATION/UNINCORPORATED ASSOCIATION AUTHORIZED PERSON INFORMATION

1) NAME LUCINDA VAN METER		ADDRESS 1170 E. 22ND ST APT 32	CITY MARYSVILL E	STATE CA	ZIP CODE 95901
HOME TELEPHONE NUMBER 5302185312	WORK TELEPHONE NUMBER 5307434657	DATE OF BIRTH December 10, 1956			
EMPLOYER OPUD	SOCIAL SECURITY NUMBER 557-13-4931	IDENTIFICATION (2 PIECES) 1) CDL N3589495 2) VISA			
2) NAME TIMOTHY R SHAW		ADDRESS 1378 EAGLE LANE	CITY MARYSVILL E	STATE CA	ZIP CODE 95901
HOME TELEPHONE NUMBER 5307421138	WORK TELEPHONE NUMBER 5307430317	DATE OF BIRTH March 7, 1963			
EMPLOYER OPUD	SOCIAL SECURITY NUMBER 565-86-4398	IDENTIFICATION (2 PIECES) 1) CDL N9365719 2) CHASE			
3) NAME GLEN P PHILLIPS		ADDRESS 1176 SECRET LAKE TRL	CITY PLUMAS LAKE	STATE CA	ZIP CODE 95961
HOME TELEPHONE NUMBER 530-743-8533	WORK TELEPHONE NUMBER 530-743-4657	DATE OF BIRTH December 3, 1966			
EMPLOYER OPUD	SOCIAL SECURITY NUMBER 021-50-9330	IDENTIFICATION (2 PIECES) 1) CDL D7069809 2) 021-50-9330 MIL ID			
4) NAME		ADDRESS	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	DATE OF BIRTH			
EMPLOYER	SOCIAL SECURITY NUMBER	IDENTIFICATION (2 PIECES) 1) 2)			
5) NAME		ADDRESS	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	DATE OF BIRTH			
EMPLOYER	SOCIAL SECURITY NUMBER	IDENTIFICATION (2 PIECES) 1) 2)			
6) NAME		ADDRESS	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	DATE OF BIRTH			
EMPLOYER	SOCIAL SECURITY NUMBER	IDENTIFICATION (2 PIECES) 1) 2)			

AUTOMATIC PAYMENT AUTHORIZATION

The Bank is authorized to withdraw rental payments and any other amounts due under this lease from the account indicated below or on the payment coupon and apply such sums to meet the Renters obligation.

Account Number _____

Renter's Signature _____

Date _____

SURRENDER OF BOX

The undersigned, on behalf of Renter indicated herein, hereby surrenders the above referenced Box and acknowledges that all property placed therein has been removed therefrom; that all liability of the Bank for such property is accordingly hereby released; and that the key deposit, if any, has been returned.

Name and Title (print)


Signature

Consent for Verification

Authorizing Name GLEN P PHILLIPS	Social Security Number 021-50-9330	Date: 03/25/2008
Address (Street, City, State ZIP) 1176 SECRET LAKE TRL PLUMAS LAKE, CA 95961-9008		
Business/Account Name OLIVEHURST PUBLIC UTILITY DISTRICT	Account Number: 0861-0000411295-6	
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) SIGNATOR	
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	

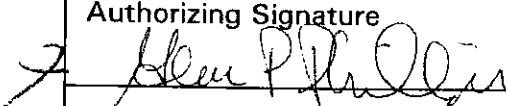
Retain at FC

Consent for Verification

Authorizing Name GLEN P PHILLIPS	Social Security Number 021-50-9330	Date: 03/25/2008
Address (Street, City, State ZIP) 1176 SECRET LAKE TRL PLUMAS LAKE, CA 95961-9008		
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) ACCOUNTANT	
FC Representative Printed Name and Initials MARGIE EASON Initials MLE	Verification Response: <input checked="" 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

Exhibit 'A'



PUBLIC ENTITY RESOLUTION

ACCOUNT NUMBER	0861-0000411295-6	DATE	03/25/2008
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):

LUCINDA A VAN METER
GLEN P PHILLIPS
TIMOTHY R SHAW

Title(s):

SIGNATOR
SIGNATOR
SIGNATOR

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.

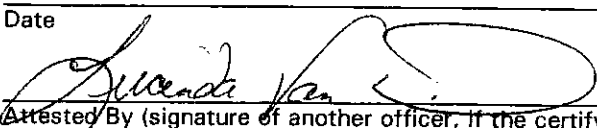
RESOLVED FURTHER that all prior resolutions relating to any of the above matters are hereby revoked. This authority shall continue until notice in writing of its revocation shall have been given to and received by the Bank. All transactions which would have been authorized by this resolution but were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

Date _____


 Certifying Officer Signature

TIMOTHY R. SHAW, GENERAL MANAGER
 Certifying Officer Printed Name/Title

Date _____


 Attested By (signature of another officer, if the certifying officer is listed as an authorized person)

LUCINDA A. VAN METER, DISTRICT CLERK
 Attesting Officer Printed Name/Title

Exhibit B



- Washington Mutual Bank fsb
- Washington Mutual Bank, FA

PUBLIC ENTITY RESOLUTION

ACCOUNT NUMBER SDB H00943	DATE 09/05/2008
ACCOUNT TITLE(S) OLIVEHURST PUBLIC UTILITY DISTRICT	

I, Timothy R. Shaw, do hereby certify that I am the Gen. Mgr. 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 04/17/08 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>GLEN P PHILLIPS</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).

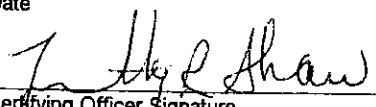
RESOLVED FURTHER that the authorized persons are empowered to act in all matters relating to such account, including without limit, execute any and all documents and agreements required by the Bank and to perform other acts reasonably necessary to carry out any agreement between this public entity and 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.

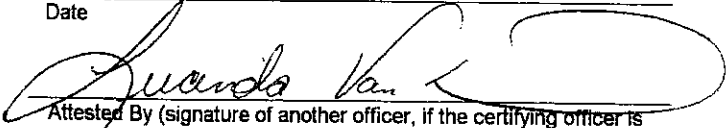
RESOLVED FURTHER that funds deposited with the Bank may be withdrawn pursuant to telephone, electronic or other instructions from any agent or person purporting to be an agent of this public entity, so long as such funds are transferred to an account at the Bank in the name of this public entity regardless 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.

Date _____

 Certifying Officer Signature

Date _____

 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

LUCINDA A. VAN METER, DISTRICT CLERK
 Attesting Officer Printed Name/Title