

Account Agreement

Date: 08/27/2010

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 01-4001120-5 Teller's initials ad

Account Title & Address

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

Closed 5-31-11

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.

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 Dated: _____
 non profit org

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.	

Beneficiary Designation

(Check appropriate ownership above.)

Revocable Trust Pay-On-Death (POD)

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

(Check appropriate beneficiary designation above.)

If checked, this is a temporary account agreement.
 Number of signatures required for withdrawal: 1

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.	

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:

- Terms and Conditions Privacy
- Electronic Fund Transfers Truth in Savings
- Substitute Checks Funds Availability
- Common Features _____

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

1 [X] *Christopher Patrick*
 Christopher Patrick Authorized Signer]

2 [X] *Jimmy Dean Wells*
 Jimmy Dean Wells Authorized Signer]

3 [X] Jimmy Dean Wells] 4 [X]

Owner/Signer Information 3

Name	Jimmy Dean Wells
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.	

Non-Individual Owner Information

Name	COUNTY OF EDGAR
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.	

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.	

Account Description Account # Initial Deposit/Source

Account Description	Account #	Initial Deposit/Source
5 MONTH CERTIFICATE	01-4001120-5	\$ 35,689.66 <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check

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 Jimmy Dean Wells (Date)