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CORPORATE AUTHORIZATION RESOLUTION

COMMUNITY BANK NA
BOONVILLE MAIN ST BRANCH (086)
101 MAIN STREET
BOONVILLE, NY 13309-0000

By: TOWN OF FORESTPORT
TAX COLLECTOR
PO BOX 137
FORESTPORT, NY 13338-0007

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, TRACY TERRY, certify that I am Secretary (clerk) of the above named corporation organized under the laws of NEW YORK STATE, Federal Employer I.D. Number 15-6000952, engaged in business under the trade name of TOWN OF FORESTPORT, 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 1/21/2026 (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 These resolutions appear in the minutes of this meeting and have not been rescinded or modified.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:

Table with 3 columns: Name and Title or Position, Signature, Facsimile Signature (if used). Rows include Harold E Entwistle, Town Supervisor and Anthony W Sege, Town Judge.

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.)

Table with 3 columns: Indicate A, B, C, D, E, and/or F; Description of Power; Indicate number of signatures required. Includes powers like 'Exercise all of the powers listed in this resolution' and 'Open any deposit or share account(s) in the name of the Corporation.'

LIMITATIONS ON POWERS The following are the Corporation's express limitations on the powers granted under this resolution. N/A

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated All Prior. 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 January 24, 2025 (date). Tracy M Terry 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.
(3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Corporation.
(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.
(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.
(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.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney.

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by AGRIE (initials) [X] This resolution is superseded by resolution dated N/A .

Comments:

State/Commonwealth of _____
County of _____

On this _____ day of _____ in the year _____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____ personally known to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that he/she/they acted, executed the instrument.

The certificate for a proof of execution by a subscribing witness, within this state, of a conveyance or other instrument made by any person in respect to real property situate in the state must conform substantially with the following form, the blanks being property filled:

Notary Public