

Account Agreement

Date: 08/12/2010

Institution Name & Address

First Bank and Trust, SB
 Main Office
 101 South Central Ave
 P.O. Box 880
 Paris, Illinois 61944
 800 228-6381

Internal Use 01-0002537-9 Teller's initials dh

Account Title & Address

COUNTY OF EDGAR Owner
 EDGAR COUNTY AIRPORT COMMITTEE Representing
 Christopher Patrick Authorized Signer
 Jimmy Dean Wells Authorized Signer
 PO Box 547
 Paris, IL 61944

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

Ownership of Account

The specified ownership will remain the same for all accounts.

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation - For Profit |
| <input type="checkbox"/> Joint with Survivorship (not as tenants in common) | <input type="checkbox"/> Corporation - Nonprofit |
| <input type="checkbox"/> Joint with No Survivorship (as tenants in common) | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Trust-Separate Agreement Dated: _____ | <input type="checkbox"/> Sole Proprietorship |
| <input checked="" type="checkbox"/> organization | <input type="checkbox"/> Limited Liability Company |

Beneficiary Designation

(Check appropriate ownership above.)

- | | |
|--|---|
| <input type="checkbox"/> Revocable Trust | <input type="checkbox"/> Pay-On-Death (POD) |
| <input type="checkbox"/> | |

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

Owner/Signer Information 1

| | |
|--|---------------------------------------|
| Name | Christopher Patrick Authorized Signer |
| Relationship | |
| Address | PO Box 547 Paris, IL 61944 |
| Mailing Address (if different) | |
| Home Phone | |
| Work Phone | |
| Mobile Phone | |
| E-Mail | |
| Birth Date | |
| SSN/TIN | 357430492 |
| Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date) | |
| Other ID (Description, Details) | |
| Employer | |
| Previous Financial Inst. | |

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Owner/Signer Information 2

| | |
|--|------------------------------------|
| Name | Jimmy Dean Wells Authorized Signer |
| Relationship | |
| Address | PO Box 547 Paris, IL 61944 |
| Mailing Address (if different) | |
| Home Phone | (217) 269-2224 |
| Work Phone | |
| Mobile Phone | (217) 251-2304 |
| E-Mail | EXCEL@COMWARES.NET |
| Birth Date | 12/06/1945 |
| SSN/TIN | 334-38-6259 |
| Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date) | |
| Other ID (Description, Details) | Greencastle Indiana Bassett |
| Employer | |
| Previous Financial Inst. | |

If checked, this is a temporary account agreement.

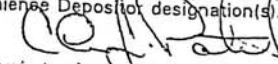
Number of signatures required for withdrawal: 2

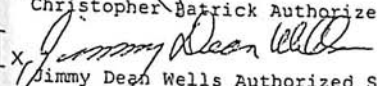
Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Terms and Conditions | <input checked="" type="checkbox"/> Privacy |
| <input checked="" type="checkbox"/> Electronic Fund Transfers | <input checked="" type="checkbox"/> Truth in Savings |
| <input checked="" type="checkbox"/> Substitute Checks | <input checked="" type="checkbox"/> Funds Availability |
| <input checked="" type="checkbox"/> Common Features | <input type="checkbox"/> |

Convenience Depositor (See Owner/Signer Information for Convenience Depositor designation(s).)

1 [x]  Christopher Patrick Authorized Signer]

2 [x]  Jimmy Dean Wells Authorized Signer]

3 [x]] 4 [x]

Owner/Signer Information 3

| | |
|--|--|
| Name | |
| Relationship | |
| Address | |
| Mailing Address (if different) | |
| Home Phone | |
| Work Phone | |
| Mobile Phone | |
| E-Mail | |
| Birth Date | |
| SSN/TIN | |
| Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date) | |
| Other ID (Description, Details) | |
| Employer | |
| Previous Financial Inst. | |

Owner/Signer Information 4

| | |
|--|--|
| Name | |
| Relationship | |
| Address | |
| Mailing Address (if different) | |
| Home Phone | |
| Work Phone | |
| Mobile Phone | |
| E-Mail | |
| Birth Date | |
| SSN/TIN | |
| Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date) | |
| Other ID (Description, Details) | |
| Employer | |
| Previous Financial Inst. | |

Non-Individual Owner Information

| | |
|--------------------------------------|-------------------------------|
| Name | COUNTY OF EDGAR Owner |
| EIN | 37-6000746 |
| Phone | |
| Mobile Phone | |
| E-Mail | |
| Type of Entity | |
| State/Country & Date of Organization | |
| Nature of Business | |
| Address | PO Box 547 Paris, IL 61944 |
| Mailing Address (if different) | |
| Authorization/Resolution Date | |
| Previous Financial Inst. | |

Account Description / Account # / Initial Deposit/Source

| Account Description | Account # | Initial Deposit/Source |
|---------------------|--------------|---|
| PARK IT HERE MMA-00 | 01-0002537-9 | \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> journal |
| | | \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____ |
| | | \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____ |

Services Requested

ATM Debit/Check Cards (No. Requested: _____)

_____ _____

_____ _____

Other Terms/Information

Backup Withholding Certifications

(If not a "U.S. Person," certify foreign status separately.)

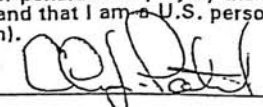
TIN: 37-6000746

Taxpayer I.D. Number (TIN) - The number shown above 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.

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 _____  8/16/10 (Date)