

Certification of Accuracy of Prior Certification

The information contained in this Certification is sought pursuant to Section 1010.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1010.230).

Financial Institution Name: SOUTH CENTRAL BANK, INC.		Financial Institution Location: P.O. BOX 2367 GLASGOW, KY 42142	
Financial Institution Contact Person: DANIELLE HENDERSON	Contact Phone Number: (888)651-7466	Customer Portfolio/Identifier: 4700069978	
Full Name of Natural Person Opening Account: KYLE W ESTES		Title of Natural Person Opening Account: SUPERINTENDENT	
Name of Legal Entity for Which the Account is Being Opened: RUSSELLVILLE INDEPENDENT SCHOOLS			
Physical Address of Legal Entity for Which the Account is Being Opened: 355 SOUTH SUMMER ST RUSSELLVILLE KY 42276			
Account Type (Optional): GR TREE PUBLIC FUNDS		Account Number (Optional): 4700069978	

I, KYLE W ESTES, hereby certify, to the best of my knowledge, that the information provided in the Certification of Beneficial Owners certified on is complete and correct as of today. Also, the Legal Entity named above agrees to notify the Financial Institution of any change in the beneficial ownership information on the prior certification.

Signature: _____ Date: 05/21/2025

Additional Information (For Institutional Use Only):

Resolution of Lodge, Association or Other Similar Organization

SOUTH CENTRAL BANK, INC.

By: RUSSELLVILLE INDEPENDENT SCHOOLS

P.O. BOX 2367
GLASGOW, KY 42142

355 SOUTH SUMMER ST
RUSSELLVILLE KY 42276

Referred to in this document as "Financial Institution"

Referred to in this document as "Association"

I, KYLE W ESTES, certify that I am Secretary (clerk) of the above named association organized under the laws of KENTUCKY, Federal Employer I.D. Number 61-6001174, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Association duly and properly called and held on 05/21/2025 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

Agents. Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
KYLE W ESTES		
A. SUPERINTENDENT	X	X
MARK D COURSEY		
B. INTERIM FINANCE OFFICER	X	X
C.	X	X
D.	X	X
E.	X	X
F.	X	X

Powers Granted. (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
A,B	(1) Exercise all of the powers listed in this resolution.	ONE (1)
	(2) Open any deposit or share account(s) in the name of the Association.	
	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	
	(4) Borrow money on behalf and in the name of the Association, sign, execute and deliver promissory notes or other evidences of indebtedness.	
	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Association as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	
	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	
	(7) Other:	

Limitations on Powers. The following are the Association's express limitations on the powers granted under this resolution.

Resolutions

The Association named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Association and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Association and certified to the Financial Institution as governing the operation of this association's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Association. Any Agent, so long as they act in a representative capacity as an Agent of the Association, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated in this resolution, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Association with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.

- (5) The Association agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Association. The Association authorizes the Financial Institution, at any time, to charge the Association for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Association acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Association to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Association acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Association with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Association authorizes each Agent to have custody of the Association's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Effect on Previous Resolutions. This resolution supersedes resolution dated _____ completed, all resolutions remain in effect.

. If not

Certification of Authority

I further certify that the Association has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions stated above to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

☐ If checked, the Association is a non-profit lodge, association or similar organization.

(Secretary)

KYLE W ESTES

(Attest by Other Officer)

MARK D COURSEY

(Attest by Other Officer)

For Financial Institution Use Only

Acknowledged and received on _____

(date) by _____ (initials)

☐ This resolution is superseded by resolution dated _____

Comments:

ACCOUNT AGREEMENT

SOUTH CENTRAL BANK, INC.
P.O. BOX 2367
GLASGOW, KY 42142

Account Number: 4700069978

Account Owner(s) Name & Address
RUSSELLVILLE INDEPENDENT SCHOOLS

355 SOUTH SUMMER ST
RUSSELLVILLE KY 42276

Agreement Date: 05/21/2025 By: DANIELLE HENDERSON
☐ EXISTING Account - This agreement replaces previous agreement(s).
Account Description: GREEN TREE PUBLIC FUNDS CHECKING

☐ Checking ☐ Savings ☐ NOW ☐
Initial Deposit \$ \$1,000.00 Source: CHECK

Ownership of Account - CONSUMER 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):

Additional Information:

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes 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 acknowledges the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- ☒ Terms & Conditions ☒ Truth in Savings ☐ Funds Availability
☒ Electronic Fund Transfers ☒ Privacy ☒ Substitute Checks
☐ Common Features ☐

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

Ownership of Account - BUSINESS Purpose

- ☐ Sole Proprietorship ☐ Single-Member LLC ☐ Partnership
☐ LLC (LLC tax classification: ☐ C Corp ☐ S Corp ☐ Partnership)
☐ C Corporation ☐ S Corporation ☐ Non-Profit
☒ PUBLIC FUND

Business:

Backup Withholding Certifications (Non-U.S. Persons - Use separate Form W-8)

☒ By signing at right, I, RUSSELLVILLE INDEPENDENT SCHOOLS, certify under penalties of perjury that the statements made in this section are true.

☒ TIN: 61-6001174 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

☒ Not Subject to 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 Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

(1): ☒ KYLE W ESTES
I.D. # 405-17-5641 D.O.B. 04/04/1978

(2): ☒ MARK D COURSEY
I.D. # 405-08-1257 D.O.B. 09/23/1963

(3): ☐
I.D. # _____ D.O.B. _____

(4): ☐
I.D. # _____ D.O.B. _____

☐ Authorized Signer (Individual Accounts Only)

☒
I.D. # _____ D.O.B. _____

