

Safekeeping

This Certificate Evidences A Deposit In The Name(s) Of: **Randy L. Martin or Lisa Martin and The City of Norman 821 S. E. 5th Ct. Moore, OK 73160**

Certificate Number **700619330**  
 SSN/TIN \_\_\_\_\_  
 D.O.B. \_\_\_\_\_  
 Account Number **700619330**  
 Date **May 24, 2010**  
 dollars \$ **19,073.50**

In The Amount Of **Nineteen Thousand Seventy-Three and 50/100\*\*\*\*\***

ACCOUNT TYPE AND TERMS - Only the boxes that are checked and the lines that are filled in apply.

Term (Initial) **24 Months**  Additions permitted in a minimum amount of \$ **N/A**  
 Maturity Date (First) **05-24-2012**  Fixed Rate  Min. Balance Req. \$ **1,000.00**  
 APY \_\_\_\_\_  Variable Rate: Initial Index Rate \_\_\_\_\_ % Maximum Rate \_\_\_\_\_ %  
 Interest Rate (Initial) **2.000** % Minimum Rate \_\_\_\_\_ % First Adjustment Date \_\_\_\_\_  
 Compounded **Quarterly** Adjustment Frequency \_\_\_\_\_  
 Interest Calculated **Actual Day** / **365/366** Rate Formula \_\_\_\_\_

No. Endorsements Required for Withdrawal **2**  
 Single Maturity  Automatically Renewable  
 Interest Paid **Quarterly**  
 (a)  By **Deposit to CD.**  
 (b)  By Deposit To Acct. No. \_\_\_\_\_

**Yukon National Bank**  
 401 Elm  
 Yukon, OK 73099  
 BY \_\_\_\_\_

*Melanie Riemann*

MEMBER FDIC

DEFINITIONS: "We" and "us" means the financial institution. "You" and "your" means the depositor(s). "Certificate" means both this original instrument as well as the deposit it shows. This certificate (and the account it represents) may not be transferred or assigned without our prior written consent and is not negotiable.

VARIABLE INTEREST RATE: Your deposit will earn interest at the initial interest rate stated on this certificate to the first adjustment date. Then, and on each succeeding adjustment date, the rate this certificate will earn is subject to be increased or decreased according to the formula described on this certificate. The rate will remain the same between interest adjustment dates.

If the "first adjustment date" is phrased in terms of "index change" (this means the first adjustment date and the rate adjustment frequency after the first adjustment date are not regularly scheduled. In this case, the rate this certificate will earn will be adjusted any time the "index" changes.

The interest rate we will pay on this certificate will not, however, be greater than the stated maximum rate (if any) or be less than the stated minimum rate (if any) regardless of changes in the index rate.

COMPOUNDING: The compounding frequency and interest calculation method will not change during the term of the certificate, regardless of adjustments to the interest rate, until we give reasonable notice to you of such change.

ADDITIONS: If we permit you to make any additions, they will only be permitted in an amount equal to, or greater than, the minimum amount indicated. The making of additions to this certificate will not extend the maturity of all, or any portion, of the funds on deposit. Additions will earn interest from the date of deposit, and will mature at the same time as the first deposit. No additions may be made within **N/A** days of the final maturity date.

SINGLE MATURITY: If the single maturity box is checked, the depositor should present this certificate promptly at maturity for payment.

Interest  will  will not accrue after maturity.

AUTOMATIC RENEWALS: If the automatic renewal box is checked, this certificate will be automatically renewed after the stated maturity date stated for successive terms, each equal to the original term. The interest rate will be the same we offer on new certificates on the maturity date which have the same term, minimum balance (if any) and other features as this original certificate. The depositor may call us on or shortly before the maturity date and we will tell the depositor what the interest rate will be for the next renewal term.

The automatic renewal of this certificate may be prevented if one of the following things happens:

(1) This certificate is personally presented for payment on a maturity date or within **10** days after the maturity date; or

(2) We receive written notice from the depositor before a maturity date of their intention to cash in this certificate.

