

# Round Mountain Water and Sanitation District

## RESOLUTION 2019-3 APPROVING THE SIGNATURES REQUIRED ON ALL BANK TRANSACTIONS WITH FIRST STATE BANK OF COLORADO, WESTCLIFFE, CO

**WHEREAS**, the Round Mountain Water and Sanitation District (“the District”) was organized as a water and sanitation district pursuant to Section 32-1-101 et seq., C.R.S.; and,

**WHEREAS**, the District maintains a checking account at First State Bank of Colorado to conduct regular business transactions and make vendor payments; and,

**WHEREAS**, the Colorado State Banking Board has designated the First State Bank of Colorado as an eligible public depository pursuant to Section 11-10.5, C.R.S.;

**NOW THEREFORE**, The Board of Directors of the District finds and resolves that:

1. The District shall maintain a checking account with First State Bank of Colorado.
2. The following individuals shall be signatories on the bank account with First State Bank of Colorado:
  - a. Operations Manager David Schmidt
  - b. Office Manager Peggy J. Quinn
  - c. Chairman of the Board Charles J. Doyle
  - d. Vice-Chairman of the Board St. W. Maxwell
  - e. Treasurer Paul J. Jolley
  - f. Secretary \_\_\_\_\_
  - g. Member at Large Greg Galt
3. Checks will require 2 signatures. One signature being a duly elected member of the board, the other signature being either Operations Manager or Office Manager. Only in an emergency or if a Board Member is not available, will both the Operations Manager and Office Manager sign a check.

RESOLUTION APPROVED AND ADOPTED THIS 3<sup>rd</sup> DAY OF OCTOBER 2019.

### Round Mountain Water and Sanitation District

By: Charles J. Doyle Chairman of the Board

ATTEST:  
By: St. W. Maxwell Vice-Chairman of the Board



**ACCOUNT INFORMATION  
NOW ACCOUNT**



**ACCOUNT TITLE AND ADDRESS**

ROUND MOUNTAIN WATER AND SANITATION DIST  
59000 HWY 69 N  
WESTCLIFFE, CO 81252

**This is a Change to an Existing Account Information, NOW Account, effective October 7, 2019.**

ACCOUNT OPEN DATE	ACCOUNT NUMBER	OWNERSHIP TYPE	PRODUCT NAME	INITIAL DEPOSIT
February 1, 1983	900176	Corporation	TIMBERLINE PUB SPECI	

**BUSINESS ENTITY INFORMATION**

Name: ROUND MOUNTAIN WATER AND SANITATION DIST Business Filing State: CO  
Address: 59000 HWY 69 N Date Established: December 13, 2005  
WESTCLIFFE, CO 81252 Resolution Date: June 11, 2019  
WORK (719)371-5572 **Business does not engage in Internet Gambling.**  
EXTENSION:  
E-Mail Address: hsobel@rmwsd.com  
Contact Name: PEGGY J QUINT  
Contact Title: Authorized Signer  
Contact E-Mail: peggyjquint@yahoo.com

**DEFINITIONS.** "You," "your," and "account owner" refer to the Customer, whether or not there are one or more Customers named on the account, and the terms "we," "us," and "our" refer to the Bank, FIRST STATE BANK OF COLORADO.

**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, you acknowledge that you have opened the type of account designated above. The undersigned certify that all information provided to the Bank is true and accurate. As the account is in the name of a business entity, you acknowledge that you are acting on behalf of the business entity, and with respect to which you have legal authority to transact business. All signers authorize this Bank to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account. You also acknowledge that you have requested a change to your account and the terms of the Account Agreement and the Disclosures related to your existing account have been revised in their entirety effective on October 7, 2019.

Your signature acknowledges the receipt of the appropriate Account Agreement for the type of account designated above and that you agree to be bound by the Account Agreement. You acknowledge that you have received the following document(s):

- Funds Availability Policy Disclosure
- Schedule of Fees
- Privacy Policy (if a copy was not previously provided to you)

**Signer:** CHARLES S BOGLE  
**Address:** 2362 BLACK FAWN LANE  
WESTCLIFFE, CO 81252  
**Title/Capacity:** VICE PRESIDENT / AUTHORIZED SIGNER

**Tax ID Number:** XXX-XX-4922  
**Date of Birth:** December 11, 1940  
**Home Phone:** (719)783-0758  
**Email Address:** CB@CharlesBogle.com  
**Unique Identifier:** BIRDSALL

Identification Document

**Driver's License/State ID:** XXXXX0649  
**ID Issued By:** CO  
**ID Issuing Location:** CO  
**ID Issue Date:** November 14, 2002  
**ID Expiration:** December 11, 2007

