



Authorization of Corporation, Partnership, Limited Liability Company, Association or Other Entity to Utilize Deposit or Fee-Based Services

At a meeting of the xx Board of Directors, _____ Board of Trustees, _____ Members, _____ Partners (limited or general), _____ other (please specify) _____ of Dammon Engineering Inc (the "Organization") held on the 30 day of September, 2015, at which a quorum, if applicable, was present, the following resolutions were adopted:

RESOLVED, that the Organization hereby authorizes Regions Bank (the "Bank") to provide accounts, products, and services as indicated below; and that the following resolutions shall remain in full force and effect until written notice of their amendment or rescission shall have been received by the Bank, and the receipt of said notice shall not affect any action taken by the Bank prior thereto:

RESOLVED, that the Bank be named as a depository of the Organization and any of the following individuals are hereby authorized to execute any and all signature cards and enter into any and all agreements, including, without limitation, the Deposit Agreement, on behalf of the Organization to effect the opening of any deposit account(s) at Bank:

<u>David P dammon</u> <small>NAME</small>	<u>President</u> <small>TITLE</small>	 <small>SPECIMEN SIGNATURE</small>
<u>Charles K Dammon</u>	<u>Secretary/Treasurer</u>	

The Organization hereby authorizes each of the foregoing individuals to be named an authorized representative (as such term is defined in the Deposit Agreement) on any deposit account(s) of the Organization at Bank. Each of the foregoing authorized representatives and any and all subsequently named authorized representatives is authorized to add and remove any other individual to any of the Organization's deposit account(s) at Bank as an authorized representative.

RESOLVED, that each of the authorized representatives is authorized to enter into agreements with the Bank and to obtain any and all products or services offered by the Bank now or at any time hereafter and to do any and all other acts required for the Organization to obtain these products or services. These products and services including, but not limited to, Business CheckCard; safe deposit box services; night depository and safekeeping services; Treasury Management services; all services effected through Automated Clearing House process (also known as ACH), money transfer and wire transfer services.

I hereby certify that:

- I am the duly elected and authorized President of the Organization and that I have the authority to make the certifications contained herein;
- the foregoing is a complete and correct copy of the resolutions duly adopted and recorded as a part of the minutes of said meeting and that they affirmatively appear in and as a part of said minutes;
- if applicable, there is no provision in the organizational document(s) of the Organization restricting the power of the group passing the foregoing resolutions from so passing said resolutions, and that the same are in conformity with the provisions of said organizational documents;
- either a complete copy of the organizational documents and all amendments thereto is being provided to Bank in conjunction herewith or the Organization has no such organizational documents; and
- the specimen signatures appearing above are the true signatures of the persons named herein.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Organization (if applicable) this 30 day of September, 2015.

SIGNATURE NAME (PLEASE PRINT)

FOR BANK USE	
<small>ACCOUNT NAME</small> Dammon Engineering Inc	<small>ACCOUNT NUMBER</small> 0131813631



REGIONS

Non-Personal Account Maintenance and Signature Form

State: Louisiana Account Type: 815 - Lifegreen Checking for Business Account #: 0131813631

Existing Account Description	New Account Description
Dammon Engineering Inc	Dammon Engineering Inc

NEW ACCOUNT OWNERSHIP (ANY SIGNATURES NOT PERFORMED IN THE PRESENCE OF A BRANCH ASSOCIATE REQUIRES NOTIFICATION.)

