Date: 08/27/2010

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Ľ	ostitution Name & Address	ALCOHOLD TO
	First Bank and Trust, SB Main Office	
	101 South Central Ave	
ı	P.O. Box 880	
	Paris, Illinois 61944	
	800 228-6381	

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.

Name	Christopher Patrick Authorized Signer
Relationship	Share to the state of the state
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)	
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The state of the s	<u></u>
Previous Financial Inst	
Financial Inst.	Information 2
Owner/Signer	Information 2  Jimmy Dean Wells Authorized Signer
Owner/Signer. Name	Information 2  Jimmy Dean Wells Authorized Signer
Owner/Signer Name Relationship	
Owner/Signer Name Relationship Address	Jimmy Dean Wells Authorized Signer PO Box 547
Participal Inst.  Owner/Signer  Name  Relationship  Address  Asiling Address  d different)	Jimmy Dean Wells Authorized Signer PO Box 547
Particular Address different)  Owner/Signer  Relationship  Address  Address  different)	Jimmy Dean Wells Authorized Signer PO Box 547 Paris, IL 61944
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Address  Mailing Address  different)  fore Phone  obile Phone	Jimmy Dean Wells Authorized Signer  PO Box 547 Paris, IL 61944  (217) 269-2224
Mail  Minancial Inst.  Owner/Signer  Name  Relationship  Address  dailing Address d different)  ome Phone  Vork Phone  obile Phone  Mail	Jimmy Dean Wells Authorized Signer  PO Box 547 Paris, IL 61944  (217) 269-2224  (217) 251-2304
Mail  Minary Signer  Name  Relationship  Address  Mailing Address  different)  ome Phone  obile Phone  Mail  oth Date	Jimmy Dean Wells Authorized Signer  PO Box 547 Paris, IL 61944  (217) 269-2224  (217) 251-2304  EXCEL@COMWARES.NET
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Address Addres	Jimmy Dean Wells Authorized Signer  PO Box 547 Paris, IL 61944  (217) 269-2224  (217) 251-2304  EXCEL@COMWARES.NET  12/06/1945
Financial Inst.	Jimmy Dean Wells Authorized Signer  PO Box 547 Paris, IL 61944  (217) 269-2224  (217) 251-2304  EXCEL@COMWARES.NET 12/06/1945 334-38-6259  Greencastle India

Internal Use 01-4001120-5	Teller's initials ad					
Account Title & Address >>	Barring, highest condition					
COUNTY OF EDGAR						
COUNTY OF EDGAR  EDGAR COUNTY AIRPORT COMMITTEE  Christopher Patrick Authorized Signer  Jimmy Dean Wells Authorized Signer  PO Box 547						
						Jimmy Dean Wells Authorized Signer
PO Box 547	(J. 1)					
Paris, IL 61944						
Dwnership of Account						
The specified ownership will remain the same for all accounts.						
Individual	☐ Corporation - For Profit					
Joint with Survivorship	☐ Corporation - Nonprofit					
(not as tenants in common)	☐ Partnership					
Joint with No Survivorship	Sole Proprietorship					
(as tenants in common)	Limited Liability Company					
Trust-Separate Agreement Dat non profit org	eu					
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Jimmy Dean Wells

Signature Card-IL
Bankers Systems TM
Wotters Kluwer Financial Services ©2003, 2006
DOC #10550

MPMP-LAZ-IL 11/15/2009

Page 1 of 2

Owner/Sigher	Information 3	Non-Individua	Owner Information	NEW STREET
Name	Jimmy Dean Wells	Name	COUNTY OF EDGAR	
Relationship		EIN	37-6000746	
Address	PO Box 547	Phone		
	Paris, IL 61944	Mobile Phone		
Mailing Address		E-Mail		
(if different)		Type of Entity		
Home Phone	(217) 269-2224	State/Country & Date		
Work Phone	2 C C C Reac C Reac Printed to an after 41 C Reac Color Colo	of Organization		
Mobile Phone	(217) 251-2304	Nature of		
E-Mail	EXCEL@COMWARES.NET	Business		
Birth Date	12/06/1945		PO Box 547	
SSN/TIN	334-38-6259	Address	Paris, IL 61944	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		Mailing Address (if different)		
Other ID (Description, Details)	Greencastle Indi Bassett	Authorization/ Resolution Date		
Employer Previous		Previous Financial Inst.		
Civiner/Signer	Information 4	Account Descri	ption   Account #	Initial Deposit/Source
Name				\$ 35,689.66
helationship			01-4001120-5	☐ Cesh ☐ Check
Address		5 MONTH CERTIF	ICATE	
Mailing Address (if different)			44.1	\$ Cash
Home Phone				□
Work Phone				
Mobile Phone				\$
E-Mail	11			Cash Check
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TIN: 37-60007	46 Laws shove is my			
☑ Taxpayer I.D.	Number (TIN) - The number shown above is my	2		
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