Member FDIC

FIRST NATIONAL BANK

LAS ANIMAS LA JUNTA MONUMENT FOWLER

41882

OFAC

NON-TRANSFERABLE-NON ASSIGNABLE
NOT NEGOTIABLE-NOT SUBJECT TO CHECK

Grayco Bank Products, Inc. (1325) MPFXDPNCO Special (08.06)

Term 15 months

Six hundred eight thousand three hundred five and 42/1000000000000...../ DOLLARS

PAYABLE TO CROWLEY COUNTY SCHOOL DISTRICT RE1-J

ADDRESS 1001 Main St Ordway, CO 81063

SOC. SEC. OR TAX I.D. NO.	INTEREST RATE	INTEREST PAYABLE	DATE OF ISSUE	MATURITY DATE	AMOUNT DEPOSITED
84-0517898	.87 per % annum	Quarterly	01-24-2012	04-24-2013	$608305.42

Payable at the undersigned's banking office, to said Depositor, or, if more than one, to either or any of said Depositors or the survivors or survivor, upon presentation and surrender of this certificate, properly endorsed, on a maturity date.

Interest will be calculated on a basis of ☐ 360 days XX 365 days. Interest will be compounded Calendar Quarterly.

☐ **SINGLE MATURITY:** Present this certificate promptly at maturity for payment as it is not automatically renewable and no interest will accrue after the maturity date shown.

XX **AUTOMATIC RENEWAL:** This certificate matures on maturity date stated above, but will automatically be renewed for successive terms, each equal to the original term, unless and until one of the following conditions occurs: 1) this certificate is personally presented for payment on a maturity date or within ten days thereafter; 2) this bank receives written notice from a depositor before a maturity date of the depositor's intention to redeem this certificate; 3) not less than 7 days before a maturity date this bank mails to depositor written notice of its intention to redeem this certificate on a maturity date.

PAYMENT REQUESTED: **METHOD OF PAYMENT**

☐ DEPOSIT INTEREST TO ACCOUNT NO.	☐ MAIL INTEREST CHECK
	XX ADD INTEREST TO PRINCIPAL

Debbie Rusher

(AUTHORIZED SIGNATURE)

NOTICE: TERMS AND CONDITIONS ON REVERSE SIDE

CERTIFICATE OF DEPOSIT FIXED INTEREST RATE

PERSONAL (Please Initial)
- ☐ Single-Party/Individual _____
- ☐ Multiple-Party/Joint _____
- ☐ Trust Account
  - ☐ Subject to Separate Agreement Dated _____ . _____
  - ☐ Subject to Terms on this form. Beneficiaries named below.
- ☐ Other _____ _____

RIGHTS AT DEATH (Select One and Initial)
- ☐ SINGLE PARTY/INDIVIDUAL ACCOUNT
  - ☐ WITHOUT PAY ON DEATH _____
  - ☐ WITH PAY ON DEATH _____
- ☐ MULTIPLE-PARTY/JOINT ACCOUNT
  - ☐ WITHOUT RIGHT OF SURVIVORSHIP _____
  - ☐ WITH RIGHT OF SURVIVORSHIP _____
  - ☐ WITH RIGHT OF SURVIVORSHIP AND PAY ON DEATH _____

Name & Address of Beneficiaries of Trust or Pay-On-Death Accounts

OWNERSHIP OF ACCOUNTS

BUSINESS
☐ Sole Proprietorship ☐ Partnership ☐ Corporation
XX Public Funds
☐ Authorization Dated _____

☐ Number of Signatures required for withdrawal or other purpose: 2

XX Under penalties of perjury, I certify that (1) the number provided on this form is my correct taxpayer identification number (TIN), and that (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and that (3) I am a U.S. person (including a U.S. resident alien).

☐ Applied for TIN. Under penalties of perjury, I certify that a TIN has not been issued to me and I have applied or intend to apply for a TIN. I understand that if I do not provide a certified TIN to the institution within 60 days, the institution is required by federal regulation to withhold at the rate allowed by the Internal Revenue Service for backup withholding under 26 USCA s3406 until I provide the certified TIN to the institution.

☐ Exemption. Under penalties of perjury, I certify that I qualify for exemption from withholding on interest and dividends under one or more definitions of "Payee Exempt From Backup Withholding" or "Payments Exempt From Backup Withholding" as set forth in the "Instructions for the Requestor of Form W-9".

☐ Foreign Recipient. I have provided this institution with the appropriate Form W-8 certification. If a Joint account, each joint account owner has provided the appropriate Form W-8 certification. If any one of the joint account owners has not established foreign status, that joint account owner has provided this institution with a certified TIN.

Tax Identification #: 84-0517898 Signature x Rhoda Bohl

Endorsements–(Sign when requesting withdrawal) **Date:**

X _____ SSN _____

X _____ SSN _____

X _____ SSN _____

I have read and understand the terms and conditions as set forth on the reverse side. If this is a consumer account, I acknowledge receipt of an Account Disclosure related to this account by signing below.

x Patricia Flores x Rolando Torres

AS4010