**Signer:** STEPHEN W. LASSWELL  
**Address:** 42 GRANDA CT.  
SILVER CLIFF, CO 81252  
**Title/Capacity:** SECRETARY / AUTHORIZED SIGNER

**Tax ID Number:** XXX-XX-1831  
**Date of Birth:** March 28, 1949  
**Home Phone:** (729)783-0526  
**Email Address:** swlasswell@gmail.com  
**Unique Identifier:**

Identification Document

**Driver's License/State ID:** XXXXX0528  
**ID Issued By:** CO  
**ID Issuing Location:** CO  
**ID Issue Date:** October 18, 2013  
**ID Expiration:** March 28, 2018

**Signer:** PEGGY J QUINT  
**Address:** 953 FRENCH STREET  
SILVER CLIFF, CO 81252  
**Title/Capacity:** Authorized Signer

**Tax ID Number:** XXX-XX-4566  
**Date of Birth:** February 27, 1958  
**Email Address:** peggyjquint@yahoo.com

**Signer:** DAVID D SCHNEIDER  
**Address:** 514 FLEETWOOD ST  
SILVER CLIFF, CO 81252  
**Title/Capacity:** Authorized Signer

**Tax ID Number:** XXX-XX-9500  
**Date of Birth:** April 20, 1962  
**Home Phone:** (719)371-6863  
**Work Phone:** (719)371-4331  
**Email Address:** dave@wetvalleywaterconsultants.com  
**Unique Identifier:** MOFFATT

Identification Document

**Driver's License/State ID:** XXXXX1118  
**ID Issued By:** CO  
**ID Issuing Location:** CO  
**ID Issue Date:** May 19, 2008  
**ID Expiration:** April 20, 2013

**Signer:** GREGORY W SMITH  
**Address:** 352 MISSION DRIVE  
WESTCLIFFE, CO 81252  
**Title/Capacity:** BOARD MEMBER / AUTHORIZED SIGNER

**Tax ID Number:** XXX-XX-5287  
**Date of Birth:** August 14, 1957  
**Home Phone:** (843)384-4177  
**Unique Identifier:** 7477

Identification Document

**Driver's License/State ID:** XXXXX3526  
**ID Issued By:** SC  
**ID Issuing Location:** SC  
**ID Issue Date:** June 19, 2006  
**ID Expiration:** August 14, 2016  
**Verification Notation:** Drivers license format valid by DSIMMONS

**Signer:** RANDALL KEITH WILHELM  
**Address:** 6 CRESTONE COURT  
WESTCLIFFE, CO 81252  
**Title/Capacity:** TREASURER / AUTHORIZED SIGNER

**Tax ID Number:** XXX-XX-8021  
**Date of Birth:** February 12, 1950  
**Home Phone:** (719)285-3319  
**Email Address:** foggytree@poeplepc.com  
**Unique Identifier:** WALDEN

Identification Document

**Driver's License/State ID:** XXXXX3386  
**ID Issued By:** CO  
**ID Issuing Location:** CO  
**ID Issue Date:** December 7, 2004  
**ID Expiration:** February 12, 2015



WESTCLIFFE BRANCH  
PO BOX 420 WESTCLIFFE CO 81252

**BUSINESS ENTITY NAME AND ADDRESS**

ROUND MOUNTAIN WATER AND SANITATION DIST  
59000 HWY 69 N  
WESTCLIFFE, CO 81252

**This Resolution supersedes all previous Resolutions, effective**

DATE OF RESOLUTION	ACCOUNT NUMBERS
June 11, 2019	CK #900176; BL #1505004033; BL #5527008170

By signing below, I certify to FIRST STATE BANK OF COLORADO ("Financial Institution") that: I am the VICE PRESIDENT / AUTHORIZED SIGNER of the above named for profit Corporation ("Corporation"), validly organized and operating under the laws of the State of Colorado and filed at the appropriate filing office on December 13, 2005; the following is a true and complete copy of the Resolution, properly adopted at a duly called meeting held on May 2, 2019 by a quorum of the Corporation's Board of Directors in accordance with the By-Laws of the Corporation, if any; this Resolution is contained in the minutes of that meeting and that such Resolution is still in force and effect and has not been amended or rescinded, and was and still is in accordance with the By-Laws of the Corporation, if any; the Financial Institution has been provided a true and complete copy of the Articles or Certificate of Incorporation and the By-Laws of the Corporation, if any, as in effect as of the date of this Resolution; provided below are the correct names, titles, and genuine signatures of the persons authorized to exercise the powers provided in the Resolution ("Authorized Signers"); and the Financial Institution may rely upon my certification as to my authority to execute this Resolution and to make the representations in this Resolution.