YOUR DEPOSIT  WILL  WILL NOT EARN INTEREST AFTER FINAL MATURITY.

Endorsements (Sign only when requesting withdrawal)

x \_\_\_\_\_  
 x \_\_\_\_\_

NOTICE OF PENALTY FOR EARLY WITHDRAWAL

Except as mentioned below, you cannot withdraw any principal from this account before a maturity date without our consent and we will charge a penalty. We can only consent to an early withdrawal at the time you request it. The penalty will be an amount equal to:

the greatest of: (1) all of the interest earned on the amount withdrawn from the most recent date of deposit or last renewal, (2) all the interest that could have been earned on the amount withdrawn during a period equal to one-half of the maturity period, or (3) seven days' interest on the amount withdrawn.

one month's interest on the amount withdrawn.  
 three months' interest on the amount withdrawn.  
 **30.00 early closure fee**

We will charge the penalty first against any interest then in the account, and any excess will be deducted from the amount you withdraw.

FIXED RATE TIME DEPOSITS: For a fixed rate time deposit we will use the nominal (simple interest) rate in effect to calculate the amount of the applicable penalty.

VARIABLE RATE TIME DEPOSIT: For any time deposit which earns a rate that may vary from time to time during the term, the interest rate we will use to calculate this interest forfeiture will be:

average (weighted for time) of the simple interest rates earned on this certificate up to the date of withdrawal;  
 simple interest rate in effect on the date that this account is opened; or,  
 the simple interest rate in effect on the date of early withdrawal.

Minimum Balance Account: If we require a minimum balance on this account, we may treat any withdrawal that reduces the balance below such minimum as a withdrawal of the entire balance and calculate the penalty accordingly.

EXCEPTIONS: In certain circumstances, such as the death or incompetence of an account owner, the law permits, or in some cases requires, the waiver of the early withdrawal penalty. Other exceptions may also apply, for example, if this is part of an IRA or other tax-deferred savings plan.

5/24/2010

**SAFEKEEPING AGREEMENT**

CUSTOMER NAME AND ADDRESS	FINANCIAL INSTITUTION
Randy L. Martin or Lisa Martin and the City of Norman 821 S.E. 5 <sup>th</sup> Ct. Moore, OK. 73160	YUKON NATIONAL BANK P.O. BOX 851700 YUKON, OKLAHOMA 73085

As of the date shown above, the undersigned Customer and the named Financial Institution, with addresses as they appear herein, agree as follows:

1. Possession of the property, which is described below, is herewith delivered to the Financial Institution.
2. This document is a general receipt and contract of bailment covering the subject property. Except as specifically provided in writing below under "Special Instructions", this document is not to be construed as placing a responsibility or duty on Financial Institution to manage the property, to avoid defaults, to collect interest, dividends or other sums due resulting from ownership of the property, to exercise

an rights or options relative to the property, or to perform any service or duty other than to use ordinary care in the preservation of the property in the possession of the Financial Institution.

3. Financial Institution shall have the right to charge Customer a reasonable fee for the service of holding and maintaining possession of the property.
4. This Agreement may be terminated by Financial Institution or by Customer at any time by ten days written notice to the appropriate party, whereupon Financial Institution shall deliver the property to Customer who shall acknowledge receipt of the property.

**DESCRIPTION OF PROPERTY**

CD#700619330 dated 05/24/2010 in the amount of \$19,073.50

**SPECIAL INSTRUCTIONS:**

**FINANCIAL INSTITUTION SIGNATURES**

YUKON NATIONAL BANK

Melanee Riemann New Accounts

BY

TITLE

**CUSTOMER SIGNATURES**

Per customer

**CORPORATE AUTHORIZATION RESOLUTION**

Yukon National Bank  
401 Elm  
Yukon, OK. 73099


By: City of Norman  
P.O. Box 5599  
Norman, OK. 73070-5599

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, Anthony Francisco Finance Director, certify that I am Secretary (clerk) of the above named corporation organized under the laws of Oklahoma, Federal Employer I.D. Number 73-6005350, engaged in business under the trade name of City of Norman, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on \_\_\_\_\_ (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)
A. <u>Anthony Francisco Finance Director</u>	<u>X</u> 	<u>X</u>
B. _____	<u>X</u> _____	<u>X</u>
C. _____	<u>X</u> _____	<u>X</u>
D. _____	<u>X</u> _____	<u>X</u>
E. _____	<u>X</u> _____	<u>X</u>
F. _____	<u>X</u> _____	<u>X</u>

