

RESOLUTION OF LODGE, ASSOCIATION OR OTHER SIMILAR ORGANIZATION

ASTORIA FEDERAL SAVINGS
ONE ASTORIA FEDERAL PLAZA
LAKE SUCCESS, NY 11042-1085

By: ARDWICKS CURLING CLUB
(Name of Lodge, Association or Similar Organization)
C/O J. M. GLUS, TRS. 8 Concord Road
(Address)
ARDSLEY, NEW YORK 10502
(City, State and Zip Code)

A. I, MARION COWLES, certify that I am Secretary (clerk) of the above-named organization (referred to as the "association") organized under the laws of New York, Federal Employer I.D. Number 06-1290637, and that the following is a correct copy of resolutions adopted at a meeting of the association duly and properly called and held on October 4, 1995. These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

B. Be it resolved that,

- (1) The Financial Institution named above is designated as a depository for the funds of this association.
(2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by this Financial Institution.
(3) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of this association with this Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
(4) Any of the persons named below, so long as they act in a representative capacity as agents of this association, are authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated below, from time to time with this Financial Institution, concerning funds deposited in this Financial Institution, moneys borrowed from this Financial Institution or any other business transacted by and between this association and this Financial Institution subject to any restrictions stated below.
(5) Any and all prior resolutions adopted by this association and certified to this Financial Institution as governing the operation of this association's account(s), are in full force and effect, unless supplemented or modified by this authorization.
(6) This association agrees to the terms and conditions of any account agreement, properly opened by any authorized representative(s) of this association, and authorizes the Financial Institution named above, at any time, to charge this association for all checks, drafts, or other orders, for the payment of money, that are drawn on this Financial Institution, regardless of by whom or by what means the facsimile signature(s) may have been affixed so long as they resemble the facsimile signature specimens in section C. (or the facsimile signature specimens that this association files with this Financial Institution from time to time) and contain the required number of signatures for this purpose.

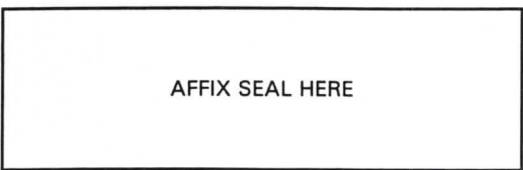
C. If indicated, any person listed below (subject to any expressed restrictions) is authorized to:

Table with 3 columns: Name and Title, Signature, Facsimile Signature (if used). Rows include Jean M. Glus, Treasurer and JEAN MURPHY, President.

Indicate A, B, C, and/or D

- (1) Exercise all of the powers listed in (2) through (6).
(2) Open any deposit or checking account(s) in the name of this association.
(3) Endorse checks and orders for the payment of money and withdraw funds on deposit with this Financial Institution. Number of authorized signatures required for this purpose any one.
(4) Borrow money on behalf and in the name of this association, sign, execute and deliver promissory notes or other evidences of indebtedness. Number of authorized signatures required for this purpose.
(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by this association as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment. Number of authorized signatures required for this purpose.
(6) Enter into written lease for the purpose of renting and maintaining a Safe Deposit Box in this Financial Institution. Number of authorized persons required to gain access and to terminate the lease.

D. I further certify that this association has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the foregoing resolutions and to confer the powers granted to the persons named who have full power and lawful authority to exercise the same.



E. X MC (Secretary)
X (Attest by a Director)
X (Attest by a Director)

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ARDWICKS CURLING CLUB a/c 5 170018635

c/o J.M.Glus, Treasurer
8 Concord Road
Ardsley, New York 10502

X *Jean Murphy* President
JEAN MURPHY

X *Jean M. Glus* Treasurer
JEAN M. GLUS

Signature card

Both sides

(Any one of the above signatures)

FILE COPY

The undersigned hereby apply for an account with Astoria Federal Savings subject to the Charter and By-Laws, Rules and Regulations as now existing and amended, I/we acknowledge receipt of the Disclosures governing this account as indicated: (Please check where applicable)

___ Schedule of Charges ___ Truth in Savings ___ W-9 Instructions
(Funds Availability) ___ Related Product Brochure ___ Regulation E
___ Bounce Protection (Acct#: _____)
___ Combined Statement (List the PRIMARY (DDA) account FIRST)

All withdrawals require ONE of the signatures below.

Signature(s):

X *Jean M. Elus* Treas.
X *Paul Murphy* President