**IT IS RESOLVED:**

The Authorized Signers shall possess the powers indicated as contained in this Resolution.

**DEPOSITORY ACCOUNT.** Perform the following activities in regards to the depository account(s) indicated above in the name of the Corporation, subject to any terms and conditions governing the account(s), including:

- **Account Opening and Maintenance.** Open and maintain the Corporation account(s).  
Number of signers required: 1
- **Make Deposits.** Make deposits to the Corporation account(s).  
Number of signers required: 1
- **Endorsements.** Endorse for negotiation, negotiate, and receive the proceeds of any negotiable instrument, check, draft, or order for the payment of money payable to or belonging to the Corporation, by writing, stamp, or other means permitted by this Resolution without the designation of the person endorsing.  
Number of signers required: 2

**DEBIT CARD/ACCESS CARD.** Apply for, receive and utilize debit, automated teller machine cards, or other access devices to exercise those powers authorized by this Resolution or other Resolutions then in effect.

Number of signers required: 1

**IT IS FURTHER RESOLVED THAT:**

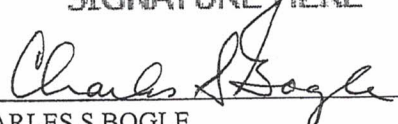
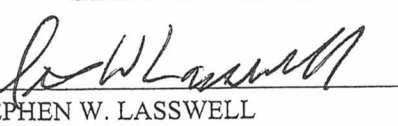
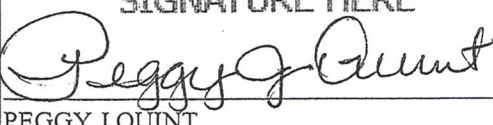
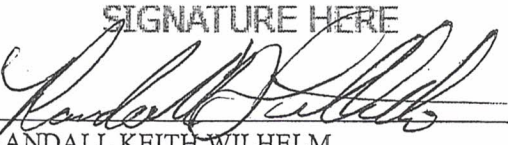
**DESIGNATED DEPOSITORY.** Financial Institution is designated as a depository for the funds of the Corporation and to provide other financial accommodations indicated in this Resolution.

**AUTHORIZED SIGNER'S POWERS.** Authorized Signers are authorized to make any and all other contracts, agreements, stipulations, and orders which the Authorized Signers may deem advisable for the effective exercise of their powers.

**SIGNATURES.** The Financial Institution shall be indemnified and held harmless by the Corporation for any claims, expenses, damages, or attorney fees resulting from the honoring of any signature, authorized by this Resolution, or refusing to honor any signature not so authorized, regardless of whether or not such signature was genuine, if such signature reasonably resembles the specimen provided to the Financial Institution. The Financial Institution shall also be permitted to rely upon non-signature security and verification codes which it provides to or receives from an Authorized Signer and shall be indemnified and held harmless by the Corporation for any claims, expenses, damages, or attorney fees resulting from their use.

**IMPROPER ENDORSEMENT.** Any negotiable instrument, check, draft or order for the payment of moneys not clearly endorsed by an Authorized Signer may be returned to the Corporation by the Financial Institution. The Financial Institution, in its sole discretion, alternatively may endorse on behalf of the Corporation any negotiable instrument, check, draft, or order for the payment of money not clearly endorsed in order to facilitate collection. Financial Institution shall have no liability for any delay in the presentment or return of any negotiable instrument, check, draft, or order for the payment of money which is not properly endorsed.

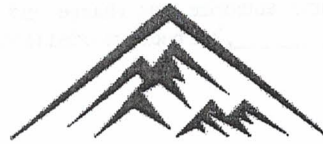
**DESIGNATION OF AUTHORIZED SIGNERS**

NAME/TITLE/SIGNATURE	AUTHORITY CODE/LIMITATIONS
<p>SIGNATURE HERE</p>  <p>10/7/2019 Date</p> <p>CHARLES S BOGLE VICE PRESIDENT / AUTHORIZED SIGNER</p>	<p>Make Deposits; Endorsements</p>
<p>SIGNATURE HERE</p>  <p>10/7/2019 Date</p> <p>STEPHEN W. LASSWELL SECRETARY / AUTHORIZED SIGNER</p>	<p>Make Deposits; Endorsements</p>
<p>SIGNATURE HERE</p>  <p>10/7/2019 Date</p> <p>PEGGY J QUINT OFFICE MANAGER/AUTHORIZED SIGNER</p>	<p>Account Opening and Maintenance; Debit Card/Access Card; Make Deposits; Endorsements</p>
<p>SIGNATURE HERE</p>  <p>10/7/2019 Date</p> <p>DAVID D SCHNEIDER OPERATIONS MANAGER/AUTHORIZED SIGNER</p>	<p>Account Opening and Maintenance; Debit Card/Access Card; Make Deposits; Endorsements</p>
<p>SIGNATURE HERE</p>  <p>10.8.19 Date</p> <p>RANDALL KEITH WILHELM TREASURER / AUTHORIZED SIGNER</p>	<p>Make Deposits; Endorsements</p>