Dammon Engineering Inc 72-1075648
BUSINESS NAME FEDERAL TAX ID#
 Incorporated
LEGAL DESIGNATION
 554 Old Spanish Trl, Slidell, LA 70458
BUSINESS PHYSICAL STREET ADDRESS
 985-649-5832
PRIMARY PHONE
 SECONDARY PHONE NEW TO ACCOUNT
 david@dammonengineering.com
EMAIL ADDRESS

David P Dammon 04/23/1956
CUSTOMER NAME DATE OF BIRTH
 438-96-2519 President
SSN/TIN RELATIONSHIP (Sole Owner, Authorized Signer, ETC.)*
 LA DL 008869659 Issue 07/03/2015 Exp 04/23/2016
PRIMARY ID: State/Country; ID Type, ID#, Issue & Exp. Date
 SECONDARY IDENTIFICATION
 285 Cross Gates Blvd Slidell, LA 70461
CUSTOMER PHYSICAL STREET ADDRESS NEW TO ACCOUNT
 985-285-4657 985-649-5832 david@dammonengineering.com
HOME PHONE WORK PHONE EMAIL ADDRESS
*Relationship designation explanation on reverse

Charles K Dammon 09/03/1962
CUSTOMER NAME DATE OF BIRTH
 437-31-0264 Secretary/Treasurer
SSN/TIN RELATIONSHIP (Sole Owner, Authorized Signer, ETC.)*
 LA DL 000306466 Issue 09/06/2012 Exp 09/03/2016
PRIMARY ID: State/Country; ID Type, ID#, Issue & Exp. Date
 SECONDARY IDENTIFICATION
 124 Eden Isles Dr, Slidell, LA 70458
CUSTOMER PHYSICAL STREET ADDRESS NEW TO ACCOUNT
 985-640-7891 985-649-5832
HOME PHONE WORK PHONE EMAIL ADDRESS
*Relationship designation explanation on reverse

CUSTOMER NAME DATE OF BIRTH
SSN/TIN RELATIONSHIP (Sole Owner, Authorized Signer, ETC.)*
PRIMARY ID: State/Country; ID Type, ID#, Issue & Exp. Date
 SECONDARY IDENTIFICATION
CUSTOMER PHYSICAL STREET ADDRESS NEW TO ACCOUNT
HOME PHONE WORK PHONE EMAIL ADDRESS
*Relationship designation explanation on reverse

PERSONS DELETED FROM BUSINESS ACCOUNT

Maxine S Dammon <small>1. NAME TO BE DELETED</small>	_____	3. NAME TO BE DELETED	_____
Emmett G Dammond Jr <small>2. NAME TO BE DELETED</small>	_____	4. NAME TO BE DELETED	_____

Certification: By signing below, I certify, under penalties of perjury, that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (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 a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. (3) I am a U.S. person (including U.S. resident alien) as defined in the full instructions of the W-9. If I am not a U.S. citizen or resident, I agree to provide Form W-8, and (4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.
NOTE: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature Card

SIGNATURE _____ Dammon Engineering Inc	DATE _____	<p>NOTE: This signature card replaces any and all previous signature cards for this account. However, Regions Bank shall have a reasonable opportunity to act upon this signature card and shall not be liable for any action it takes in good faith and through the exercise of ordinary care on the basis of information contained in previous signature cards for this account.</p> <p>By signing, I acknowledge receiving and agree to each and every term, condition, and provision of the Deposit Agreement (including, without limitation, the ARBITRATION AND WAIVER OF JURY TRIAL provisions thereof and the provisions for changing the terms thereof) and related disclosures for this account.</p>
SIGNATURE _____ Charles K Dammon	DATE _____	
SIGNATURE _____ David P Dammon	DATE _____	
SIGNATURE _____	DATE _____	

BRANCH ASSOCIATE INFORMATION

Carolyn Duleba 09/30/201 LANE60590 590 Gause Slidell
NAME DATE MAILCODE BRANCH NUMBER/NAME

NOTARIZATION (Any signatures not performed in the presence of a branch associate require notarization.)

State of _____ County of _____
 I HEREBY CERTIFY that on this the _____ day of _____, 20____ before me, the undersigned notary, personally appeared _____ (Customer).
 personally known to me **OR**
 proved to me through identification documents allowed by law: _____
 and who
 signed the preceding or attached document in my presence **OR**
 acknowledged before me that the same was voluntarily executed for all of the general and specific purposes expressed therein.
 My Commission Expires: _____ / _____ / _____
 NOTARY PUBLIC