**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
_____	(1) Exercise all of the powers listed in this resolution.	_____
_____	(2) Open any deposit or share account(s) in the name of the Corporation.	_____
<u>A</u>	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	<u>1</u>
_____	(4) Borrow money on behalf and in the name of the Corporation, 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 Corporation 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 Corporation's express limitations on the powers granted under this resolution.

**EFFECT ON PREVIOUS RESOLUTIONS** This resolution supersedes resolution dated \_\_\_\_\_. If not completed, all resolutions remain in effect.

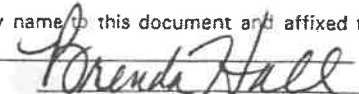
**CERTIFICATION OF AUTHORITY**

I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and 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 Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on \_\_\_\_\_ (date).

Attest by One Other Officer

  
Secretary

## RESOLUTIONS

The Corporation named on this resolution resolves that.

- (1) The Financial Institution is designated as a depository for the funds of the Corporation 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 Board of Directors of the Corporation and certified to the Financial Institution as governing the operation of this corporation'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 Corporation. Any Agent, so long as they act in a representative capacity as agents of the Corporation, 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 on page one, 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 Corporation with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Corporation agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Corporation. The Corporation authorizes the Financial Institution, at any time, to charge the Corporation 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 Corporation acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation 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 Corporation 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 Corporation 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 Corporation authorizes each Agent to have custody of the Corporation'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.

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### FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on \_\_\_\_\_ (date) by \_\_\_\_\_ (initials)  This resolution is superseded by resolution dated \_\_\_\_\_ .

Comments:

Yukon National Bank  
401 Elm  
Yukon, OK 73099

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:

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

- SOLE PROPRIETORSHIP  
 CORPORATION:  FOR PROFIT  NOT FOR PROFIT  
 PARTNERSHIP  
 \_\_\_\_\_

BUSINESS: \_\_\_\_\_  
COUNTY & STATE OF ORGANIZATION: \_\_\_\_\_  
AUTHORIZATION DATED: \_\_\_\_\_

DATE OPENED 05-24-2010 BY Melanee Riemann

INITIAL DEPOSIT \$ 19073.5

CASH  CHECK  Transfer

HOME TELEPHONE # 405-789-9066

BUSINESS PHONE # 405-735-9051

DRIVER'S LICENSE # 081085816

E-MAIL randyandlisa@cox.net

EMPLOYER \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

Name and address of someone who will always know your location: \_\_\_\_\_

BACKUP WITHHOLDING CERTIFICATIONS

TIN: 5

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 Randy Martin 5-25-10  
(Date)

ACCOUNT NUMBER

ACCOUNT OWNER(S) NAME & ADDRESS

Randy L. Martin  
or Lisa Martin  
and The City of Norman  
821 S. E. 5th Ct.  
Moore, OK 73160

- TYPE OF ACCOUNT  NEW  EXISTING  
 CHECKING  SAVINGS  
 MONEY MARKET  CERTIFICATE OF DEPOSIT  
 NOW  \_\_\_\_\_

This is your (check one):

- Permanent  Temporary account agreement.

Must be Randy or Lisa Martin & City of Norman  
Number of signatures required for withdrawal 2

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 Randy Martin ]  
Randy L. Martin

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

(2): [ X Lisa Martin ]  
Lisa Martin

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

(3): [ X Anthony Francisco ]  
Anthony Francisco

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

(4): [ X ]

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

Authorized Signer (Individual Accounts Only)

[ X ]

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_