

# CERTIFICATE OF TIME DEPOSIT - NON-NEGOTIABLE AND NON-TRANSFERABLE

CERTIFICATE NUMBER 696930

ISSUED TO NAME(S) AND ADDRESS(ES) OF DEPOSITOR(S) ("you, your") Sonoma Park Estates Ltd and City Of Norman  111 N Peters Ste 101  Norman OK 73069-7235			NAME AND ADDRESS OF ISSUER/FINANCIAL INSTITUTION ("we, us") First Fidelity Bank Downtown Norman Office PO Box 32282 Oklahoma City, Ok 73123-0482  104		
SS #/TIN	ISSUE DATE	MATURITY DATE	<input checked="" type="checkbox"/> AUTOMATICALLY RENEWABLE	TERM	AMOUNT OF CERTIFICATE
73-1470826	6/20/06	6/20/07	<input type="checkbox"/> SINGLE MATURITY	12 MONTHS	\$110,552.70
OWNERSHIP TYPE: Limited Liability					

Words or phrases preceded by a ☐ are 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.

## INTEREST RATE

☒ **FIXED RATE.** The deposit evidenced by this Certificate will earn an annual interest rate of 4.55 % Annual Percentage Yield: 4.55 %

☐ **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.

☐ **STEPPED RATE.** The following will be interest rates and time periods for those rates for your account:

The initial interest rate is _____ %	The initial time period is _____
The second interest rate is _____ %	The second time period is _____
The third interest rate is _____ %	The third time period is _____
The fourth interest rate is _____ %	The fourth time period is _____
The fifth interest rate is _____ %	The fifth time period is _____
The sixth interest rate is _____ %	The sixth time period is _____

The Annual Percentage Yield for your account is \_\_\_\_\_ %.

☐ **TIERED BALANCE RATES.** The following will be the interest rates, Annual Percentage Yield(s), and related balance portions for your account:

When your balance is-	you earn interest at-	Interest Rate	Annual Percentage Yield(s)
equal to or greater than - \$ _____	but less than - \$ _____	_____ %	_____ %
\$ _____	\$ _____	_____ %	_____ %
\$ _____	\$ _____	_____ %	_____ %
\$ _____	\$ _____	_____ %	_____ %

☐ **CALLABLE.** This Certificate has a "call" feature as described in the Account Agreement: \_\_\_\_\_

☐ **BUMP-UP.** The Certificate has a "bump-up" feature as described in the Account Agreement: \_\_\_\_\_

Interest Payment Frequency: at maturity which will be ☐ credited to account number \_\_\_\_\_ ☐ paid to you by check.

☒ added to principal of this Certificate.

Interest will be calculated on a basis of ☒ 365 days ☐ Other: \_\_\_\_\_ Interest will be compounded At Maturity

**EARLY WITHDRAWAL PENALTY:** one months interest on the amount withdrawn

Early Withdrawal Penalty may invade principal.

☒ **Grace Period - Automatically Renewable Time Certificate:** 10 days. If this Certificate is withdrawn during the grace period,

☐ the interest rate will be \_\_\_\_\_ %.

☒ interest will not be paid during the grace period.

☒ the interest rate will be the same rate of interest that would have been paid on this Certificate if renewed.

☐ **Post-Maturity Interest - Single Maturity Time Certificate:**

☐ The interest rate on the Certificate after the Maturity Date will be \_\_\_\_\_ %.

☐ Interest will not be paid after the Maturity Date.

Authorized Signer: X

*James S. Culini*

Optional Signature (Official) X

*Anthony R. Rasmussen*

**REDEMPTION.** You acknowledge receipt of funds represented by this Certificate of Deposit.

X

*James S. Culini*

DEPOSITOR SIGNATURE/DATE

X

DEPOSITOR SIGNATURE/DATE

**NEW ACCOUNT INFORMATION**☐ TEMPORARY☐ REPLACEMENT

DATE 6/20/06

OPENED BY B30CGRIFI

First Fidelity Bank  
Downtown Norman Office  
PO Box 32282  
Oklahoma City, Ok 73123-0482  
104

**ACCOUNT INFORMATION**

AMOUNT OF DEPOSIT \$ 110,552.70

PLAN # S007956

ACCOUNT NUMBER 696930

TITLE OF ACCOUNT Sonoma Park Estates Ltd and  
City Of Norman

ACCOUNT T.I.N. 73-1470826

111 N Peters Ste 101

Norman OK 73069-7235

OWNERSHIP TYPE Limited Liability

PRODUCT NAME 12 Month CD

Words, numbers or phrases preceded by a ☐ are applicable only if the ☐ is marked.**BUSINESS ENTITY INFORMATION**

BUSINESS NAME AND ADDRESS

Sonoma Park Estates Ltd and  
City Of Norman  
111 N Peters Ste 101

Norman OK 73069-7235

ASSUMED NAME IF D/B/A

CONTACT NAME

CONTACT TITLE

CONTACT PHONE

OTHER

BUSINESS FILING STATE OKLAHOMA

ENTITY DOCUMENT

LAST FILING DATE

FILING EXPIRATION

DATE ESTABLISHED

NATURE OF BUSINESS

PRIMARY LOCATION

RESOLUTION DATE

E-MAIL ADDRESS

FACSIMILE AUTHORIZATION ON FILE

☐ YES☐ NO**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 that:

☐ 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 73-1470826

SIGNATURE  Sonoma Park Estates Ltd

DATE

**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 acknowledge that they have opened the type of account designated above, and have received, understand and agree to be bound by the terms of the Account Agreement for that account type. If this is a consumer account, the undersigned acknowledge receipt of an Account Disclosure, and a copy of this institution's Privacy Policy. The undersigned also acknowledge receipt, where applicable, of this institution's Funds Availability Policy and/or Electronic Fund Transfer Agreement. If this account is opened in the name of the business entity, all signers are acting on behalf of the business entity. All signers authorize this institution to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

**# OF SIGNATURES REQUIRED 1**☐ Authorized Signer Only

Title:

Signature  
James Adair

Date

☐ Authorized Signer Only

Title:

☐ Authorized Signer Only

Title:

Signature  
Anthony Francisco

Date

☐ Authorized Signer Only

Title:

Signature

Date

Signature

Date

☐ FACSIMILE ALLOWED