



STATE FARM

NO. 494 P. 8  
Office Only

Account #: 2074661017

SSN:

Date:

**RESOLUTION OF NONPROFIT ASSOCIATION OR ORGANIZATION**  
Authority to Open Account(s), to Deposit and Withdraw Funds

DATE:

<p>TO: NAME / ADDRESS OF FINANCIAL INSTITUTION</p> <p>State Farm Bank PO Box 2316 Bloomington, IL 61702-2316</p>	<p>FROM: NAME / ADDRESS OF ASSOCIATION OR ORGANIZATION ("Organization")</p> <p>Kuau Bayview at Paia 04 11 1280 South Kihei Rd Suite 220 Kihei, HI 96753</p>
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THIS IS TO CERTIFY THAT, I am the duly elected and qualified Secretary and keeper of the records of the above-named Organization and that the following is a true copy of this Resolution duly adopted by the officers of said Organization at a meeting held on the \_\_\_\_\_ day of \_\_\_\_\_, at which a quorum was present, and that such Resolution is still in full force and effect and has not been amended or rescinded.

IT IS RESOLVED THAT:

Pursuant to authority contained in the By-Laws of said Organization the said officers have duly designated the above-named Financial Institution as a depository of the funds of said Organization. By virtue of said election, said By-Laws, and the designation aforesaid each of said officers is authorized to open and maintain a depository account of accounts of this Organization with Financial Institution, subject to the terms and conditions specified in the applicable Account Agreement(s), to deposit funds with said Financial Institution for the account of this Organization and to endorse in the name of this Organization checks, drafts or orders "for deposit only," and such endorsement may be written or stamped without designation of the officer making the endorsement.

The Financial Institution is authorized to pay out any funds at any time standing to the credit of this Organization with the Financial Institution and/or against any account of this Organization with the Financial Institution. The Financial Institution is authorized to honor any checks, drafts or orders drawn on said Financial Institution and signed in the name of this Organization by the officers listed below, including any checks, drafts or orders drawn to the individual order of any officer signing the name and/or tendered for deposit to the individual account of any such officer, until further written notice is received by Financial Institution.

Each of the undersigned officers are authorized for and on behalf of this Organization to open and have access to a safe deposit box or safe deposit boxes, subject to the terms and conditions specified in the applicable Lease(s).

The Secretary and keeper of the records of this Organization shall certify to the Financial Institution the names of the persons who are at present authorized to act on behalf of this Organization under this Resolution and shall from time to time hereafter, as changes in the personnel of said officers are made, immediately certify such changes to the Financial Institution. The Financial Institution shall be fully protected in relying on such certifications of the Secretary and shall be indemnified and held harmless from any claims, demands, expenses, loss or damage resulting from, or growing out of, honoring the signature of any officer so certified, or refusing to honor any signature not so certified.

This Resolution shall remain in full force and effect until written notice of its amendment shall have been received by the Financial Institution, and that receipt of such notice shall not affect any action taken by the Financial Institution prior thereto.

All transactions by any of the officers, employees or agents of this Organization on its behalf, and in its name, with the Financial Institution prior to the delivery to the Financial Institution of a certified copy of the foregoing Resolution is, in all respects, hereby ratified, confirmed, approved and adopted.

Unless specifically designated, each officer named whose signature appears below may sign without the other(s).

NOTE: Only the officer(s) authorized to make both deposits and withdrawals are to be listed below.

TITLE	NAME	SIGNATURE	NO. OF NECESSARY COUNTER SIGNATURES
	Diane Wrobel	<i>[Signature]</i>	1
	Diane Wrobel	<i>[Signature]</i>	1
	Marcy Marlin	<i>[Signature]</i>	1
			1

SIGNATURES

The undersigned certifies that he/she is the Secretary and keeper of the above-named Organization's official records, and is duly authorized to make this certification on its behalf.

By *[Signature]* its Secretary

Attest:

*[Signature]*  
President



KUAW BAYVIEW AT PAIA 04-11  
C/O VALLEY ISLE MANAGEMENT INC - AF  
P.O. BOX 1277  
KIHEI, HI 96753

AMERICAN TRUST BANK  
P.O. BOX 1277  
HONOLULU, HI 96804-2300  
59-7075/3213

1016

8/17/11

PAY TO THE ORDER OF Kuau Bayview

\$ \*\*65,000.00

Sixty-Five Thousand and 00/100..... DOLLARS

Kuau Bayview  
Sstate Farm Bank, F.S.B.  
PO Box 2316  
Bloomington, IL 61702-9988

Void after 90 days.

MEMO

Diane Wrobel  
AUTHORIZED SIGNATURE

⑈001016⑈ ⑆321370765⑆ 81007⑈45524⑈

KUAW BAYVIEW AT PAIA 04-11

1016

Kuau Bayview  
State Farm Money Market Account

transfer to interest bearing account

8/17/11

65,000.00

VIM-ASB Operating

65,000.00

KUAW BAYVIEW AT PAIA 04-11

1016

Kuau Bayview  
State Farm Money Market Account

transfer to interest bearing account

8/17/11

65,000.00

*EIN*

*Check signers*

*Duane B Wrobel*

*Diane Wrobel*

*Marcy Martin, license attached*

VIM-ASB Operating

65,000.00