**CERTIFICATION.** I certify that the foregoing are the names, titles, and genuine signatures of the authorized signers of the Corporation authorized by the Resolution.

**IN WITNESS WHEREOF,** I have subscribed my name on the date shown below.

ACCOUNT MODIFICATION



WESTCLIFFE BRANCH  
PO BOX 420 WESTCLIFFE CO 81252

ACCOUNT TITLE AND ADDRESS

ROUND MOUNTAIN WATER AND SANITATION DIST  
59000 HWY 69 N  
WESTCLIFFE, CO 81252

**DEFINITIONS.** The terms "I" and "my" refer to the Customer, whether or not there are one or more named on the account, and the terms "you" and "your" refer to the Bank.

DATE	EFFECTIVE DATE	MODIFICATION TYPE
October 7, 2019	October 7, 2019	Change of Authorized Signer

The following are Authorized Signers who may act on behalf of ROUND MOUNTAIN WATER AND SANITATION DIST (" Customer "). All Signers authorize you to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

**One Signer Required for Withdrawals.**

**AUTHORIZED SIGNERS.** The following are signature exhibits for the authorized signers who may act in regards to the identified account(s), according to this Authorized Signer Change.

ROUND MOUNTAIN WATER AND SANITATION DIST

SIGNATURE HERE

*Charles S Bogle* 10/7/2019  
By: CHARLES S BOGLE Date  
Its: VICE PRESIDENT / AUTHORIZED SIGNER

SIGNATURE HERE

*Stephen W Lasswell* 10/7/2019  
By: STEPHEN W. LASSWELL Date  
Its: SECRETARY / AUTHORIZED SIGNER

SIGNATURE HERE

*Peggy J Quint* 10/7/2019  
By: PEGGY J QUINT Date  
Its: OFFICE MANAGER/AUTHORIZED SIGNER

SIGNATURE HERE

*David D Schneider* 10/7/2019  
By: DAVID D SCHNEIDER Date  
Its: OPERATIONS MANAGER/AUTHORIZED SIGNER

SIGNATURE HERE

*Gregory W Smith*  
By: GREGORY W SMITH Date  
Its: Authorized Signer

SIGNATURE HERE

*Randall Keith Wilhelm* 10/8/19  
By: RANDALL KEITH WILHELM Date  
Its: TREASURER / AUTHORIZED SIGNER

**AFFECTED ACCOUNTS.** The following accounts are affected by this request for authorized signer change.

Account Numbers: CK - #900176;  
BL - #1505004033;  
BL - #5527008170

**REQUEST AND AUTHORIZATION.** I request and authorize you to accept the above change for the affected account(s) indicated, for which I am the Customer, or an Authorized Signer, and with respect to which I have any legal authority to transact business. To that end, I certify that I

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**Title/Capacity:** SECRETARY / AUTHORIZED SIGNER

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**Email Address:** swlasswell@gmail.com  
**Unique Identifier:**

Identification Document

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**ID Issuing Location:** CO  
**ID Issue Date:** October 18, 2013  
**ID Expiration:** March 28, 2018

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**Address:** 953 FRENCH STREET  
SILVER CLIFF, CO 81252  
**Title/Capacity:** OFFICE MANAGER/AUTHORIZED SIGNER

**Tax ID Number:** XXX-XX-4566  
**Date of Birth:** February 27, 1958  
**Email Address:** peggyjquint@yahoo.com

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**Title/Capacity:** Authorized Signer

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**Date of Birth:** August 14, 1957  
**Home Phone:** (843)384-4177  
**Unique Identifier:** 7477

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**Title/Capacity:** TREASURER / AUTHORIZED SIGNER

**Tax ID Number:** XXX-XX-8021  
**Date of Birth:** February 12, 1950  
**Home Phone:** (719)285-3319  
**Email Address:** foggytree@poeplepc.com  
**Unique Identifier:** WALDEN

Identification Document

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**ID Issued By:** CO  
**ID Issuing Location:** CO  
**ID Issue Date:** December 7, 2004  
**ID Expiration:** February 12, 2015